

**Mt. Angel Fire Dist.
Pre-Incident Plan**

Pre-Plan #: _____
Business Name: _____
Business Address: _____
Business Phone #: _____
Responsible Person(s): _____
Hours of Operation: _____

Accepted: _____
Revised: _____

Occupancy Type: _____ **Occupancy Load:** _____
Building Description: _____
Lock Box and/or Keypad: _____ **Location:** _____

CONSTRUCTION TYPE / MATERIALS

Wall-exterior: _____ **Wall-interior:** _____
Roof: _____ **Floor:** _____

FIRE PROTECTION SYSTEMS

Water Supply Type: _____
Water Supply Location: _____
Water Supply Capacity (GPM): _____ **Notes:** _____
FDC Location: _____
Standpipe Location: _____
Alarm Panel Location: _____

SPECIAL HAZARDS / MATERIALS

HazMat Types: _____
Locations: _____
MSDS Locations: _____
Special Notes: _____

EXPOSURES

Locations: _____

INTERIOR ATTACK ENTRANCES

Locations: _____

UTILITY SHUT-OFF LOCATIONS

Electrical Shut-off: _____
HVAC Shut-off: _____
Sprinkler Shut-off: _____
Domestic H2O Shut-off: _____
Natural Gas Shut-off: _____

LOCATION OF MISCELANEOUS

Attic Access: _____

Stairs: _____

Elevators: _____

Basement Access: _____

Crawl Spaces: _____

Evacuation Routes: _____

Fire Escapes: _____

Miscellaneous: _____

ALTERNATIVE CONTACT PERSON(S)

Name: _____ **Phone:** _____ **Title:** _____

Name: _____ **Phone:** _____ **Title:** _____

ADDITIONAL COMMENTS

PHOTO AND/OR MAP