



Torbay Volunteer Fire Department

P.O. Box 1045
Torbay, Newfoundland and Labrador
A1K 1K8
Tel: (709) 437-6542 Fax: (709) 437-2307

Pre-Incident Planning Checklist

Date of Inspection:	Committee Officer:
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General Information	
Facility/ Business Name:	
Street Address:	Nearest Cross Street:

Contact Information	
Facility Phone Number: ()	Other Phone Number: ()
Business Owner:	Location:
Phone Number: ()	Primarily works on site: yes <input type="checkbox"/> no <input type="checkbox"/>
Mobile Number: ()	Other:

Emergency Contacts	
Name:	Title:
Location:	Phone Number: ()
Mobile Number: ()	Other:

Name:	Title:
Location:	Phone Number: ()
Mobile Number: ()	Other:

Name:	Title:
Location:	Phone Number: ()
Mobile Number: ()	Other:

☐ If more room is required for emergency contacts, please use the back of this form.



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Construction Information

<u>SIZE</u>	<u>STORIES</u>	<u>BUILDING STATUS</u>	
Length:	Above Ground:	Under Construction: <input type="checkbox"/>	Vacant & Secured: <input type="checkbox"/>
Width:	Below Ground:	Occupied: <input type="checkbox"/>	Vacant & Unsecured: <input type="checkbox"/>
Area:		Idle (Not Routinely Used): <input type="checkbox"/>	

Site Layout



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CONSTRUCTION TYPE

Fire Resistive: <input type="checkbox"/>	Unprotected Non-Combustible: <input type="checkbox"/>	Protected Ordinary: <input type="checkbox"/>	Protected Wood Frame: <input type="checkbox"/>
Heavy Timber: <input type="checkbox"/>	Protected Non-Combustible: <input type="checkbox"/>	Unprotected Ordinary: <input type="checkbox"/>	Unprotected Wood Frame: <input type="checkbox"/>
Walls: _____ Floors: _____ Roof: _____			

ROOF COVERING

Tile (clay, cement, slate, etc.): <input type="checkbox"/>	Wood Shingles (treated / untreated): <input type="checkbox"/>
Composite Shingle (asphalt): <input type="checkbox"/>	Built Up: <input type="checkbox"/>
Metal: <input type="checkbox"/>	No Roof: <input type="checkbox"/>

OTHER CONSTRUCTION INFORMATION

Exterior Features:	Date of last known modification:
Architect:	Facility built date:
Construction Company:	Supplied site plans: yes <input type="checkbox"/> no <input type="checkbox"/>

Hazardous Material Specific Information

Tier II Facility(<=10,000lb): yes <input type="checkbox"/> no <input type="checkbox"/>	Up to date Chemical Inventory List: yes <input type="checkbox"/> no <input type="checkbox"/>
MSDS received with Tier II forms: yes <input type="checkbox"/> no <input type="checkbox"/>	Chemical Inventory List provided: yes <input type="checkbox"/> no <input type="checkbox"/>

HAZARDOUS MATERIAL STORAGE

[illegible]



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Utility Services Information	
Electric Meter Location:	
Breaker Panel Location(s):	
Oil Tank Location:	
Heated by:	Location:
Water Heater type: Oil <input type="checkbox"/> Electric <input type="checkbox"/>	Location:



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Alarm Systems

Alarm Present: yes <input type="checkbox"/> no <input type="checkbox"/>	Automatic: <input type="checkbox"/>	Manual Pull Station: <input type="checkbox"/>	Combination: <input type="checkbox"/>
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DETECTOR TYPE		POWER SUPPLY	
Smoke: <input type="checkbox"/>	Heat: <input type="checkbox"/>	Battery: <input type="checkbox"/>	Hardwire: <input type="checkbox"/>
Carbon Monoxide: <input type="checkbox"/>	Combination: <input type="checkbox"/>	Plug In: <input type="checkbox"/>	Hardwire w/ Battery Backup: <input type="checkbox"/>
Sprinkler w/ Water - Flow Detection: <input type="checkbox"/>		Plug In w/ Battery Backup: <input type="checkbox"/>	
Alarm Panel Location:			
Alarm Company:		Phone Number:	

Water Supply Information

Sprinkler Riser: yes <input type="checkbox"/> no <input type="checkbox"/>	Location:		
Sprinkler Standpipe Connection: yes <input type="checkbox"/> no <input type="checkbox"/>	Location:		
SYSTEM TYPE			
Wet Pipe: <input type="checkbox"/>	Dry Chemical System: <input type="checkbox"/>	Halogen System: <input type="checkbox"/>	Class K System: <input type="checkbox"/>
Dry Pipe: <input type="checkbox"/>	Foam System: <input type="checkbox"/>	CO2 System: <input type="checkbox"/>	Standpipes: <input type="checkbox"/>

Hydrant Location(s):

Hydrant Flow Rate(s):

Red (500gpm or less) <input type="checkbox"/>	Orange (500gpm to 1000gpm) <input type="checkbox"/>	Green (1000gpm to 1500gpm) <input type="checkbox"/>	Blue (1500gpm or greater) <input type="checkbox"/>
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Special Hazards

Special Notes

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