



Clarks Neck Volunteer Fire Department

7509pm ~~7509pm~~ 0008

Pre-Incident Plan Data Sheet Location: CNVFD Sub Sta Date: 4/28/10

Date of Inspection: 4/28/10 Committee Officer: _____

Committee Members: R. Jon

Location Information

Street Address: _____ Nearest Cross Street: _____

Facility / Business Name: Clarks Neck VFD / Wharton Station Ruitan Club

Facility Phone Number: (_____) _____

Business Owner: _____ Phone Number: (_____) _____ Mobile Number: (_____) _____

Operating Information and Access

Emergency contacts and titles with phone numbers:

Name: _____ Title: _____ Contact Number: _____

Name: _____ Title: _____ Contact Number: _____

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

Operating hours: Open: _____ Closed: _____

Primary access: Wharton Sta. Rd.

Side 1 for plan purposes: Facing Wharton Station Road

Key box: ___ Yes ☒ No Key box location: _____

Exterior access concerns: ☒ Yes ☒ No Locations: Septic Tank - B Side

Obstructions to aerials: ☒ Yes ☒ No Locations: Unstable Surfaces

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: _____



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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 *Truck Inside Bldg w/ Diesel Fuel*

Location of MSDS sheets: *Tires* ? _____

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: 1 Number of basements / full or partial: _____

Length: 75 Width: 45 Height: 16 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



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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: Side A

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

Interior stairs: Number: 1 Location: B Side Truck Bay

Obstruction to stairways: NA

Elevators: Number: _____ Location: _____

Area served – full or partial: ~~Partial~~ NA

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

Elevator controls location: _____

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

Water Supply

Primary water supply: Cont

Test results: Location: Hwy 1 Water Sta - Side A Date: _____

Static pressure: _____ Residual pressure: _____ Flow rate: 800 / 1000

Alternate supplies:

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

☒ Other: Shuttle

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

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



Pre-Incident Plan Data Sheet Location: _____ Date: _____

Location of pumps: _____

Size of outlets and threads: 2x2.5" 1x5"

Location of hydrants: Drive way

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

Which system supplies what protection systems: _____

Needed fire flow calculations:

Largest single area: _____

Needed Fire Flow

	Area Measurements			Hazard Factors:			
	<i>100% 3375 sqm</i>			Low, Moderate, High Severe			
Building or Area	Length	Width	Height	Fire Load Factor	Life Hazard Factor	Exposure Factor	Total Flow Needed
		<i>75' x 253'</i>					<i>100% 3375</i>
							<i>75% 2532</i>
							<i>50% 1688</i>
							<i>25% 844</i>



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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: _____



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Protection System (continued)

Special protection systems: ___ Yes ☒ No

Type of systems: _____

Locations: _____

Extent of coverage – full or partial: _____

Utilities

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

* Record type of gas

Occupant concerns for utilities: ___ Yes ☒ No

Responsible contact: _____

Process concerns for utilities: ___ Yes ☒ No

Responsible contact: _____

Comments: _____



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Exposures

Exposure Number	Separation (ft)	Life Hazard	Fire Load	Construction	Sprinkled	Priority (low = 5)
1	8					5
2	29 2017					5

Other exposure concerns: _____

Special Resource Consideration: _____

Confined Spaces: ___ Yes ☒ No Locations: _____

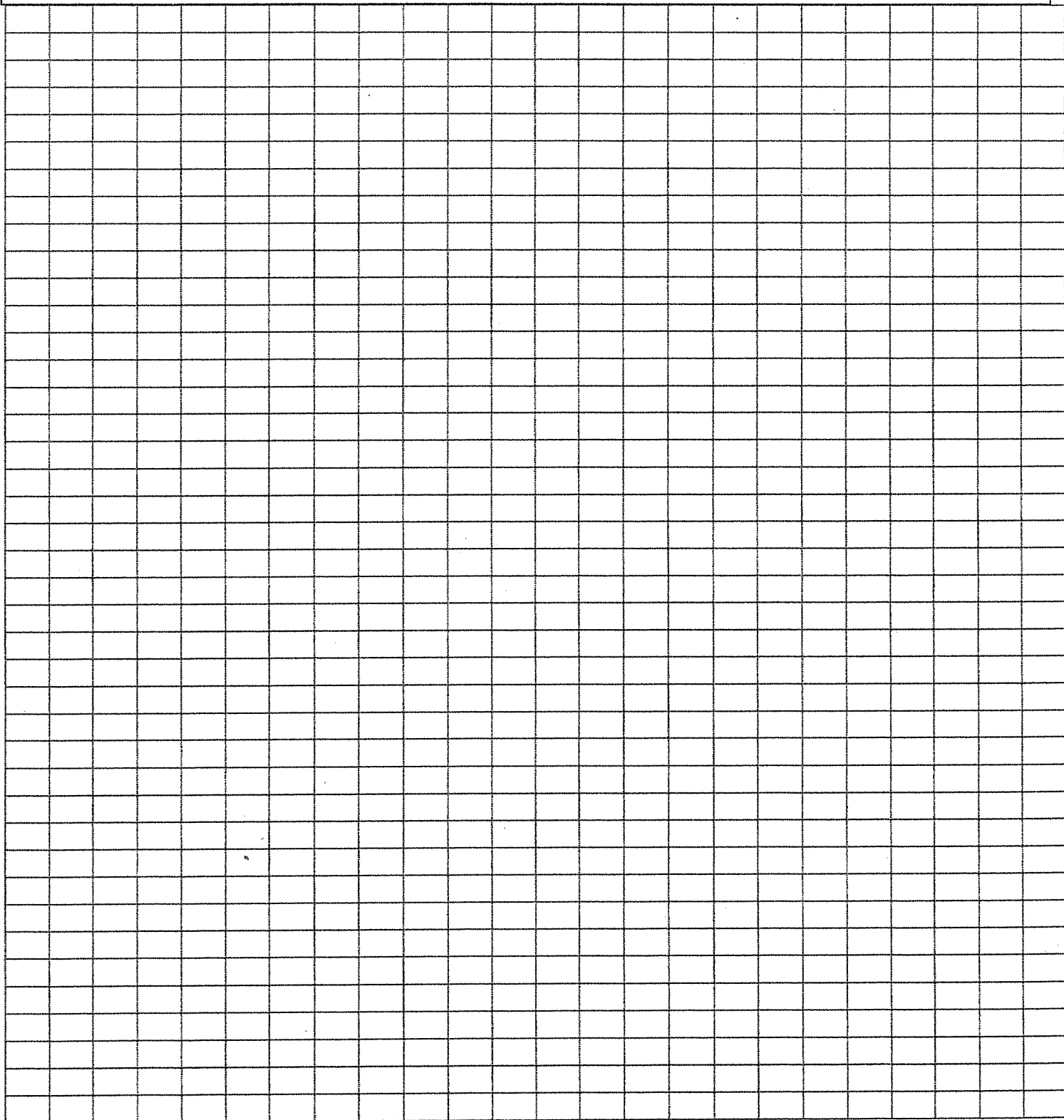
Remarks:



Address: _____

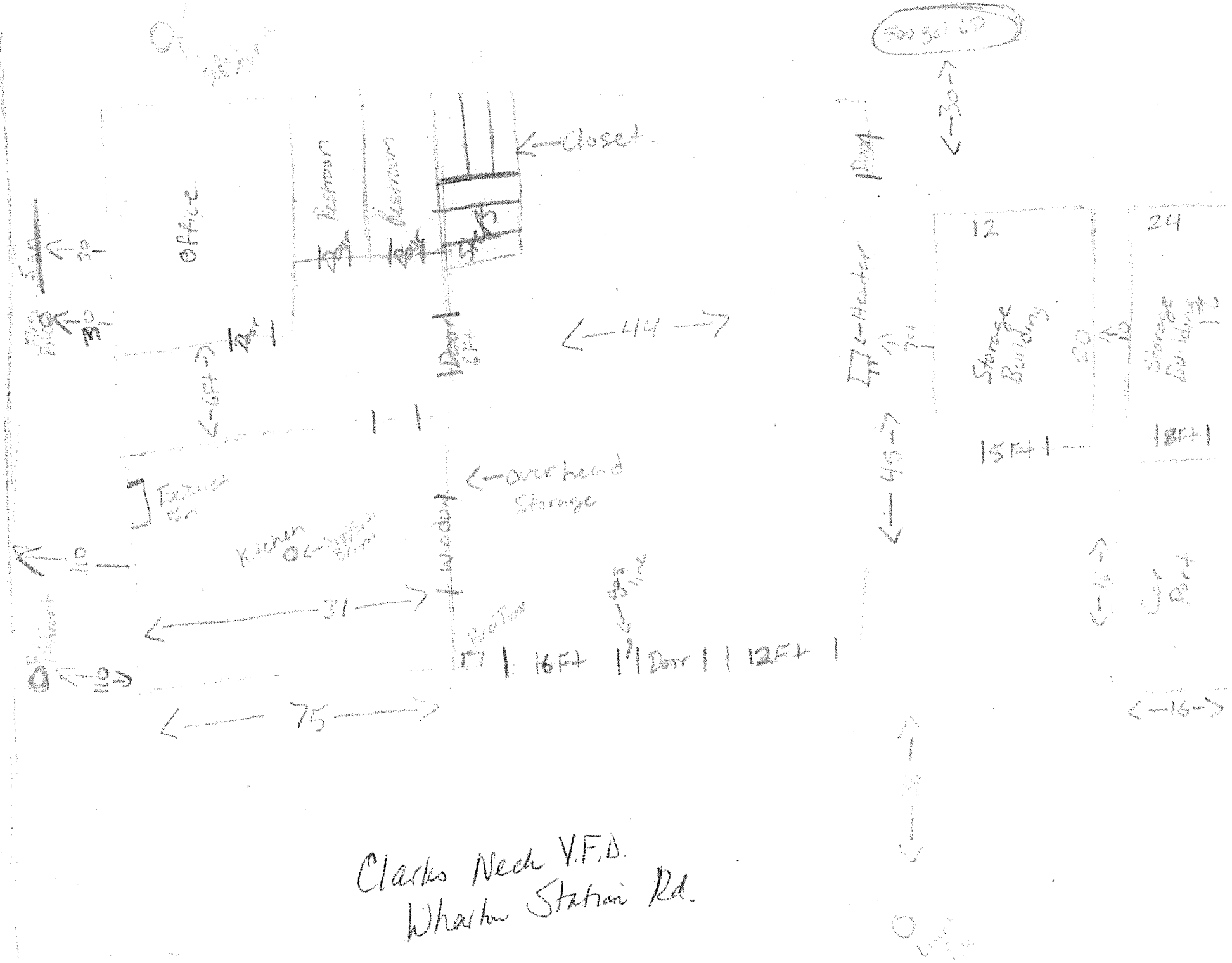
Name: _____

Pre-Plan #: _____



Hand

Hand



Clark's Neck V.F.D.
Wharfe Station Rd.

Structure Name Clarks Nock F.D. Station 2
 Structure Address 3797 Wharton Station Rd.

Length	Width	Sq Ft	Sq Root	X 18	X construction type	GPM sum 1	X Occupancy	GPM sum 2
75	45	3375	58.09	1045.71	0.8	836.56	0.75	627.42

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 (restaurants, 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)

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%	156.86		0	119		746.42
19%	119.21					
14%	87.84					
9%	56.47					
75%	470.57	Total A, B, C, D				
	MAX	119				

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

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

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
750.00	375	0	0.00	750.00	0 750.00

FIRE FLOW NEEDED
GPM
750.00