



# Town of Montville

## Office of the Fire Marshal

Fire Safety | Emergency Management  
310 Norwich-New London Turnpike, Uncasville, CT 06382  
Tel.: (860) 848-6781 Email: firemarshal@montville-ct.org

### PRE-PLAN WORKSHEET

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Facility Usage: \_\_\_\_\_

Property Description: ☐ Commercial, ☐ Industrial/Warehouse, ☐ Governmental, ☐ Religious, ☐ Educational,  
Other: \_\_\_\_\_

☐ Residential - ☐ Single Family, ☐ Multi-Family

|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BUILDING:</b>                                                                                                                                                                                                                                                                                      | <b>Total Sq. FT:</b> _____                                                                                                                        |
| Estimated Construction Year: _____                                                                                                                                                                                                                                                                    | Height/Stories: _____ / _____ L x W: _____                                                                                                        |
| Status: <input type="checkbox"/> Normal, <input type="checkbox"/> Vacant, <input type="checkbox"/> Under-Construction                                                                                                                                                                                 | Basement: <input type="checkbox"/> Yes / <input type="checkbox"/> No Crawl Space: <input type="checkbox"/> Yes / <input type="checkbox"/> No      |
| Foundation Type: <input type="checkbox"/> Slab, <input type="checkbox"/> Concrete, <input type="checkbox"/> Stone/Brick, <input type="checkbox"/> Other: _____                                                                                                                                        |                                                                                                                                                   |
| Interior Building Material: <input type="checkbox"/> Wood, <input type="checkbox"/> Brick/Stone, <input type="checkbox"/> Concrete, <input type="checkbox"/> Metal                                                                                                                                    | Fire Wall: <input type="checkbox"/> Yes ____Hrs / <input type="checkbox"/> No                                                                     |
| Exterior Building Material: <input type="checkbox"/> Wood, <input type="checkbox"/> Brick/Stone, <input type="checkbox"/> Concrete, <input type="checkbox"/> Metal, <input type="checkbox"/> Vinyl, <input type="checkbox"/> Asphalt                                                                  |                                                                                                                                                   |
| Roofing Material: <input type="checkbox"/> Asphalt, <input type="checkbox"/> Wood, <input type="checkbox"/> Tile, <input type="checkbox"/> Metal, <input type="checkbox"/> Slate/Stone                                                                                                                | Truss: <input type="checkbox"/> Yes / <input type="checkbox"/> No                                                                                 |
| Roof Access: <input type="checkbox"/> Yes / <input type="checkbox"/> No                                                                                                                                                                                                                               | Location(s): _____                                                                                                                                |
| Construction Type: <input type="checkbox"/> Wood Frame, <input type="checkbox"/> Balloon Frame, <input type="checkbox"/> heavy Timber, <input type="checkbox"/> Ordinary, <input type="checkbox"/> Fire Resistive,<br><input type="checkbox"/> Non-Combustible, <input type="checkbox"/> Other: _____ |                                                                                                                                                   |
| Primary Access Point: _____                                                                                                                                                                                                                                                                           | ; Secondary: _____                                                                                                                                |
| Exit Count: (A - ), (B - ), (C - ), (D - )                                                                                                                                                                                                                                                            | / Lock Type(s): <input type="checkbox"/> Key, <input type="checkbox"/> Fob, <input type="checkbox"/> Code, <input type="checkbox"/> Push-bar Exit |

### OCCUPANCY:

| Time Range | Number of People | Average Age | Mobility/Concerns |
|------------|------------------|-------------|-------------------|
|            |                  |             |                   |
|            |                  |             |                   |
|            |                  |             |                   |

**EMERGENCY CONTACTS:****Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_**Key Holder:** ☐ Yes / ☐ No **Phone Number:** \_\_\_\_\_**Address:** \_\_\_\_\_**E-Mail:** \_\_\_\_\_**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_**Key Holder:** ☐ Yes / ☐ No **Phone Number:** \_\_\_\_\_**Address:** \_\_\_\_\_**E-Mail:** \_\_\_\_\_**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_**Key Holder:** ☐ Yes / ☐ No **Phone Number:** \_\_\_\_\_**Address:** \_\_\_\_\_**E-Mail:** \_\_\_\_\_**FIRE PROTECTION:****Alarm Panel:** ☐ Yes / ☐ No **Location:** \_\_\_\_\_ **Company:** \_\_\_\_\_**Annunciator Panel:** ☐ Yes / ☐ No **Location:** \_\_\_\_\_ **Phone:** \_\_\_\_\_**Sprinkler:** ☐ Yes / ☐ No **Standpipe:** ☐ Yes / ☐ No **Type:** ☐ Wet / ☐ Dry**Shut Off Location:** \_\_\_\_\_ **Locked/Secured:** ☐ Yes / ☐ No**FDC Connection:** ☐ Yes / ☐ No **Where:** \_\_\_\_\_ **Hydrant Nearby :** ☐ Yes / ☐ No**Nearest Water Supply:** \_\_\_\_\_**Source:** ☐ Natural Waterway (pond/lake/river/etc), ☐ Wet Hydrant, ☐ Dry Hydrant**Main Size:** \_\_\_\_\_ ; **Status:** ☐ Usable, ☐ Unusable, Why: \_\_\_\_\_**Notes:***Spare Sprinkler Heads Present:*

**UTILITIES:****Heating:** ☐ Oil, ☐ Natural Gas, ☐ Propane, ☐ Electric, ☐ Other: \_\_\_\_\_**Fuel / Oil Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_**Gas Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_**Electrical Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_**Solar:** ☐ Yes / ☐ No **Shut off Location:** \_\_\_\_\_**Generator:** ☐ Yes / ☐ No **Location:** \_\_\_\_\_**Elevator:** ☐ Yes / ☐ No **Location:** \_\_\_\_\_**EXPOSURES:****Side:** ☐ A , ☐ B , ☐ C , ☐ D : **Description:** \_\_\_\_\_**Side:** ☐ A , ☐ B , ☐ C , ☐ D : **Description:** \_\_\_\_\_**Side:** ☐ A , ☐ B , ☐ C , ☐ D : **Description:** \_\_\_\_\_**Side:** ☐ A , ☐ B , ☐ C , ☐ D : **Description:** \_\_\_\_\_**HAZ-MAT:****Material:** \_\_\_\_\_**Amount:** \_\_\_\_\_ ☐ Liquid, ☐ Solid, ☐ Gas**Location/Notes:** \_\_\_\_\_**NFPA 704:** ☐ Fire / ☐ Health / ☐ Reactivity / ☐ Special: \_\_\_\_\_ **U.N#:** \_\_\_\_\_ ; **Guide#:** \_\_\_\_\_☐ Flammable, ☐ Toxic, ☐ Corrosive, ☐ Oxidizer**Material:** \_\_\_\_\_**Amount:** \_\_\_\_\_ ☐ Liquid, ☐ Solid, ☐ Gas**Location/Notes:** \_\_\_\_\_**NFPA 704:** ☐ Fire / ☐ Health / ☐ Reactivity / ☐ Special: \_\_\_\_\_ **U.N#:** \_\_\_\_\_ ; **Guide#:** \_\_\_\_\_☐ Flammable, ☐ Toxic, ☐ Corrosive, ☐ Oxidizer**Material:** \_\_\_\_\_**Amount:** \_\_\_\_\_ ☐ Liquid, ☐ Solid, ☐ Gas**Location/Notes:** \_\_\_\_\_**NFPA 704:** ☐ Fire / ☐ Health / ☐ Reactivity / ☐ Special: \_\_\_\_\_ **U.N#:** \_\_\_\_\_ ; **Guide#:** \_\_\_\_\_☐ Flammable, ☐ Toxic, ☐ Corrosive, ☐ Oxidizer

**MISC:**

**Knox Box:** ☐ Yes / ☐ No    **Location:** \_\_\_\_\_

**Security Cameras:** ☐ Yes / ☐ No    **Window bars:** ☐ Yes / ☐ No    **Fire Escape:** ☐ Yes / ☐ No

**AED:** ☐ Yes / ☐ No    **Fire Extinguishers:** ☐ Yes / ☐ No

**Evac Location:** \_\_\_\_\_

**Explosives:** ☐ Yes / ☐ No    **Ammo/Munitions:** ☐ Yes / ☐ No    **Weapons/Firearms:** ☐ Yes / ☐ No

**Location:** \_\_\_\_\_

**Utilities Above Ground:** ☐ Yes / ☐ No    Explain: \_\_\_\_\_

**Utilities Below Ground:** ☐ Yes / ☐ No    Explain: \_\_\_\_\_

|                                  |
|----------------------------------|
| <b>ADDITONAL NOTES / SKETCH:</b> |
|----------------------------------|