



## *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<sup>rd</sup> Avenue South  
Clinton, IA 52732-4436  
Attn: Fire Safety Pre-Plan