

P.O. Box 1045 Torbay, Newfoundland and Labrador A1K 1K8 Tel: (709) 437-6542 Fax: (709) 437-2307

Pre-Incident Planning Checklist

Dete of Incorpolition	0	
Date of Inspection:	Committee Officer:	
General Information		
Facility/ Business Name:		
,		
Street Address: Nearest Cross Street:		
Contact Information		
Facility Phone Number: ()	Other Phone Number: ()	
Business Owner:	Location:	
Br N I / N		
Phone Number: ()	Primarily works on site: yes □ no □	
Mobile Number: ()	Other:	
, ,		
Emorganov Contacto		
Emergency Contacts Name:	Title:	
Name:	Title.	
Location:	Phone Number: ()	
Location.	Phone Number. ()	
Mobile Number: ()	Other:	
Wobile Hulliber. ()	Other	
Name:	Title:	
	TIMO.	
Location:	Phone Number: ()	
	Thomas Hamber.	
Mobile Number: ()	Other:	
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Name:	Title:	
	1100.	
Location:	Phone Number: ()	
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Mobile Number: ()	Other:	
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 \Box If more room is required for emergency contacts, please use the back of this form.



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Construction Information					
SIZE	STORIES	BUILDING STATUS			
Length:	Above Ground:	Under Construction: □	Vacant & Secured: □		
Width:	Below Ground:	Occupied: □	Vacant & Unsecured: □		
Area:		Idle (Not Routinely Used): □			

Site Layout		



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Tel: (709) 437-6542 Fax: (709) 437-2307 **CONSTRUCTION TYPE** Protected Wood Fire Resistive: □ Unprotected Non-Combustible: □ Protected Ordinary: Frame: Unprotected Wood Heavy Timber: □ Protected Non-Combustible: Unprotected Ordinary: □ Frame: Walls: Floors: Roof: **ROOF COVERING** Tile (clay, cement, slate, etc.): □ Wood Shingles (treated / untreated): □ Composite Shingle (asphalt): □ Built Up: □ Metal: □ No Roof: □ OTHER CONSTRUCTION INFORMATION **Exterior Features:** Date of last known modification: Architect: Facility built date: **Construction Company:** Supplied site plans: yes □ no □ **Hazardous Material Specific Information** Tier II Facility(<=10,000lb): yes □ no □ Up to date Chemical Inventory List: yes □ no □ MSDS received with Tier II forms: yes □ no □ Chemical Inventory List provided: yes □ no □ HAZARDOUS MATERIAL STORAGE **Chemical Name** ID# Quantity Location



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Utility Services Information	
Electric Meter Location:	
Breaker Panel Location(s):	
Oil Tank Location:	
Heated by:	Location:
Water Heater type: Oil □ Electric □	Location:



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Alarm Systems					
Alarm Present: yes □	no 🗆	Automatic:	Manual Pull Station:	Combination:	
				M.	
DETECTOR TYPE		POWER	SUPPLY		
Smoke: □	H	eat: 🗆	Battery: □	Hardwire:	
Carbon Monoxide:	С	ombination: □	Plug In: □	Hardwire w/ Battery Backup: □	
Sprinkler w/ Water - Flow Detection:		Plug In w/ Battery Backup: □			
Alarm Panel Location	10				
Alarm Company:			Phone Number:		
Water Cumply Inform	ation .				
Water Supply Informa			Location:		
Sprinkler Riser: yes	no 🗆		200ation.		
Sprinkler Standpipe Co	onnect		Location:		
	_	SYSTE	M TYPE	Y	
Wet Pipe: □	Dry	Chemical System:	Halogen System: □	Class K System: □	
Dry Pipe: □	Foai	m System: □	CO2 System: □	Standpipes:	
Hudsont Location(s)					
Hydrant Location(s):					
Hydrant Flow Rate(s)	Į.				
Red (500gpm or less) □	Oran	ge (500gpm to1000gpm) 🗆	Green (1000gpm to	Blue (1500gpm or greater)	
			1500gpm) 🗆		
Special Hazards					
Special Notes					
Opcolar Hotos					