



**MONTGOMERY COUNTY FIRE AND RESCUE SERVICES
DIVISION OF OPERATIONS**



FIRE STATION _____

PREPLAN

Completed By: _____ Date: _____

GENERAL BUILDING FACTS

Address: _____

Building Name / Occupant: _____

Contact person: _____ Telephone#: _____

Building Height: _____ Total # of Floors: _____ Floor # at Lobby: _____

Construction Type: _____

Roof Construction: _____ Roof Access: _____

Penthouse? Yes _____ No _____

Mechanical Room Location: _____

Trash Room(s) / Chute(s)? Yes _____ No _____ Location(s): _____

of Elevators: _____ Location(s): _____

of Stairwells: _____ Location(s): _____

FIRE PROTECTION EQUIPMENT AND INFORMATION

Knox Box Location(s): _____

Local Alarm: _____ Supervised: _____

Local Alarm Reset: _____

Annunciator Panel Location: _____

Fire Control Room Location: _____

Preplan
Page 2
Address: _____

Sprinklered? Yes____ No____

Sprinklered Areas: _____

Sprinkler Shut-off Location: _____

Stand-pipe? Yes____ No____ #of Risers: _____

Location(s) of Risers: _____

Longest Potential Distance from Riser Valve: _____

Fire Pump? Yes____ No____ GPM: _____ Location? _____

Types and Locations of FD Connections:

Hydrant Locations: _____

Other Fire Protection Equipment? Yes____ No____

Type(s): _____

Known Hazards, Types and Locations:

Other Unique Features or Problems:

Preplan
Page 3
Address: _____

VENTILATION / SMOKE CONTROL

Windows Open? Yes____ No____

Pressurized Stairwells? Yes____ No____

Via HVAC System? Yes____ No____

Skylights? Yes____ No____

Dampers in Ducts? Yes____ No____

UTILITIES

Gas Shutoff – Inside: _____ Outside: _____

Electric Shutoff – Inside: _____ Outside: _____

Water Shutoff – Inside: _____ Outside: _____

HVAC Controls – Inside: _____ Outside: _____

NOTES AND ADDITIONAL INFORMATION
