Jonesborough Fire Department
Pre-Plan

District: _____

Occupancy ID#: _____

Occupancy Name: _____

Address: _____ Apt/Suite #: _____

_____ Phone #: _____

Emerg. Contact #1: Name: _____ Phone #: _____ Pager/Cell#: _____
Emerg. Contact #2: Name: _____ Phone #: _____ Pager/Cell#: _____

OWNERSHIP

☐ Private   ☐ Township   ☐ County   ☐ State   ☐ Federal

Name: _____ Phone #: _____

WATER SOURCE

Closest Hydrant Location #1: _____ Size: _____
Closest Hydrant Location #2: _____ Size: _____

SIZE	STORIES	BUILDING STATUS	
Length: _____	Above Ground: _____	☐ Under Construction	☐ Vacant & Secured
Width: _____	Below Ground: _____	☐ Occupied	☐ Vacant & Unsecured
Area: _____		☐ Idle; Not Routinely Used	

CONSTRUCTION TYPE

☐ Fire Resistive   ☐ Unprotected Non-Combustible   ☐ Protected Ordinary   ☐ Protected Wood Frame
☐ Heavy Timber   ☐ Protected Non-Combustible   ☐ Unprotected Ordinary   ☐ Unprotected Wood Frame

Walls: _____   Floors: _____   Roof: _____

ROOF COVERING

☐ Tile (clay, cement, slate, etc.)   ☐ Wood Shingles (treated / untreated)   ☐ Built Up
☐ Composite Shingle (asphalt)   ☐ Metal   ☐ No Roof

UTILITIES   Shut Off Locations

☐ Natural Gas   _____
☐ Electric   _____
☐ Oil   _____
☐ Propane   _____

ALARM SYSTEM

Alarm Present? Y /N   ☐ Automatic   ☐ Manual Pull Station   ☐ Combination

DETECTORS

Type
☐ Smoke   ☐ Carbon Monoxide
☐ Heat   ☐ Sprinkler w/ Water-Flow Detection
☐ Combination

Power Supply
☐ Battery
☐ Hardwire
☐ Plug In
☐ Plug In w/ Battery Backup
☐ Hardwire w/ Battery Backup
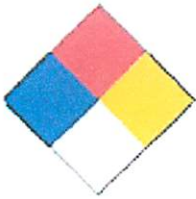
Enunciator Panel? Y /N   Location: _____

Alarm Company: _____   Phone #: _____

EXTINGUISHING SYSTEM

Fire Department Connection? Y / N   Location: _____

Type
☐ Wet Pipe   ☐ Dry Chemical System   ☐ Halogen System   ☐ Class K System
☐ Dry Pipe   ☐ Foam System   ☐ CO2 System   ☐ Standpipes

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_____

HAZARDOUS MATERIAL STORAGE

Chemical Name	UN #	Quantity	Location

NOTES / COMMENTS

GPS LOCATION _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

First Alarm Assignment

Engines: _____ Jonesborough Fire Department _____
Aerials: _____ Johnson City Fire Department _____
Rescues: _____ Washington County/Johnson City EMS _____
Tankers: _____ Washington County Volunteer Fire Depts _____

HazMat Units: _____ Washington County/Johnson City EMA _____
ALS Units: _____ Washington County/Johnson City EMS _____
BLS Units: _____
Special / Other: _____

Inspected By: _____
Date: _____

Jonesborough Fire Department
Pre-Plan Diagram

District: _____

Occupancy ID#: _____

Occupancy Name:

Address: _____ **Apt/Suite #** _____

_____

SECTOR: _____