CLARENDON COUNTY FIRE DEPARTMENT

219 COMMERCE DRIVE
MANNING, S. C. 29102
(803) 435-4075 / FAX: (803) 435-4683

Primary Station_____

	Date	Initials
Completed and Turned In		
Entered into Fire Programs		
Fire Marshal Review		
Printed for Distribution		

Pre-Fire Plan Field Worksheet

General

Business Name:_____ **Complex Name:**_____

Address:_____ **City:**_____ **Zip:**_____

Phone #1:_____ **Phone #2:**_____

Run Box:_____ **ESN:**_____ **Knox Box:** (Yes) (No)

Cross Street High: _____ **Cross Street Low:**_____

Contacts

Mailing Address:_____

Emergency Contact #1:_____ **Phone #:**_____

Emergency Contact #2:_____ **Phone #:**_____

Owner Name:_____ **Date Occupied:**_____ **Date Out:**_____

Address:_____

Phone #1:_____ **Phone #2:**_____

Occupant Name: _____ **Date Occupied:**_____ **Date Out:**_____

Address:_____

Phone #1:_____ **Phone #2:**_____

Additional Contacts

Alarm Monitoring Agency:_____ **Phone:**_____

Alarm Company:_____ **Phone:**_____

Property Manager:_____ **Phone:**_____

Address: _____

Insurance Co.:_____ **Phone #1:**_____ **Phone #2:**_____

Maint. Supervisor:_____ **Phone #1:**_____ **Phone #2:**_____

Ship./Rec. Supervisor:_____ **Phone #1:**_____ **Phone #2:**_____

Details

Occupancy Class: (A) Assembly (B) Business (E) Educational (F) Factory/Industrial (H) High Hazard

(I) Institutional (M) Mercantile (R) Residential (S) Storage (U) Miscellaneous

Use:_____ (See Valid Entry List)

Property Use:_____ (NFIRS CODE – OFFICE ONLY) **Mixed Property Use:**_____ (NFIRS CODE – OFFICE ONLY)

Type: (Commercial) (Residential)

Alarm System: (Manual ONLY) (Monitored) (None) (Not Monitored)

Alarm Panel: (Yes) (No) **Location:**_____

Annunciator Panel (Keypad): (Yes) (No) **Location:**_____

Hood System: (Yes) (No) (No – Has Controlled Cooking Plan)

Fire Pump: (Yes) (No) **Location:**_____

Main Access Location: (Front) (Rear) (B-side) (D-side) (Varies by time of day)

Roof Access: (Interior) (Exterior) (Both Interior & Exterior) (None)

Roof Access Location:_____

Basement Access: (A-side) (B-side) (C-side) (D-side) (None)

Access Obstructions: (Yes) (No) **Details:**_____

Overhead Obstructions: (Yes) (No) **Details:**_____

Sprinklers
Sprinkler System Presence: (Present) (Not Present) **Number of Heads:**_____

Sprinkler System: (Monitored) (Not Monitored) (Partial Coverage)

Other Extinguishing Equipment
Standpipe System: (Wet) (Dry) (None) **Smoke Evac System:** (Yes) (No)

Special Extinguishing Equipment: (None) (Halon) (Halotron) **FDC Location (Side):** (A) (B) (C) (D)

Extinguishing System Type: (0) Special hazard system, other (1) Wet-pipe sprinkler (2) Dry-pipe sprinkler

(3) Other sprinkler system (4) Dry chemical system (5) Foam system (6) Halogen type system

(7) Carbon dioxide system (U) Undetermined

Detectors
Presence: (Present) (Not Present)

Type: (0) Other (1) Smoke (2) Heat (3) Combination Smoke/Heat in single unit

(4) Sprinkler, water flow detection (5) More than one type present (U) Undetermined

Power Supply: (0) Other (1) Battery (2) Hardwire ONLY (3) Plug-in

(4) Hardwire w/ battery (5) Plug-in w/ battery (6) Mechanical

(7) Multiple detectors & power supplies (U) Undetermined

Analysis

Building Status: (0) Other (1) Under construction (2) In normal use (3) Idle, not routinely used

(4) Under major renovation (5) Vacant and secured (6) Vacant and unsecured (7) Being demolished

(U) Undetermined

Construction Type: (I) Fire Resistive (II) Non-combustible/Limited Combustible

(II-B) Metal Building w/ Wood Interior Walls (III) Ordinary (IV) Heavy Timber (V) Wood-frame (VI) Hybrid

Structure Type: (0) Other (1) Enclosed building (2) Fixed portable or mobile structure

(3) Open structure (4) Air supported structure (5) Tent (6) Open platform

(7) Underground structure work areas (8) Connective structure

Roof Type: (Arch) (Butterfly) (Flat) (Gambrel) (Hip) (Lantern) (Mansard) (Multiple types)

(Pitched/A-frame) (Roof over roof) (Shed)

Building Exposures: (No buildings within 100 ft.) (Other buildings within 100 ft.)

Other Exposures: (Yes) (No) **Vertical Openings:** (Yes) (No)

Roof Covering: (Asphalt Shingle) (Metal) (Rubber Membrane) (Tar & Gravel) (Terracotta) (Tile)

(Wood Shake Shingle) (Multiple Types)

Fire Walls: (Yes) (No) **Exterior Doors:** (Metal) (Wood) (Multiple types)

Interior Walls: (Lathe & Plaster) (Masonry) (Metal) (Sheet rock) (Wood)

(Wood panel) (Multiple types) (None)

Number of Exits:_____ **Water source:** (Municipal) (Private) (Well)

Electric Co.: (Black River Electric) (Progress Energy) (Santee Electric) **Other:**_____

Water Co.: (Manning) (Summerton) (Turbeville) (Barrineau) (Clarendon)

Gas Co.: (Amerigas) (Breakers Gas Co.) (Clarendon Gas) (Coker Oil) (East Coast Energy) (Edisto Gas Co.)

(Farmers Propane) (Mathis) (Mishoe Oil Co.) (Palmetto Gas) (SCE&G) (Suburban Propane)

(Thomlinson-McWhite) (Private Cylinder) (None) **Other:**_____

Gates: (Yes) (No) **Preferred Gate Access:** (Code) (FD-keyed padlock) (Knox lock) (Knox switch) (Siren)

Gate Access Code:_____

Ground Floor Area:_____square feet **Total Area:**_____square feet

Building Height:_____ft. **Stories Above Ground:**_____ **Stories Below Ground:**_____

Pre-Plan Information

Needed Fire Flow Calculations: 25%:_____gpm 50%:_____gpm 75%:_____gpm 100%:_____gpm

Attic Access Location:_____

Circuit Breaker Box Location:_____

Electrical Shut Off: (Single phase) (3-phase) **Location:**_____

Elevator Make:_____ **Door Key Type:**_____

Furnace Location:_____ **Fuel Type:**_____

Gas Shut-off Location:_____ **Gas Type:**_____

Generator Location:_____ **Fuel Type:**_____

Does the generator automatically start and switch over? (Yes) (No)

HVAC Shut-off Location:_____

Knox Box Location:_____

OS&Y Location:_____

Sprinkler FDC Location:_____

Standpipe Locations:_____

Standpipe FDC Location:_____

Water Shut-off Location:_____

Special Hazards:_____

_____

_____

List Hydrants or Water Points beginning with the closest:

1) ID Number:_____ **Distance:** _____

Location:_____

2) ID Number:_____ **Distance:** _____

Location:_____

3) ID Number:_____ **Distance:** _____

Location:_____

Inspection Date:_____ **Inspector:**_____

Shift:_____