DeKalb Fire Department
Pre-Incident Plan Field Collection Worksheet

Address: ___________________________ Business Name: ___________________________
Primary Entrance/Side: ___________________________ Secondary Entrance/Side: __________

Type of Occupancy: ☐ Assembly  ☐ Business  ☐ Education  ☐ Factory  ☐ High-Hazard
☐ Institution  ☐ Mercantile  ☐ Residential  ☐ Storage  ☐ Multi-Occupancy
Knox Box location: ___________________________ Side: ___________________________  ☐ N/A

FIREGROUND (Exposures: If a building give height, construction & type of occupancy - A=attached S=separate + distance)

Side-A (street) ___________________________ Side-C (rear) ___________________________
Side-B (left) ___________________________ Side-D (right) ___________________________
No. of stories: _____  Build. Const. type: ☐ I  ☐ II  ☐ III  ☐ IV  ☐ V
Length: ___________ x Width: ___________ = ___________ GPM per division

WATER SUPPLY
Fire hydrant locations:  Primary: ___________________________ Size of Main: ___________
Secondary: ___________________________ Size of Main: ___________
Private: ___________________________ Size of Main: ___________

BUILDING FIRE PROTECTION SYSTEMS

FDC connections: ☐ Sprinkler (SPKR.)  ☐ Standpipe (STD)  ☐ Combination Sprinkler/Standpipe (C)  ☐ N/A
FDC location(s):  ☐ Side-A  ☐ Side-B  ☐ Side-C  ☐ Side-D  ☐ N/A
Fire pump(s):  Side ___________ Division # ___________ GPM ___________  ☐ N/A

Sprinkler System:  ☐ Wet  ☐ Dry  ☐ Deluge  ☐ Pre-Action  ☐ Limited Area (20 SPKR. Heads)  ☐ N/A
☐ Full building  ☐ Partial building  If partial, location:  Side: ___________ Division # ___________
Side ___________ Division ___________ Side ___________ Division ___________ Side ___________ Division ___________
OS&Y Valves:  ☐ Side-A  ☐ Side-B  ☐ Side-C  ☐ Side-D

Standpipe (STD) & Hose System:  ☐ Class I  ☐ Class II  ☐ Class III  ☐ N/A
Standpipe Riser & Hose Connections:  Stair ___________ Stair ___________ Stair ___________
Corridor ___________ Corridor ___________ Rack ___________
STDP Riser Isolation Valves:  Stair __ Division ___________ Stair __ Division ___________
Other __ Division ___________
OS&Y Valves:  ☐ Side-A  ☐ Side-B  ☐ Side-C  ☐ Side-D
Chemical Extinguishing Systems: ☐ Clean Agent ☐ CO₂ ☐ Dry Chemical ☐ Halon ☐ Wet Chem. ☐ N/A
Side ______ Division ______ Side ______ Division _______ Side ______ Division ________

Fire Alarm System Main Panel Location: Division # ______________ Side __________ ______ N/A
Remote FAS sub-panel(s): Division # ______ Side ______ Division # ______ Side ______ ______ N/A

Fire Wall(s): Division # ______ Side ______ Division # ______ Side ______ _______ N/A
Fire Partition(s): Division # ______ Side ______ Division # ______ Side ______ _______ N/A

LIFE SAFETY
Occupancy Load: ☐ Low ☐ Moderate ☐ High

Stair(s): ☐ Open ☐ Enclosed ☐ Side-A ☐ Side-B ☐ Side-C ☐ Side-D ☐ Center Core
Exterior fire escape/stair: ☐ Side-A ☐ Side-B ☐ Side-C ☐ Side-D _______ N/A
Roof access off stair ______ Below grade off stair ______ Access stair levels: ______________________

Person(s) with Disability Location: ______________ Area(s) of Rescue Assistance: ______________

BUILDING DATA
Roofing Structural Members: ☐ Truss (☐ Metal ☐ Wood ☐ Light ☐ Heavyweight) ☐ Solid wood rafter
☐ Cold-formed galvanized steel ☐ Poured concrete/Re-bar ☐ Wooden ‘I’ beams ☐ Steel ‘I’ beams
Attic/cockloft access: ☐ Top floor (corridor area or interior room) Side _____ Side _____ ______ N/A
Roof vent(s): ☐ Automatic ☐ Manual Side _____ Side _____ ______ N/A

Flooring Structural Members: ☐ Truss (☐ Metal ☐ Wood ☐ Light ☐ Heavyweight) ☐ Solid wood joist
☐ Cold-formed galvanized steel ☐ Poured concrete/Re-bar ☐ Wooden ‘I’ beams ☐ Steel ‘I’ girder

Floor Decking: ☐ Concrete (☐ pre-cast ☐ poured) ☐ Wood (☐ plank ☐ plywood ☐ composition)

Basement: ☐ Full dimensions of building ☐ Partial ☐ If partial, Side ________ ______ N/A
Basement Access: ☐ Interior: Side ________ ☐ Exterior: Side ________ ______ N/A
Crawl Space Access: ☐ Interior: Side ________ ☐ Exterior: Side ________ ______ N/A
Elevator Banks: Elevator key location: 
Elevator No. 
Floors Served 
Elevator Mach. Rm. Floors. 

Heating System: ☐ Electric ☐ Gas ☐ Oil ☐ Combination gas/oil ☐ Other: 

Emergency Shut-Off: Division # _________ Side _____ Roof level _________ Side _____ 
Location: ☐ Within room ☐ Area ☐ On-unit Side _____ 
Fuel tank location: ☐ Above or ☐ Below ground ☐ Division # ___ Side ___ Capacity ____ ☐ N/A

HVAC Controls: Division # _________ Side _____ Roof level _________ Side _____ ☐ N/A 
Division _________ Side _____ Division _________ Side _____ Division _________ Side _____ 
Smoke Management System: Purge: _________ ☐ Automatic ☐ Manual ☐ N/A 
Air in-take locations: Division # _________ Roof level _________ Side _____ ☐ N/A 
Mechanical Equipment Rm. (MER) Division _________ Side ____ Division _________ Side ____ ☐ N/A

Utility Main Shut-Offs: Emergency Generator: _________ Division _________ Side ____ ☐ N/A 
ELECTRIC Division # _________ Side ____ LP/GAS Division _________ Side ____ ☐ N/A 
WATER Division # _________ Side ____ NATURAL GAS Division _________ Side ____ ☐ N/A

HAZMAT
MSDS location: ☐ Level ‘C’ (low) ☐ Level ‘B’ (moderate) ☐ Level ‘A’ (high) ☐ N/A 
Right To Know facility: ☐ Yes ☐ No SARA facility ☐ Yes ☐ No 
Hazmat locations: ☐ Interior Division # _________ Side ____ Division _________ Side ____ 
☐ Exterior Division # _________ Side ____ Division _________ Side ____