

Warwick Fire Department Pre-Plan Information

Inspected By: _____

Box/PrePlan # _____ Business Name: _____ Inspection Date: _____
District: _____ Number _____ Street _____ Apt/Suite _____ Phone Number _____
Map Page: _____ City _____ State _____ Zip _____ PO Box _____
Manager _____ Phone _____ Cell _____
Emergency Contact #1 _____ Phone _____ Cell _____
Emergency Contact #2 _____ Phone _____ Cell _____
Owner _____ Address _____ Phone _____
Alarm Company _____ Alarm Co. Comments: _____

Property Use (NFIRS 5.0 Value) _____
Mixed Use (NFIRS 5.0 Value) _____

Building Status	
<input type="checkbox"/> Under construction	<input type="checkbox"/> Idle, not routinely used
<input type="checkbox"/> Vacant and secured	<input type="checkbox"/> Being demolished
<input type="checkbox"/> Occupied & operating	<input type="checkbox"/> Under major renovation
<input type="checkbox"/> Vacant and unsecured	<input type="checkbox"/> Other

Alarm Panel: Y / N Location: _____
Master Box: Y / N Location: _____
Panel Inspection Due Date: _____
Lock Box: Y / N Location: _____
Correct Keys: Y / N
Building Sprinklered: Y / N
Sprinkler Room Location: _____
FDC Location: _____

Detector Type	
<input type="checkbox"/> Smoke	<input type="checkbox"/> Sprinkler, water flow detection
<input type="checkbox"/> Heat	<input type="checkbox"/> More than 1 type present
<input type="checkbox"/> Combination Smoke/Heat	<input type="checkbox"/> Other

Automatic Extinguishing System Type	
<input type="checkbox"/> Wet pipe sprinkler	<input type="checkbox"/> Foam System
<input type="checkbox"/> Dry pipe sprinkler	<input type="checkbox"/> Halogen type system
<input type="checkbox"/> Other sprinkler	<input type="checkbox"/> Co2 system
<input type="checkbox"/> Dry chemical system	<input type="checkbox"/> Other special hazard system

Main Floor Size	
Length: _____	Stories Above Ground _____
Width: _____	Stories Below Ground _____
Total Sq. Ft.: _____	

Detector Power Supply	
<input type="checkbox"/> Battery Only	<input type="checkbox"/> Plug in w/ battery
<input type="checkbox"/> Hardwire Only	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plug In	<input type="checkbox"/> Multiple detect. & power
<input type="checkbox"/> Hardwire w/ battery	<input type="checkbox"/> Other

Hazards	Hydrants
Name: _____	_____
Type: _____ DOT # _____	Utilities
Amount: _____ Units of Measure _____	Utility Type: _____
Location: _____	Location: _____
	Comments: _____

Exits	Clear / Blocked Working / Not Working	Comments: (Use back if needed)
Emergency Lights	Yes / No	<input type="checkbox"/> Notify Dispatcher of info available when dispatched.
Exits Marked	Yes / No	
Extinguishers Inspected?	Yes / No	
Utility Rooms Clean?	Yes / No	
Fire Alarm Zone Location Map	Yes / No	

☐ NEEDS IMMEDIATE ATTENTION BY FIRE PREVENTION OR FIRE ALARM