

OFFICE OF THE FIRE MARSHAL
TOWAMENCIN TOWNSHIP
Emergency Services Preplan Form

For office use only

Preplan Number: **59-**____ - ____ Date: _____ Box Alarm: **59-** _____

Parcel #: 53-00 _____ Block#: _____ Unit #: _____ Assessed Value: _____

Building Complex: _____ Tenant: _____

Address: _____ Suite Number: _____

City: _____ Zip: _____ Phone Number: _____

Primary Contact and E-mail: _____

Type of Facility: _____ Hours of Operation: _____

Number of Shifts: _____ Number of Daytime Occupants: _____ Number of Nighttime Occupants: _____

Emergency Contacts (please list closest contact first)

Emergency Numbers

Contact 1: _____

Phone 1: _____

Contact 2: _____

Phone 2: _____

Contact 3: _____

Phone 3: _____

Building Owner: _____

Phone Number: _____

Alarm Company: _____

Phone Number: _____

Yes No

____ ____ Fire Alarm _____

____ ____ Knox Box, Location _____

____ ____ Sprinklers, Number of Risers _____ Number of Heads _____ FDC location _____

____ ____ Standpipes, Number of Standpipes _____ FDC location _____

____ ____ Hazardous Materials, Location of MSDS Sheets _____
(Provide a Chemical Inventory for stored products exceeding 500 lbs/Gallons)

____ ____ Basement, Full _____ Partial _____

____ ____ Roof Trusses/Bar joists, Type of Materials Wood: _____ Steel: _____

____ ____ Floor Trusses/Bar Joists, Type of Materials Wood: _____ Steel: _____

____ ____ Elevator

____ ____ Does Elevator have Fire Department Emergency Operations Control

____ ____ Oxygen Present

____ ____ High Explosive Hazard

____ ____ Smoke Control System

____ ____ Private Hydrant System, If yes what is the thread type and connection size _____

Roof Covering:

Roof Covering Type _____

Square feet of building _____ Number of Floors _____ Number of dwelling units _____

Square footage of tenant space: _____

Type of Construction: Wood Frame: _____ Masonry: _____ Steel: _____

Special Hazards:

Shaftways: _____ Skylights: _____ Photovoltaic Equipment: _____

Lead Acid Battery Storage: _____ Radioactive Material: _____ Corrosive materials: _____

Fire Insurance Company: _____

Please return with this form, in **.PDF Format**, a **“site plan”** with the parking areas and driveways indicated. In addition, please submit a **“floor plan”** in **.PDF Format** with the below listed information noted on the plan. If you are a tenant of a multi-unit building, attain a copy from the building owner and highlight your area of the building. Using the codes listed below label the print with the number in the appropriate area on the drawing.

- | | |
|--|---------------------------------------|
| #1 Gas Shut-off | #8 Standpipe Locations |
| #2 Main Electrical Shut-off | #9 Hazardous Materials |
| #3 Domestic Water Shut-off | #10 Material Safety Data Sheets |
| #4 Fire Alarm Panel Box | #11 Internal Fire Walls |
| #5 Fire Dept. Connections to Sprinkler Systems | #12 Smoke or Heat Activated Fire Door |
| #6 Sprinkler Riser Locations and Shut-offs | #13 Knox Box |
| #7 Indicate the area controlled by each riser | #14 Exposures |

Locate on the layout other items that may pertain to fire/emergency situations.

If you have any questions, contact the Township at 215-368-7602.