



Fire Department

Business Fire Safety Preplan Form

Business Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Business Telephone: _____ Fax: _____

Email Address: _____

CONTACTS:

Name: _____

Owner Manager Emergency Contact (Other) _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Alternate: _____

Name: _____

Owner Manager Emergency Contact (Other) _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Alternate: _____

Name: _____

Owner Manager Emergency Contact (Other) *Alarm Company (if applicable)*

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Alternate: _____

BUILDING:

Overall Dimension of Building:
(Round to the nearest foot measurement)

Length: _____ X Width: _____

Number of Floors Above Grade: _____ Number of Floors Below Grade: _____

(Please check the appropriate boxes below and fill in the last inspection date if applicable)

Fire Alarm System:

- Smoke
- Heat
- Smoke and Heat (single unit)
- Sprinkler (water flow detection)
- More than one type
- Other Detector type
- Undetermined
- None

Inspection Date: _____

Automatic Sprinkler System:

- Special Hazard
- Wet Pipe
- Kitchen Extinguisher Units
- Dry Pipe
- Other sprinkler
- Dry Chemical
- Foam
- Halogen
- Carbon Dioxide
- Undetermined
- None

Inspection Date: _____

Building Status:

- Under Construction
- Occupied and Operating
- Idle (not routinely used)
- Under Major Renovation
- Vacant and Secured
- Vacant and Unsecured
- Being Demolished
- Undetermined

Is this building equipped with portable fire extinguishers? Yes No Inspection Date: _____

Does this business/facility store more than 55 gallon drums of hazardous/flammable materials? Yes No

Are there any other hazards or special problems at your business/facility that should be considered? *(please describe below)*

BUSINESS:

Type of Business: _____

Is this a new business? Yes No

Has this business moved locations? Yes No

If Yes, what was the previous address of this business? _____

Has this business/facility been remodeled in the last year? *(please describe below)*

If available, please provide a current floor plan of this business/facility.

Name of Responsible Person: *(Print)* _____

Signature of Responsible Person: _____

Date: _____

Thank you for completing this Fire Safety Preplan Form. If you have any questions or concerns please contact the Clinton Fire Department at (563) 242-0125.

Please return this document to:

Clinton Fire Department 344 3 rd Avenue South Clinton, IA 52732-4436 Attn: Fire Safety Pre-Plan
