



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

38009 PM.
23

Date of Inspection: 6-04-11 Committee Officer: Ada Evans

Committee Members: Jim Evans, Tony Hoell, Chris Bowers

Location Information

Street Address: 4525 VOA Rd. Nearest Cross Street: Robersonville Rd.

Facility / Business Name: Buddy's Garage, Inc.

Facility Phone Number: (252) 946-7979

Business Owner: Buddy Harris Phone Number: (946-6144) Mobile Number: (943-8126)

Operating Information and Access

Emergency contacts and titles with phone numbers:

Name: Buddy Harris Title: Owner Contact Number: 943-8126

Name: _____ Title: _____ Contact Number: _____

* If more room is required for emergency contacts, please use the back of this form.

Operating hours: Open: 7:30 Closed: 5 Mon - ~~Sat~~ Sat. (7:30-4)

Primary access: front gate on VOA Rd.

Side 1 for plan purposes: _____

Key box: Yes ☒ No Key box location: _____

Exterior access concerns: Yes ☒ No Locations: _____

Obstructions to aerials: Yes ☒ No Locations: _____

Exterior door concerns: Yes ☒ No Locations: _____

Interior roof access: Yes ☒ No Locations: _____

Occupancy

Overall occupancy: _____

High fire load: ☒ Yes No Locations: _____

Life safety concerns: _____

Evacuation assembly plan: Yes No Assembly point location: _____



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

Hazards

Trash and waste hazards: _____

Incinerator or compactor inside: ___ Yes ☒ No Locations: _____

Incinerator or compactor chutes: ___ Yes ☒ No Locations: _____

Chutes sprinkled: ___ Yes ☒ No

Outside compactors or dumpsters: ☒ Yes ☒ No Locations: _____

Compactors or dumpsters attached or exposed to the interior: ___ Yes ___ No

Hazardous Materials present: ☒ Yes ___ No *Oil, Anti Freeze, Batteries, Paint*

Location of MSDS sheets: _____

Hazardous Material inventory attached: ___ Yes ___ No

Location for use in emergency: _____

Materials reactive with air, water, or other materials present: ___ Yes ___ No

Type of materials: _____

Typical location: _____

Radioactive materials present: ___ Yes ___ No

Typical location: _____

Process hazards present: ___ Yes ___ No

Typical location: _____

Construction

Number of stories: _____ Number of basements / full or partial: _____

Length: _____ Width: _____ Height: _____ of each floor.

** If more room is required for clarification of each floor, please use the back of this form.*

Penthouse: Yes ___ No Occupancy: _____

Roof covering: Tile (clay, cement, slate, etc.): ☐; Wood Shingles (treated / untreated): ☐; Metal: ☐;
Composite Shingle (asphalt): ☐; Built Up: ☐; No Roof: ☐; other: _____

Roof construction: _____ Trusses: ___ Yes ___ No

Floor construction: _____ Trusses: ___ Yes ___ No



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Construction (continued)

Wall construction: _____

Construction type: Fire Resistive: ☐ Unprotected Non-Combustible: ☐ Protected Ordinary: ☐ Protected Wood Frame: ☐
Heavy Timber: ☐ Protected Non-Combustible: ☐ Unprotected Ordinary: ☐ Unprotected Wood Frame: ☐

Combustible concealed spaces: ___ Yes ___ No Location: _____

Interior fire barriers and walls: ___ Yes ___ No Locations: _____

Wall penetrations: ___ Yes ___ No Locations: _____

Openings protected by: ☐ Doors ☐ Shutters ☐ Sprinklers ☐ No protection

Interior stairs: Number: _____ Location: _____

Obstruction to stairways: _____

Elevators: Number: _____ Location: _____

Area served – full or partial: _____

Fire service mode: ___ Yes ___ No Elevator key location: _____

Elevator controls location: _____

Unprotected vertical openings: ___ Yes ___ No Type and Locations: _____

Water Supply

Primary water supply: _____

Test results: Location: _____ Date: _____

Static pressure: _____ Residual pressure: _____ Flow rate: _____

Alternate supplies:

Private supply: ___ Yes ___ No Type: ☐ Gravity tank; ☐ Other tank; ☐ Cistern; ☐ Reservoir; ☐ Process system;

☐ Other: _____

Fire Pump: ___ Yes ___ No Supplied by: ☐ Public supply; ☐ Private supply

Start-up: ☐ Automatic ☐ Manual Number of pumps: _____



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Water Supply (continued)

Location of pumps: _____

On-site hydrants: ___ Yes ___ No Supplied by: ☐ Public supply; ☐ Private supply

Size of outlets and threads: _____

Location of hydrants: _____

Hydrant Flow Rate(s):

Red (500gpm or less) ☐; Orange (500gpm to 1000gpm) ☐; Green (1000gpm to 1500gpm) ☐; Blue (1500gpm or greater) ☐

Which system supplies what protection systems: _____

Nearest large volume water supply (greater than 2000 GPM): _____

Needed fire flow calculations:

Largest single area: _____

Needed Fire Flow

Building or Area	Area Measurements			Hazard Factors: Low, Moderate, High Severe			Total Flow Needed
	Length	Width	Height	Fire Load Factor	Life Hazard Factor	Exposure Factor	



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Protection System

Fire alarm system: ___ Yes ___ No Locations: _____

Annunciator location: _____

Type of alarms: _____

Extent of coverage: _____

Monitored system: ___ Yes ___ No Fire alarm company: _____

Phone number: _____

Detector type and power supply: Smoke: ☐; Heat: ☐; Battery: ☐; Hardwire w/ Battery Backup: ☐

Carbon Monoxide: ☐; Combination: ☐; Plug In: ☐; Plug In w/ Battery Backup: ☐

Sprinkler system: ___ Yes ___ No Location of the FDC: _____

Size of FDC threads: _____

Type of system: Wet Pipe: ☐; Dry Chemical System: ☐; Halogen System: ☐; Class K System: ☐;

Dry Pipe: ☐; Foam System: ☐; CO2 System: ☐; Standpipes: ☐

Extent of coverage – full or partial: _____

Areas protected (if partial): _____

Location of main valve: _____

Location of sectional valves: _____

System coverage plan at valves: ___ Yes ___ No

Standpipe and inside hoses: ___ Yes ___ No

Combined with sprinkler system: ___ Yes ___ No

FDC same as for sprinkler system: ___ Yes ___ No

Location of FDC: _____

Size of FDC threads: _____

Type of standpipes: _____

Extent of coverage – full or partial: _____

Outlet locations: _____

Outlet size and type: _____



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Protection System (continued)

Special protection systems: ___ Yes ___ No

Type of systems: _____

Locations: _____

Extent of coverage – full or partial: _____

Utilities

Y/N	Service	Shutoff location
	Natural Gas	
	LP-Gas	
	Fuel Oil	
	Electric	
	Emergency Power	
	Heating	
	Water	
	Hot Water	
	Steam	
	A/C and ventilation	
	Specialty gas*	
	Specialty gas*	

* Record type of gas

Occupant concerns for utilities: ___ Yes ___ No

Responsible contact: _____

Process concerns for utilities: ___ Yes ___ No

Responsible contact: _____

Comments: _____



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Exposures

Exposure Number	Separation (ft)	Life Hazard	Fire Load	Construction	Sprinkled	Priority (low = 5)

Other exposure concerns: _____

Special Resource Consideration: _____

Confined Spaces: ___ Yes ___ No Locations: _____

Remarks:

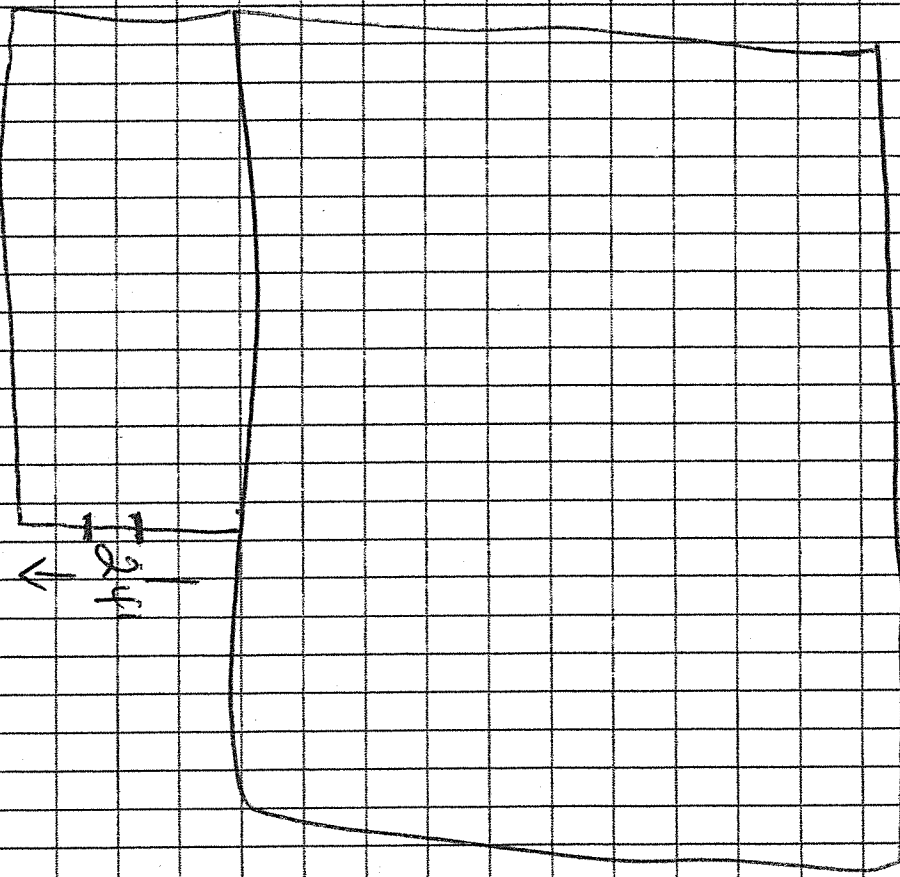
If more room is required for notes, please use the back of this form.



Address: _____

Name: _____

Pre-Plan #: _____

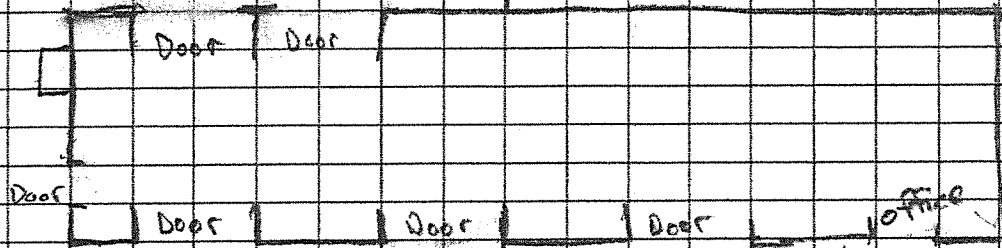




Address: 4525 VOA Road, Washington NC 27889

Name: Buddy's Garage, INC

Pre-Plan #: _____





Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

3000 gpm
23

Date of Inspection: 04-2-2011 Committee Officer: Robbie Cox

Committee Members: Thomas Bland

Location Information

Street Address: 4525 VOA RD Nearest Cross Street: Robersonville Road

Facility / Business Name: Buddy's Garage INC

Facility Phone Number: (252-946-3991)

Business Owner: Buddy Harris Phone Number: (252-946-3991) Mobile Number: (252-943-8126)

Operating Information and Access

Emergency contacts and titles with phone numbers:

Name: Buddy Harris Title: Owner Contact Number: 252-943-8126

Name: Lynda Harris Title: Co-Owner Contact Number: 252-943-7912

* If more room is required for emergency contacts, please use the back of this form.

Operating hours: Open: M-F 7:30 am Closed: 5:00 pm
sat 7:30 am 4:00 pm

Primary access: From VOA Road

Side 1 for plan purposes: _____

Key box: Yes ☒ No Key box location: _____

Exterior access concerns: ☒ Yes No Locations: _____

Obstructions to aerials: ☒ Yes No Locations: _____

Exterior door concerns: Yes ☒ No Locations: _____

Interior roof access: Yes ☒ No Locations: _____

Occupancy

Overall occupancy: _____

High fire load: Yes ☒ No Locations: _____

Life safety concerns: Storage Fuels on East End of Bldg. LP, Oxy.

Evacuation assembly plan: Yes No Assembly point location: _____



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

Hazards

Trash and waste hazards: Spent fuels, oil, Shop area

Incinerator or compactor inside: Yes ☒ No Locations: _____

Incinerator or compactor chutes: Yes ☒ No Locations: _____

Chutes sprinkled: Yes ☒ No

Outside compactors or dumpsters: ☒ Yes No Locations: 1

Compactors or dumpsters attached or exposed to the interior: Yes ☒ No

Hazardous Materials present: Yes ☒ No

Location of MSDS sheets: The main title office

Hazardous Material inventory attached: ☒ Yes No

Location for use in emergency: on computers

Materials reactive with air, water, or other materials present: ☒ Yes No

Type of materials: magnesium

Typical location: outside on grounds storage

Radioactive materials present: Yes ☒ No

Typical location: _____

Process hazards present: Yes ☒ No

Typical location: _____

Construction

Number of stories: 1 Number of basements / full or partial: _____

Length: _____ Width: _____ Height: _____ of each floor.

* If more room is required for clarification of each floor, please use the back of this form.

Penthouse: Yes ☒ No Occupancy: _____

Roof covering: Tile (clay, cement, slate, etc.): ☐; Wood Shingles (treated / untreated): ☐; Metal: ☒;

Composite Shingle (asphalt): ☐; Built Up: ☐; No Roof: ☐; other: _____

Roof construction: metal Trusses: ☒ Yes No

Floor construction: concrete Trusses: Yes ☒ No



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Construction (continued)

Wall construction: Metal

Construction type: Fire Resistive: ☐ Unprotected Non-Combustible: ☒ Protected Ordinary: ☐ Protected Wood Frame: ☐
Heavy Timber: ☐ Protected Non-Combustible: ☐ Unprotected Ordinary: ☐ Unprotected Wood Frame: ☐

Combustible concealed spaces: ___ Yes ☒ No Location: _____

Interior fire barriers and walls: ___ Yes ☒ No Locations: _____

Wall penetrations: ___ Yes ☒ No Locations: _____

Openings protected by: ☐ Doors ☐ Shutters ☐ Sprinklers ☐ No protection

Interior stairs: Number: _____ Location: _____

Obstruction to stairways: _____

Elevators: Number: _____ Location: _____

Area served – full or partial: _____

Fire service mode: ___ Yes ___ No Elevator key location: _____

Elevator controls location: _____

Unprotected vertical openings: ___ Yes ___ No Type and Locations: _____

Water Supply

Primary water supply: Tankers - Old Ford, Grimesland, Pheolus

Chocowinity, Beaufort

Test results: Location: Hydram 600' N + 980' S Date: 11/5/11

Static pressure: 56, 58 Residual pressure: _____ Flow rate: _____

Alternate supplies:

Private supply: ___ Yes ☒ No Type: ☐ Gravity tank; ☐ Other tank; ☐ Cistern; ☐ Reservoir; ☐ Process system;

☐ Other: _____

Fire Pump: ___ Yes ☒ No Supplied by: ☐ Public supply; ☐ Private supply

Start-up: ☐ Automatic ☐ Manual Number of pumps: _____



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Water Supply (continued)

Location of pumps: _____

On-site hydrants: ___ Yes ☒ No Supplied by: ☐ Public supply; ☐ Private supply

Size of outlets and threads: _____

Location of hydrants: _____

Hydrant Flow Rate(s):

Red (500gpm or less) ☒; Orange (500gpm to 1000gpm) ☐; Green (1000gpm to 1500gpm) ☐; Blue (1500gpm or greater) ☐

Which system supplies what protection systems: _____

Nearest large volume water supply (greater than 2000 GPM): _____

Needed fire flow calculations:

Largest single area: 3000

Needed Fire Flow

Building or Area	Area Measurements			Hazard Factors: Low, Moderate, High Severe			Total Flow Needed
	Length	Width	Height	Fire Load Factor	Life Hazard Factor	Exposure Factor	
							3000



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Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Protection System

Fire alarm system: ☐ Yes ☒ No Locations: _____

Annunciator location: _____

Type of alarms: _____

Extent of coverage: _____

Monitored system: ☐ Yes ☐ No Fire alarm company: _____

Phone number: _____

Detector type and power supply: Smoke: ☐; Heat: ☐; Battery: ☐; Hardwire w/ Battery Backup: ☐

Carbon Monoxide: ☐; Combination: ☐; Plug In: ☐; Plug In w/ Battery Backup: ☐

Sprinkler system: ☐ Yes ☒ No Location of the FDC: _____

Size of FDC threads: _____

Type of system: Wet Pipe: ☐; Dry Chemical System: ☐; Halogen System: ☐; Class K System: ☐;

Dry Pipe: ☐; Foam System: ☐; CO2 System: ☐; Standpipes: ☐

Extent of coverage – full or partial: _____

Areas protected (if partial): _____

Location of main valve: _____

Location of sectional valves: _____

System coverage plan at valves: ☐ Yes ☒ No

Standpipe and inside hoses: ☐ Yes ☒ No

Combined with sprinkler system: ☐ Yes ☐ No

FDC same as for sprinkler system: ☐ Yes ☐ No

Location of FDC: _____

Size of FDC threads: _____

Type of standpipes: _____

Extent of coverage – full or partial: _____

Outlet locations: _____

Outlet size and type: _____



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Protection System (continued)

Special protection systems: ☒ Yes ☐ No

Type of systems: _____

Locations: _____

Extent of coverage – full or partial: _____

Utilities

Y/N	Service	Shutoff location
<i>N</i>	Natural Gas	
<i>Y</i>	LP-Gas	<i>East End of Bldg @ tank</i>
<i>Y</i>	Fuel Oil	<i>Diesel used for heating</i>
<i>Y</i>	Electric	
<i>N</i>	Emergency Power	
<i>Y</i>	Heating	
<i>N</i>	Water	
<i>N</i>	Hot Water	
<i>N</i>	Steam	
<i>N</i>	A/C and ventilation	
<i>Y</i>	Specialty gas*	<i>Oxygen</i>
<i>Y</i>	Specialty gas*	<i>Acetylene</i>

* Record type of gas

Occupant concerns for utilities: ☒ Yes ☐ No

Responsible contact: _____

Process concerns for utilities: ☒ Yes ☐ No

Responsible contact: _____

Comments: _____



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Exposures

Exposure Number	Separation (ft)	Life Hazard	Fire Load	Construction	Sprinkled	Priority (low = 5)
B	93'					
C	20'					
D	66'					
D	52'					
D	77'					

Other exposure concerns: _____

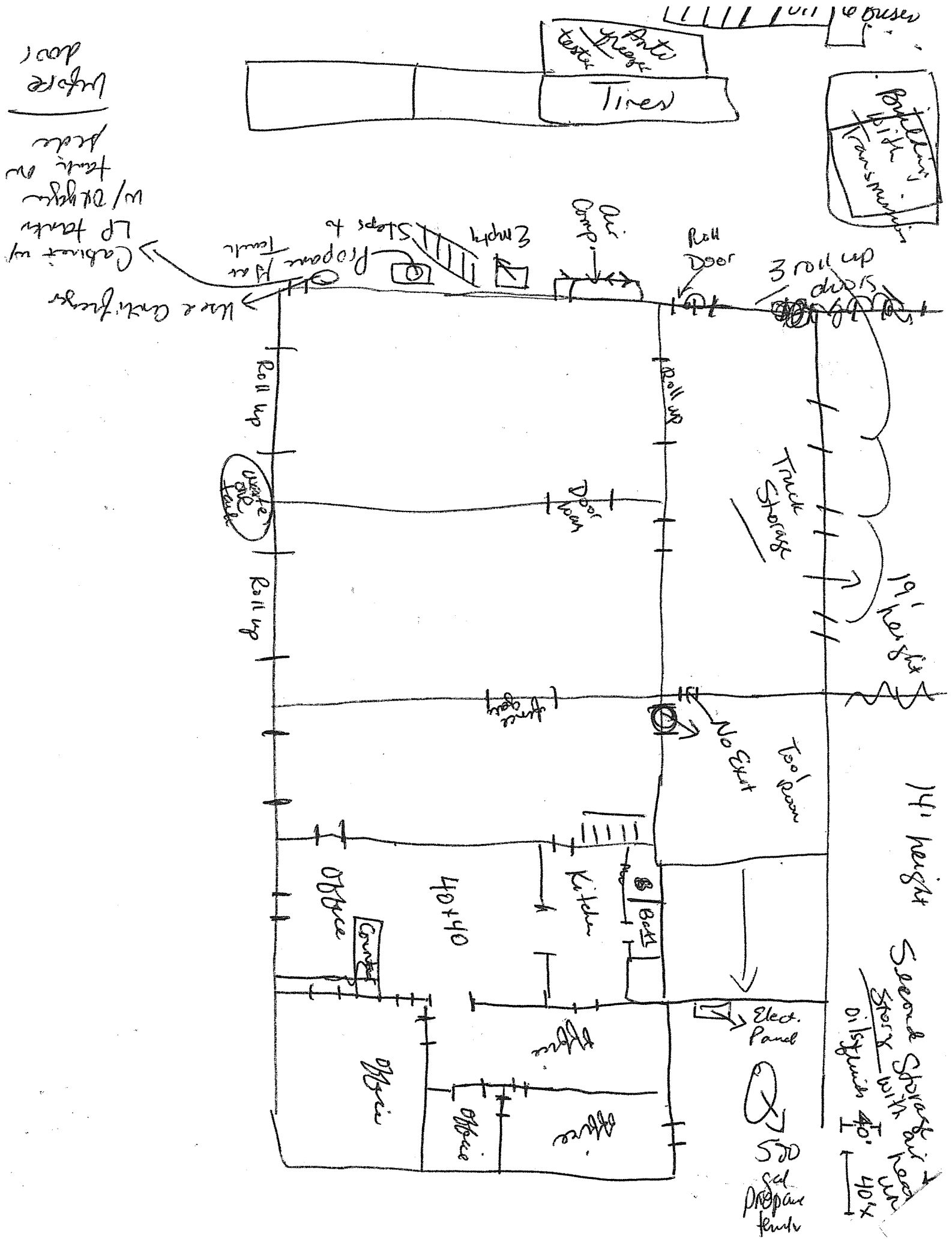
Special Resource Consideration: _____

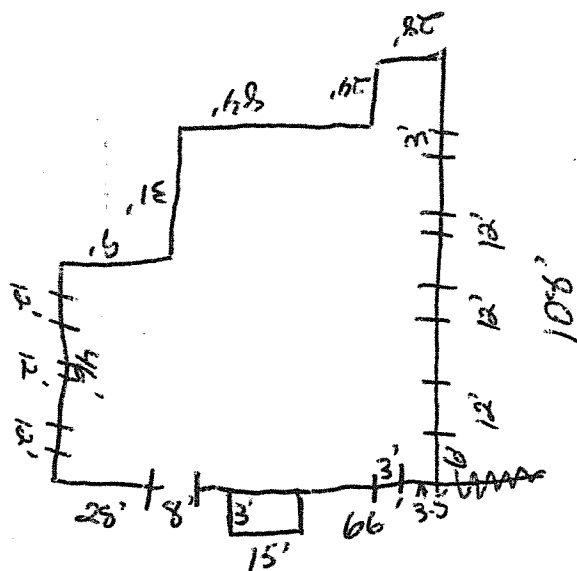
Confined Spaces: ___ Yes ☒ No Locations: _____

Remarks:

⌊ If more room is required for notes, please use the back of this form.

[illegible]



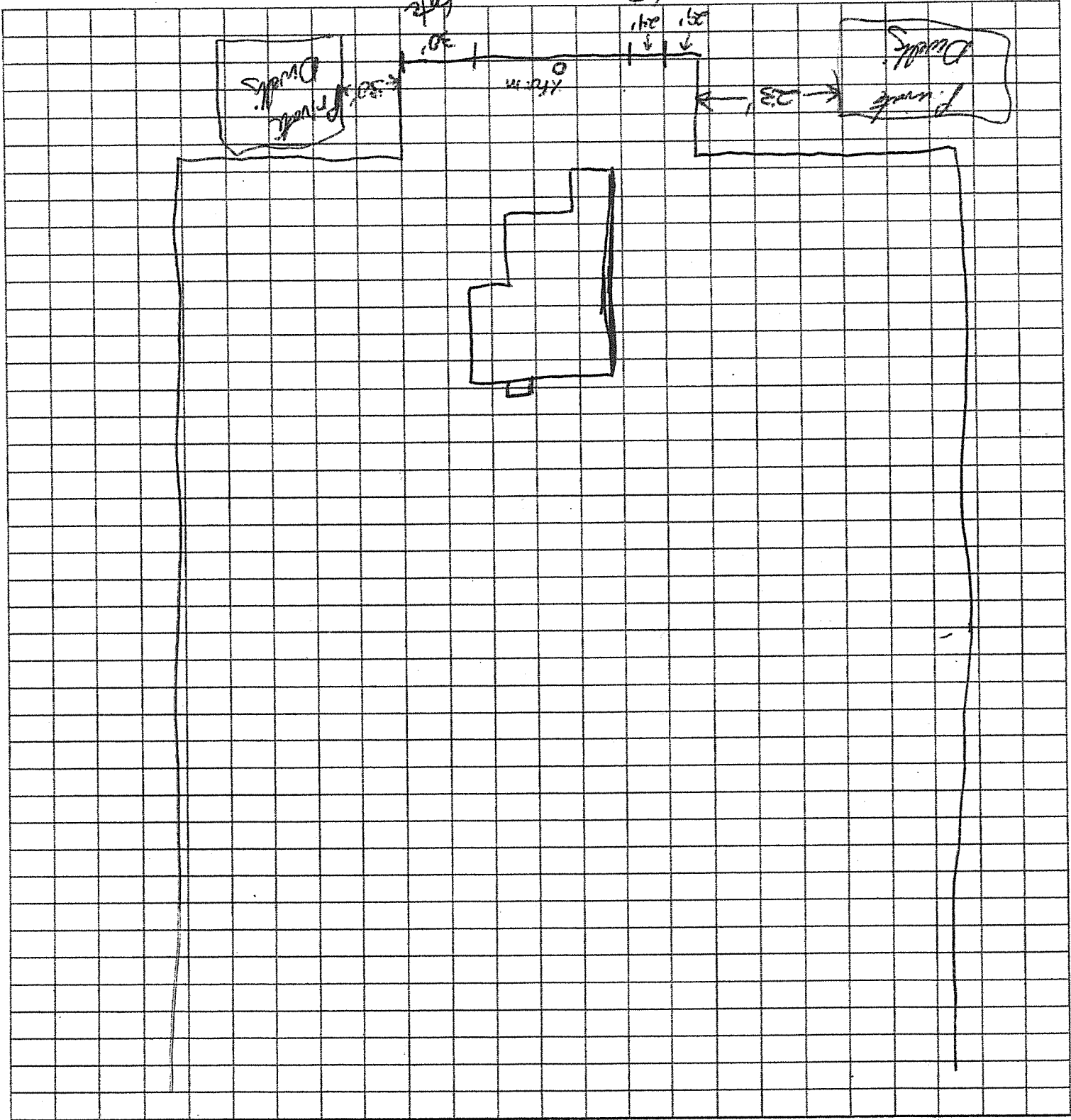


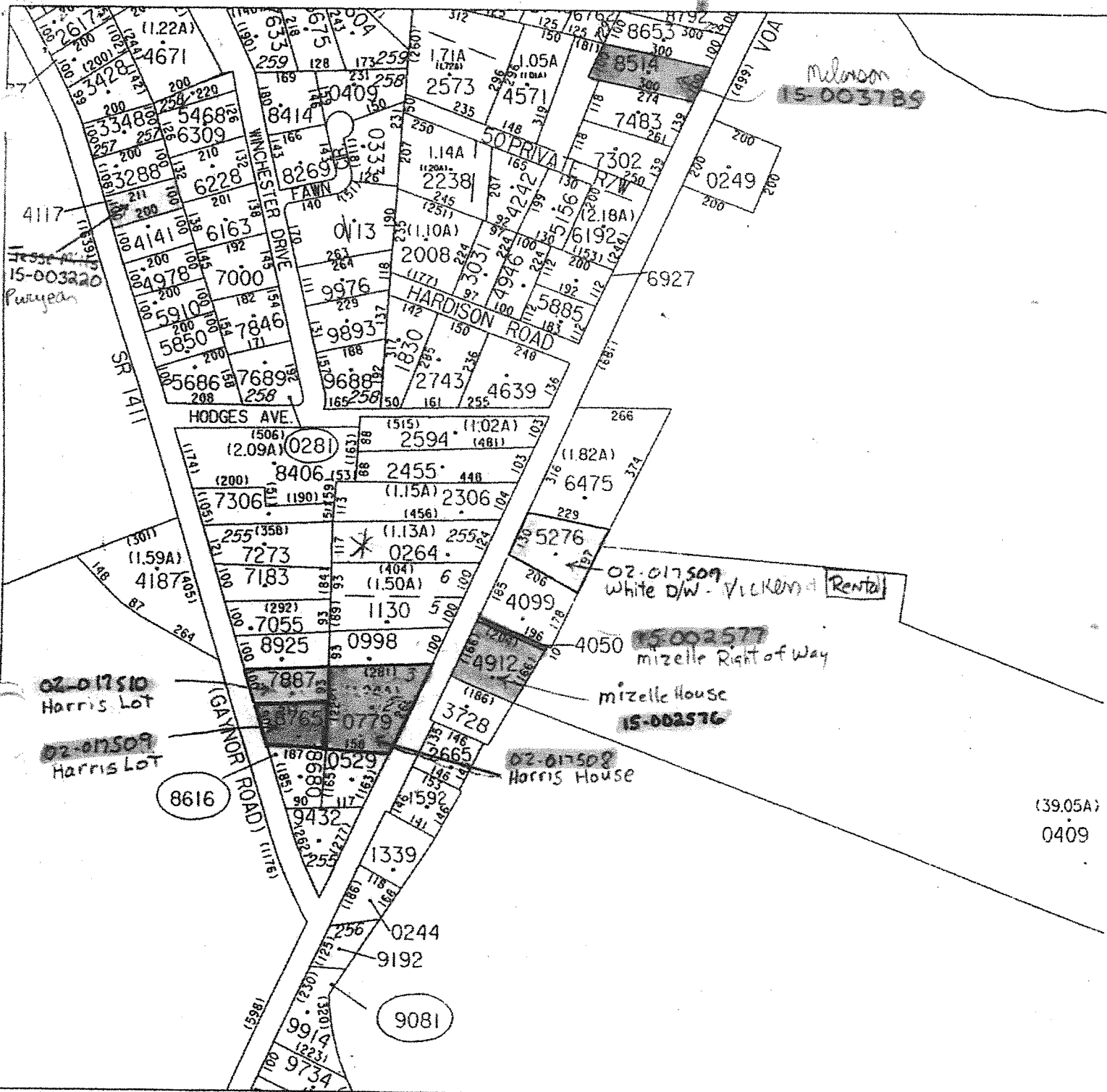


Address: 4525 VOA RD.

Name: Buddy's Garage, Inc. (Exterior)

Pre-Plan #:





BEAUFORT COUNTY



LAND RECORDS
GEOGRAPHIC INFORMATION
SYSTEMS

1 in = 390.23 feet



Parcel: 5658-66-5276

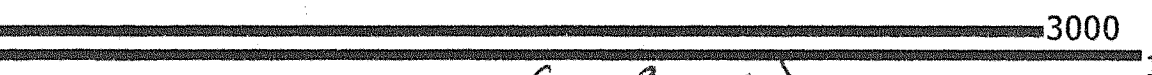
Date: 10/31/01

THIS MAP IS PREPARED FROM RECORDED DEEDS, PLATS AND OTHER PUBLIC RECORDS DATA. USERS OF THIS MAP ARE HEREBY NOTIFIED THAT THE AFOR- MENTIONED PUBLIC PRIMARY INFORMATION SOURCES SHOULD BE CONSULTED FOR VERIFICATION OF THE INFORMATION CONTAINED ON THIS MAP. THE COUNTY ASSUMES NO LEGAL RESPONSIBILITY FOR THE INFOR- MATION CONTAINED ON THIS MAP.



Google earth

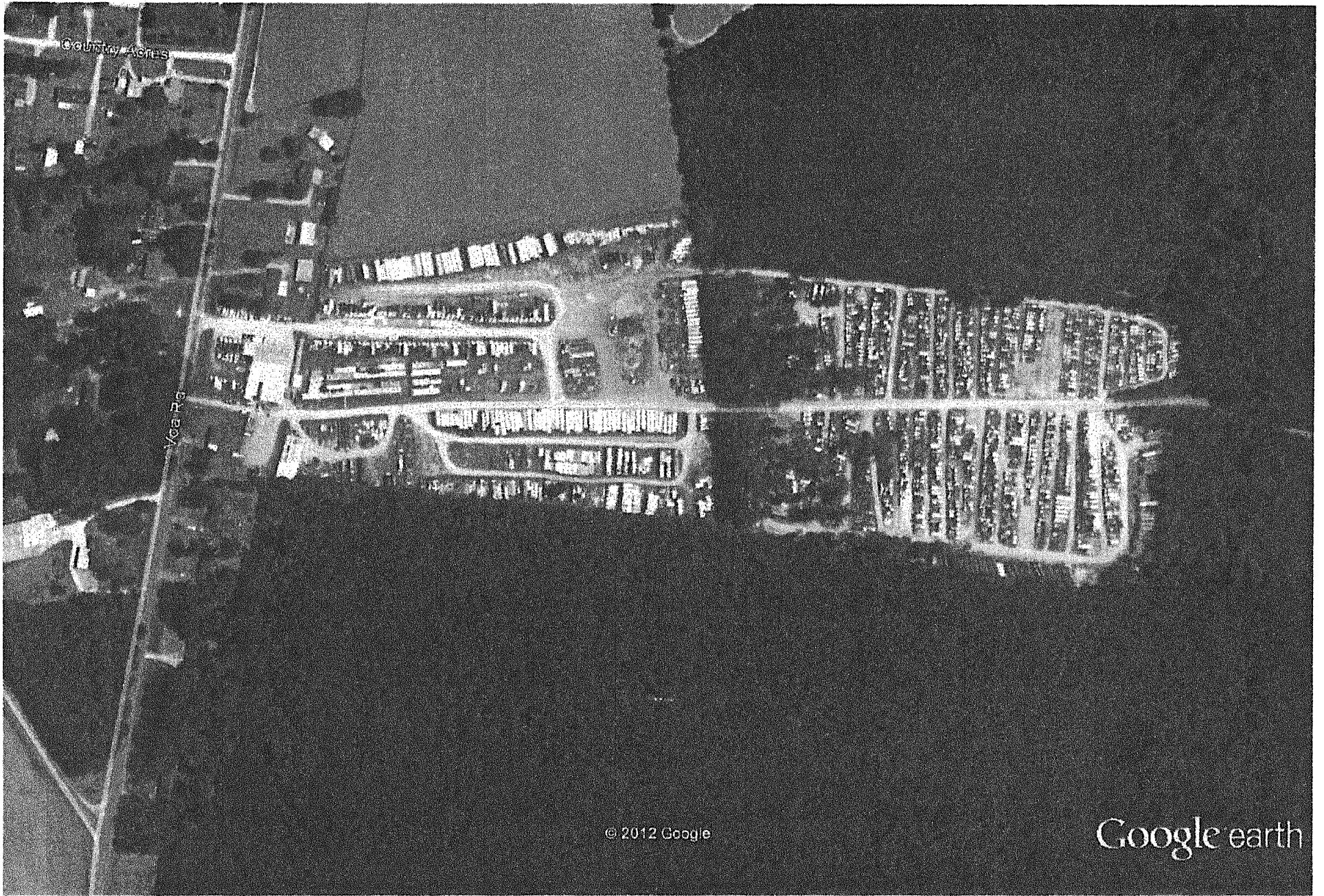
feet
km



Buddley's Garage
11575 120th Rd

Hydrants. (All County)





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Google earth

Google earth

feet
meters

1000

500



Structure Name Buddi's Garage
 Structure Address 4525 UOA Rd.

Length	Width	Sq Ft	Sq Root	X 18	X construction type	GPM sum 1	X Occupancy	GPM sum 2
120	110	13200	114.89	2068.04	0.8	1654.43	1.15	#####

Exposure % add	Exposure add GPM	Exposure per side (75% max) Total Side A	Exposure per side 75% max Side B	Exposure per side 75% max Side C	Exposure per side 75% max Side D	Total GPM with exposures
25%	475.65	171	361	171	0	3042.60
19%	361.49		0	266		
14%	266.36			171		
9%	171.23					
75%	1426.95	Total A, B, C, D				
	MAX	1140	Column J, K, L and M			

Round off to nearest 250 GPM for flows less than 2500 GPM the nearest 500 GPM over 2500 GPM

Column F
Fire Resistive 0.6
Non-combustible 0.8
Ordinary 1
Wood Frame 1.5

Column H
.75 If Mostly non-combustible contents
.85 If Limited combustibles (apartments, churches, schools, hospitals)
1.0 If Mostly combustible (restraunts, sheds, garages)
1.15 If Free burning contents (post offices, horse stables, feed mills, repair garages, ag storage)
1.25 If Rapid burning (aircraft hangers, tires, flammable liquids, wood working)

Column J, K, L and M
If up to 10 feet add 25% per side
If 11 to 30 feet add 19% per side
If 31 to 60 feet add 14% per side
If 61 to 100 feet add 9% per side

Total GPM with exposures	Add 50% for each floor above ground floor	# of floors	Total to add for floors above	Sub-total with floors added	If wood shingles on roof add 500 GPM
3000.00	1500	0	0.00	3000.00	0 3000.00

FIRE FLOW NEEDED GPM
3000.00