



Cleveland Volunteer Fire Department

Pre-Incident Planning Checklist

Date of Inspection:	Committee Officer:
Committee Members:	

General Information	
Facility/ Business Name:	
Street Address:	Nearest Cross Street:

Contact Information	
Facility Phone Number: ()	Other Phone Number: ()
Business Owner:	Location:
Phone Number: ()	Primarily works on site: yes <input type="checkbox"/> no <input type="checkbox"/>
Mobile Number: ()	Other:

Emergency Contacts	
Name:	Title:
Location:	Phone Number: ()
Mobile Number: ()	Other:

Name:	Title:
Location:	Phone Number: ()
Mobile Number: ()	Other:

Name:	Title:
Location:	Phone Number: ()
Mobile Number: ()	Other:

▪ *If more room is required for emergency contacts, please use the back of this form.*

GPS Information	
Latitude:	Longitude:
Method of determining latitude and longitude:	
Description of location identified by latitude and longitude:	

Construction Information					
<u>SIZE</u>		<u>STORIES</u>		<u>BUILDING STATUS</u>	
Length:	Above Ground:	Under Construction: <input type="checkbox"/>	Vacant & Secured: <input type="checkbox"/>		
Width:	Below Ground:	Occupied: <input type="checkbox"/>	Vacant & Unsecured: <input type="checkbox"/>		
Area:		Idle (Not Routinely Used): <input type="checkbox"/>			



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CONSTRUCTION TYPE

Fire Resistive: <input type="checkbox"/>	Unprotected Non-Combustible: <input type="checkbox"/>	Protected Ordinary: <input type="checkbox"/>	Protected Wood Frame: <input type="checkbox"/>
Heavy Timber: <input type="checkbox"/>	Protected Non-Combustible: <input type="checkbox"/>	Unprotected Ordinary: <input type="checkbox"/>	Unprotected Wood Frame: <input type="checkbox"/>
Walls: _____		Floors: _____	
Roof: _____			

ROOF COVERING

Tile (clay, cement, slate, etc.): <input type="checkbox"/>	Wood Shingles (treated / untreated): <input type="checkbox"/>
Composite Shingle (asphalt): <input type="checkbox"/>	Built Up: <input type="checkbox"/>
Metal: <input type="checkbox"/>	No Roof: <input type="checkbox"/>

OTHER CONSTRUCTION INFORMATION

Exterior Features:	Date of last known modification:
Architect:	Facility built date:
Construction Company:	Supplied site plans: yes <input type="checkbox"/> no <input type="checkbox"/>

Hazardous Material Specific Information

Tier II Facility: yes <input type="checkbox"/> no <input type="checkbox"/>	Up to date Chemical Inventory List: yes <input type="checkbox"/> no <input type="checkbox"/>
MSDS received with Tier II forms: yes <input type="checkbox"/> no <input type="checkbox"/>	Chemical Inventory List provided: yes <input type="checkbox"/> no <input type="checkbox"/>

HAZARDOUS MATERIAL STORAGE

Chemical Name	ID#	Quantity	Location

Utility Services Information

Electric Meter Location:	
Natural Gas Meter Location:	
Breaker Panel Location(s):	
Heated by:	Location:
Water Heater type: Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/>	Location:



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Alarm System

Alarm Present: yes no Automatic: Manual Pull Station: Combination:

DETECTOR TYPE		POWER SUPPLY	
Smoke: <input type="checkbox"/>	Heat: <input type="checkbox"/>	Battery: <input type="checkbox"/>	Hardwire w/ Battery Backup: <input type="checkbox"/>
Carbon Monoxide: <input type="checkbox"/>	Combination: <input type="checkbox"/>	Plug In: <input type="checkbox"/>	Plug In w/ Battery Backup: <input type="checkbox"/>
Sprinkler w/ Water - Flow Detection: <input type="checkbox"/>		Hardwire: <input type="checkbox"/>	

Alarm Panel Location:

Alarm Company:

Phone Number:

Water Supply Information

Sprinkler Riser: yes no

Location:

Sprinkler Standpipe Connection: yes no

Location:

SYSTEM TYPE

Wet Pipe:

Dry Chemical System:

Halogen System:

Class K System:

Dry Pipe:

Foam System:

CO2 System:

Standpipes:

Hydrant Location(s):

Hydrant Flow Rate(s):

Red (500gpm or less)

Orange (500gpm to 1000gpm)

Green (1000gpm to 1500gpm)

Blue (1500gpm or greater)

Special Hazards

Special Notes

- *If more room is required for notes, please use the back of this form.*