



Torbay Volunteer Fire Department

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

Pre-Incident Planning Checklist

| | |
|---------------------|--------------------|
| 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: |
| 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.



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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"/> | | | |

Site Layout



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| | |
|---|-----------|
| Utility Services Information | |
| Electric Meter Location: | |
| Breaker Panel Location(s): | |
| Oil Tank Location: | |
| Heated by: | Location: |
| Water Heater type: Oil <input type="checkbox"/> Electric <input type="checkbox"/> | Location: |



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| | | | |
|---|-------------------------------------|---|---------------------------------------|
| Alarm Systems | | | |
| Alarm Present: yes <input type="checkbox"/> no <input type="checkbox"/> | Automatic: <input type="checkbox"/> | Manual Pull Station: <input type="checkbox"/> | Combination: <input type="checkbox"/> |

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

| Water Supply Information | | | |
|--|---|--|--|
| Sprinkler Riser: yes <input type="checkbox"/> no <input type="checkbox"/> | | Location: | |
| Sprinkler Standpipe Connection: yes <input type="checkbox"/> no <input type="checkbox"/> | | Location: | |
| SYSTEM TYPE | | | |
| Wet Pipe: <input type="checkbox"/> | Dry Chemical System: <input type="checkbox"/> | Halogen System: <input type="checkbox"/> | Class K System: <input type="checkbox"/> |
| Dry Pipe: <input type="checkbox"/> | Foam System: <input type="checkbox"/> | CO2 System: <input type="checkbox"/> | Standpipes: <input type="checkbox"/> |

| | | | |
|---|---|---|--|
| Hydrant Location(s): | | | |
| Hydrant Flow Rate(s): | | | |
| Red (500gpm or less) <input type="checkbox"/> | Orange (500gpm to 1000gpm) <input type="checkbox"/> | Green (1000gpm to 1500gpm) <input type="checkbox"/> | Blue (1500gpm or greater) <input type="checkbox"/> |

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|------------------------|
| Special Hazards |
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| Special Notes |
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If more room is required for notes, please use the back of this form.