



FIRE PROTECTION FORM

Fire Marshall: _____ Phone No: _____

Name of Building: _____ Date: _____

Distance to Nearest Fire Dept: _____ Manned Volunteer

Number of Occupants: _____ Name of Fire Dept: _____

Number of Storeys (incl. basement): _____ Number of Exits: _____

Municipal Water Supply for Fire Fighting: _____

Distance from Fire Hydrants (where applicable): _____

Elevator: _____

Fire Alarm System Type: _____ One Stage Two Stage

Voice Communication System: _____

Location of Main Alarm Panel: _____

Building Sprinklered Partially Sprinklered Building Standpipe

Specialized Fire Protection System: Halon Dry Chemical CO₂

Other: _____

Extinguishers: ABC # Water CO₂ # Halon #

Emergency Lighting: _____

Generator: _____

Master Keys Readily Available to Responding Personnel: _____

Location: _____

Office Use Only: Building Construction: _____

Floor Area: _____

Number of Floors: _____

Classification: _____