

New Castle Fire Department

229 N Main Street
New Castle, IN 47362

Facility Name: _____

Facility Number: _____
(To be Provide by Fire Dept.)

Diagrams, Maps: _____

***** **Contact Information** *****

Address: _____ City: _____ State: ____ Zip: _____

Manager: _____ Business Phone: (____) ____ - _____

Emergency Phone (1): (____) ____ - _____ Emergency Phone (2): (____) ____ - _____

2nd Contact: _____ Business Phone: (____) ____ - _____

Emergency Phone (1): (____) ____ - _____ Emergency Phone (2): (____) ____ - _____

3rd Contact: _____ Business Phone: (____) ____ - _____

Emergency Phone (1): (____) ____ - _____ Emergency Phone (2): (____) ____ - _____

Alarm Company: _____ Phone: (____) ____ - _____

Notes: _____

***** **Occupancy** *****

Business: ____ Industry: ____ Notes: _____

Single Family: ____ Multi Family: ____ # Apartments: ____

Number of Persons:

Adults: _____ Children: _____ Elderly: _____

Special Needs Persons: _____ Notes: _____

Special Needs Locations: _____

Employee/Resident Assembly Location: _____

Evacuation Location (1): _____

Evacuation Location (2): _____

Transportation Needs: _____

Notes: _____

***** **Structure Information** *****

Construction Class: _____ Roof Type: _____

Number of Stories: _____ Roof Covering: _____

Length, Width, Height: _____ Building Classification: _____

Structure Notes: _____

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***** **Fire Access Information** *****

Main Access: _____
Secondary Access: _____
Roof Access: _____
Attic Access: _____
Basement: _____
Lowest Access: _____
Lock Box: _____
Alarm Panel: _____
Annunciator Panel: _____
Notes: _____

***** **Response Information** *****

Primary Staging: _____
Secondary Staging: _____

***** **Water Supply Information*******

Hydrant-1 _____

Volume (GPM) _____ Main Size: _____ Status: _____

Notes: _____

Hydrant-2 _____

Volume (GPM) _____ Main Size: _____ Status: _____

Notes: _____

Hydrant-3 _____

Volume (GPM) _____ Main Size: _____ Status: _____

Notes: _____

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Alt Supply-1: _____

Volume (GPM) _____ Main Size: _____ Status: _____

Notes: _____

Alt Supply-2 _____

Volume (GPM) _____ Main Size: _____ Status: _____

Notes: _____

***** **Protection Information** *****

	Yes/No	Special Notes
Sprinklers:	_____	_____
Spare Heads:	_____	_____
FD Connection:	_____	_____
Stand Pipe:	_____	_____
Gas Shutoff:	_____	_____
Electrical Shutoff:	_____	_____
Water Shutoff:	_____	_____
Notes:	_____	

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***** HAZMAT *****

Chemical Name: _____

Location: _____

Quantity: _____ Gallons/Pounds

Flammable: _____ Toxic: _____ Corrosive: _____ Oxidizer: _____

UN #: _____ Guide # _____

NFPA 704: Fire __ Health __ Reactivity __ Special _____

Chemical Name: _____

Location: _____

Quantity: _____ Gallons/Pounds

Flammable: _____ Toxic: _____ Corrosive: _____ Oxidizer: _____

UN #: _____ Guide # _____

NFPA 704: Fire __ Health __ Reactivity __ Special _____

Chemical Name: _____

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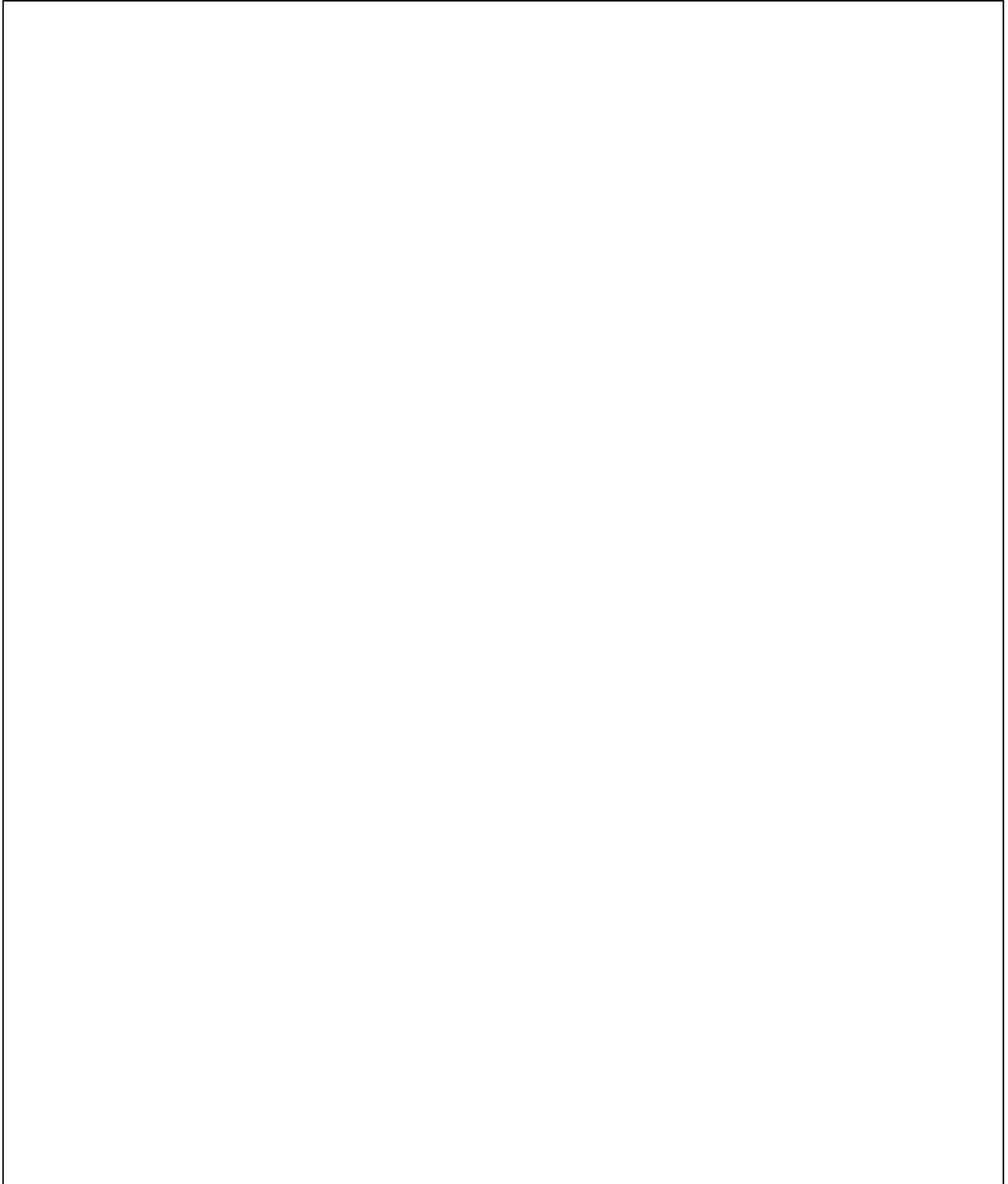
NFPA 704: Fire __ Health __ Reactivity __ Special _____

Copy this sheet and attach as many as necessary

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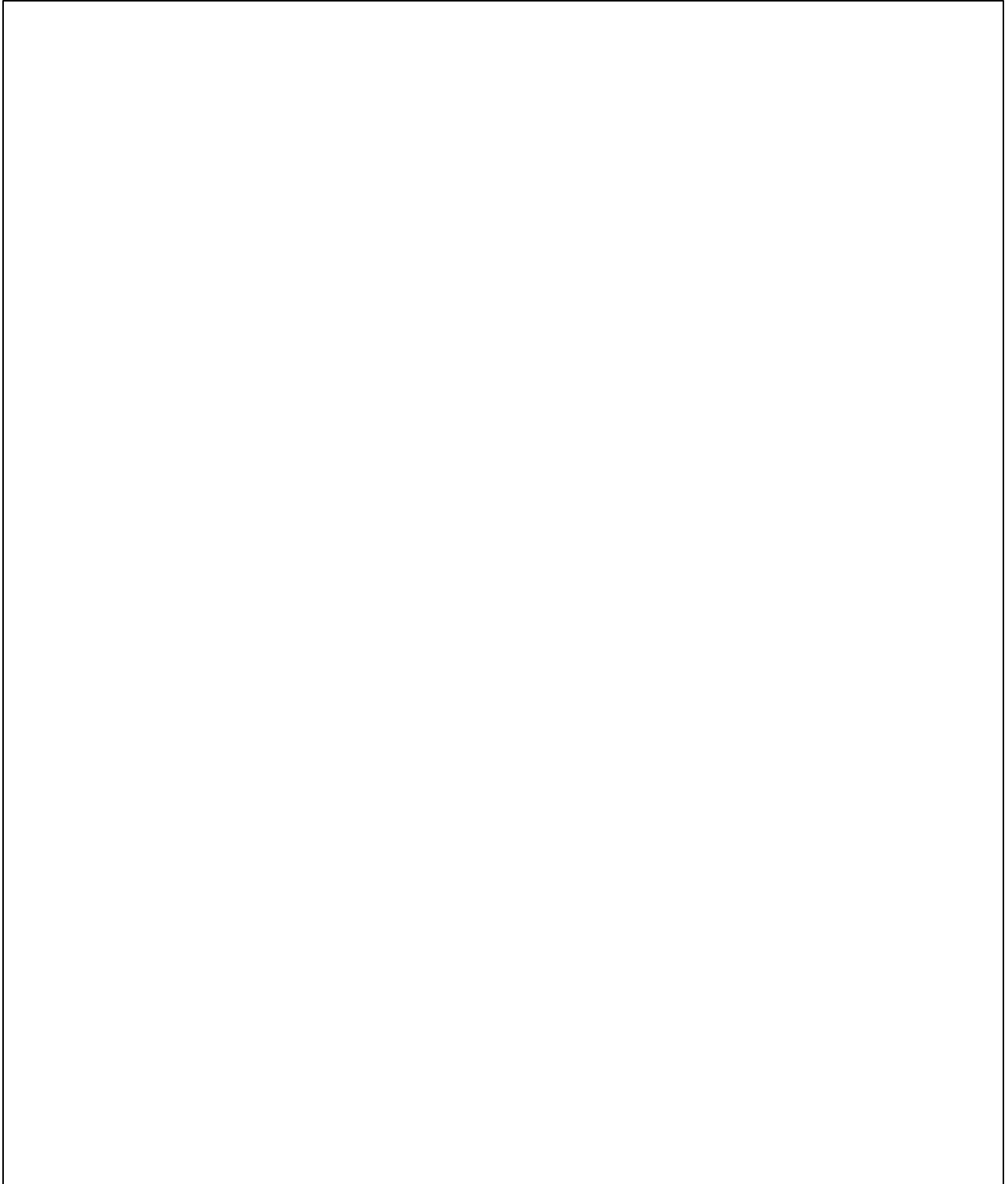
Basic Site Plan



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Basic Floor Plan, _____ Floor



Make as many copies as necessary