



**SKETCH ALL OF THE FOLLOWING TO SCALE, AS APPLICABLE. USE BLANK PAGE(S) IF REQUIRED.**

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| <ul style="list-style-type: none"> <li>• Adjacent streets and alleys</li> <li>• Building outline</li> <li>• All doors and other entrances</li> <li>• All windows</li> <li>• Stairwells and areas of refuge</li> <li>• Elevators</li> <li>• Access to basement or crawlspace</li> <li>• Storage rooms</li> <li>• Electrical and mechanical equipment rooms</li> <li>• Fire alarms</li> <li>• Fire extinguishers</li> </ul> | <ul style="list-style-type: none"> <li>• Electrical shut-off</li> <li>• Heat shut-off</li> <li>• Fire Department Connection</li> <li>• Standpipe risers, hose connections, and isolation valves</li> <li>• Sprinkler system outline of coverage</li> <li>• Sprinkler system control panel and shut-off</li> <li>• Any potentially hazardous materials (flammable, explosive, combustible)</li> <li>• Ancillary, secondary, and storage structures, including sea cans</li> </ul> |
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**OFFICE USE ONLY**

ACCEPTANCE DATE

REVIEWED BY

**CITY OF ENDERBY, SHUSWAP FIRE PROTECTION DISTRICT, AND SPLATSIN PRE-INCIDENT PLAN**

<b>NAME OF STRUCTURE</b>					
<b>STREET ADDRESS</b>					
<b>TYPE(S) OF OCCUPANCY</b>		<input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Industrial <input type="checkbox"/> High Hazard <input type="checkbox"/> Institution <input type="checkbox"/> Residential <input type="checkbox"/> Storage <input type="checkbox"/> Other (describe) _____			
<b>NUMBER OF STOREYS</b>	<b>ROOF TRUSSES</b>	<b>FRAME</b>	<b>FLOOR TRUSSES</b>	<b>SIZE (FEET)</b>	<b>OCCUPANCY</b>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other _____	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other _____	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other _____	Length _____ Width _____	_____ persons
<b>LOCATION OF NEAREST HYDRANT</b>					
<b>BASEMENT DESCRIPTION</b>					
<b>ATTIC DESCRIPTION</b>					
<b>SPRINKLING SYSTEM DESCRIPTION AND SHUT-OFF LOCATION</b>					
<b>ELECTRICAL SHUT-OFF LOCATION</b>					
<b>HEATING SYSTEM TYPE AND SHUT-OFF LOCATION</b>					
<b>DESCRIPTION OF POTENTIALLY HAZARDOUS MATERIALS (FLAMMABLE, EXPLOSIVE, POISONOUS, ETC.)</b>					
<b>HAZARDOUS MATERIAL</b>		<b>LOCATION</b>		<b>DESCRIPTION OF HAZARD</b>	
<b>EMERGENCY CONTACTS</b>					
<b>NAME AND ROLE</b>		<b>HOME PHONE</b>		<b>CELL PHONE</b>	
<b>OTHER IMPORTANT INFORMATION</b>					