



Clarks Neck Volunteer Fire Department

1500 9PM

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

0013

Date of Inspection: 12-04-10 Committee Officer: Ada Evans
Committee Members: Chief Bryan Dixon Sr., Jim Evans, Randy Jones, Parker Woolard
Chris Bowers, Katy Deans
Location Information
Street Address: 5337 US. 264 W., Wash. NC Nearest Cross Street: Wharton Station + Hwy 264
Facility / Business Name: Cratches Mini Mart

Facility Phone Number: (946-3119)

Business Owner: Juan Zaki Phone Number: (792-1876) Mobile Number: (799-6655)
(Jamesville Store)

Operating Information and Access

Emergency contacts and titles with phone numbers:

Name: Shahli Zaki Title: Manager Contact Number: _____

Name: _____ Title: _____ Contact Number: _____

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

Operating hours: Open: 5am Closed: 10pm Sunday 7am - 9pm / Thurs - Sat - Sun - 10p
Monday - Wednesday 5am - 9pm
Primary access: Front Door - Side A

Side 1 for plan purposes: _____

Key box: Yes ☒ No Key box location: _____

Exterior access concerns: Yes ☒ No Locations: _____

Obstructions to aerials: Yes ☒ No Locations: Powerlines - side A+B

Exterior door concerns: Yes ☒ No Locations: Double Doors on side B - locked from inside

Interior roof access: Yes ☒ No Locations: _____

Occupancy

Overall occupancy: 3 to 4

High fire load: Yes ☐ No Locations: _____

Life safety concerns: N/A

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

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



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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 #1
Primary water supply: Hydrant at intersection of Wharton Station and Hwy 264 - 273'
(across Wharton Station Rd - East bound) from store

#2 on Wharton St. Rd — 460' from #1 to #2

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: _____



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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 at Wharton Station + 264 E

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	



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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: Hood Vent Sprinkler System

Size of FDC threads: located in grill area

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
	Natural Gas	
Y	LP-Gas	
Y	Fuel Oil	
Y	Electric	
Y	Emergency Power	Generator
Y	Heating	
	Water	
Y	Hot Water	Side C - Interior back room
	Steam	
Y	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: _____



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Exposures

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

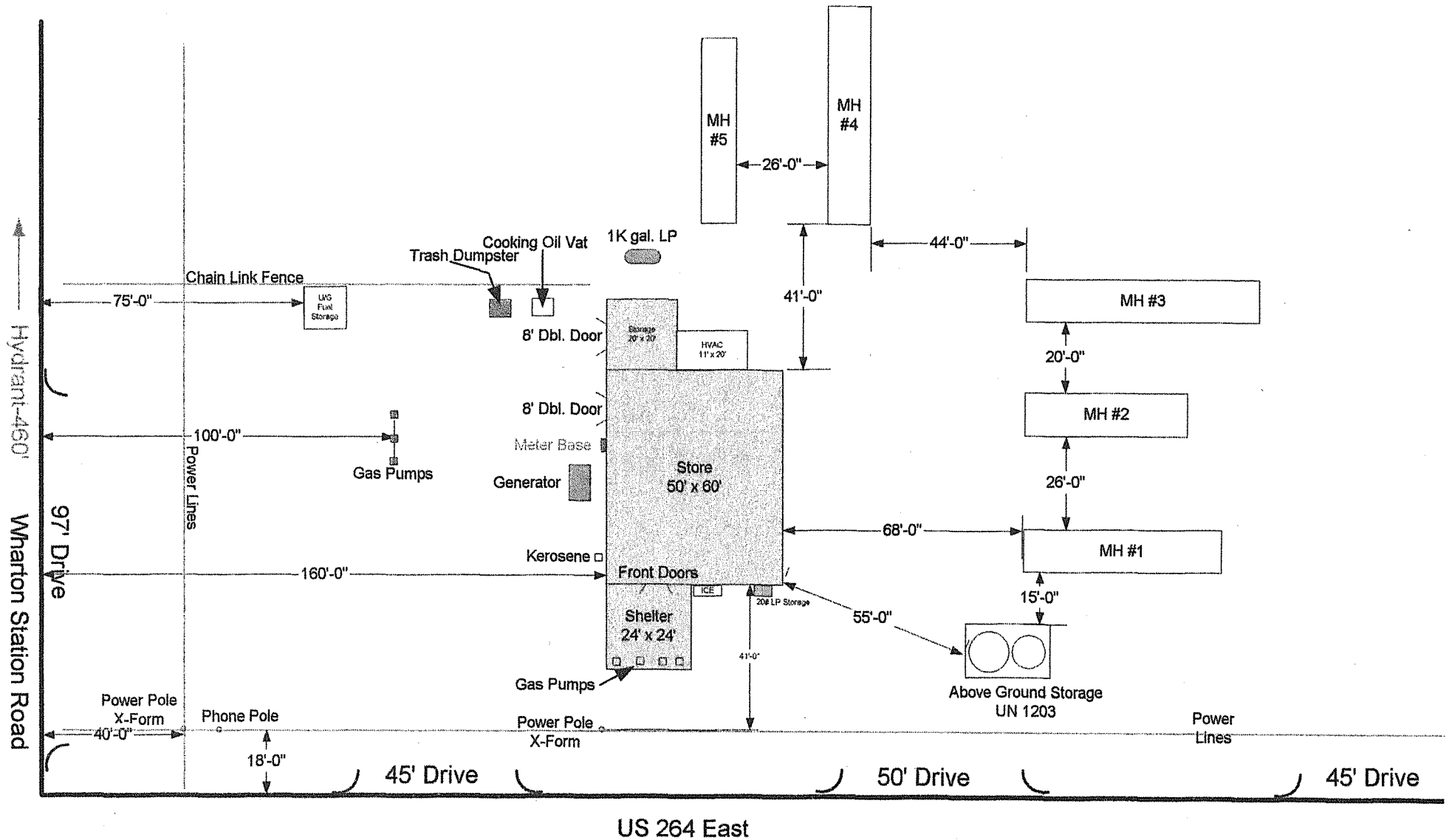
Other exposure concerns: _____

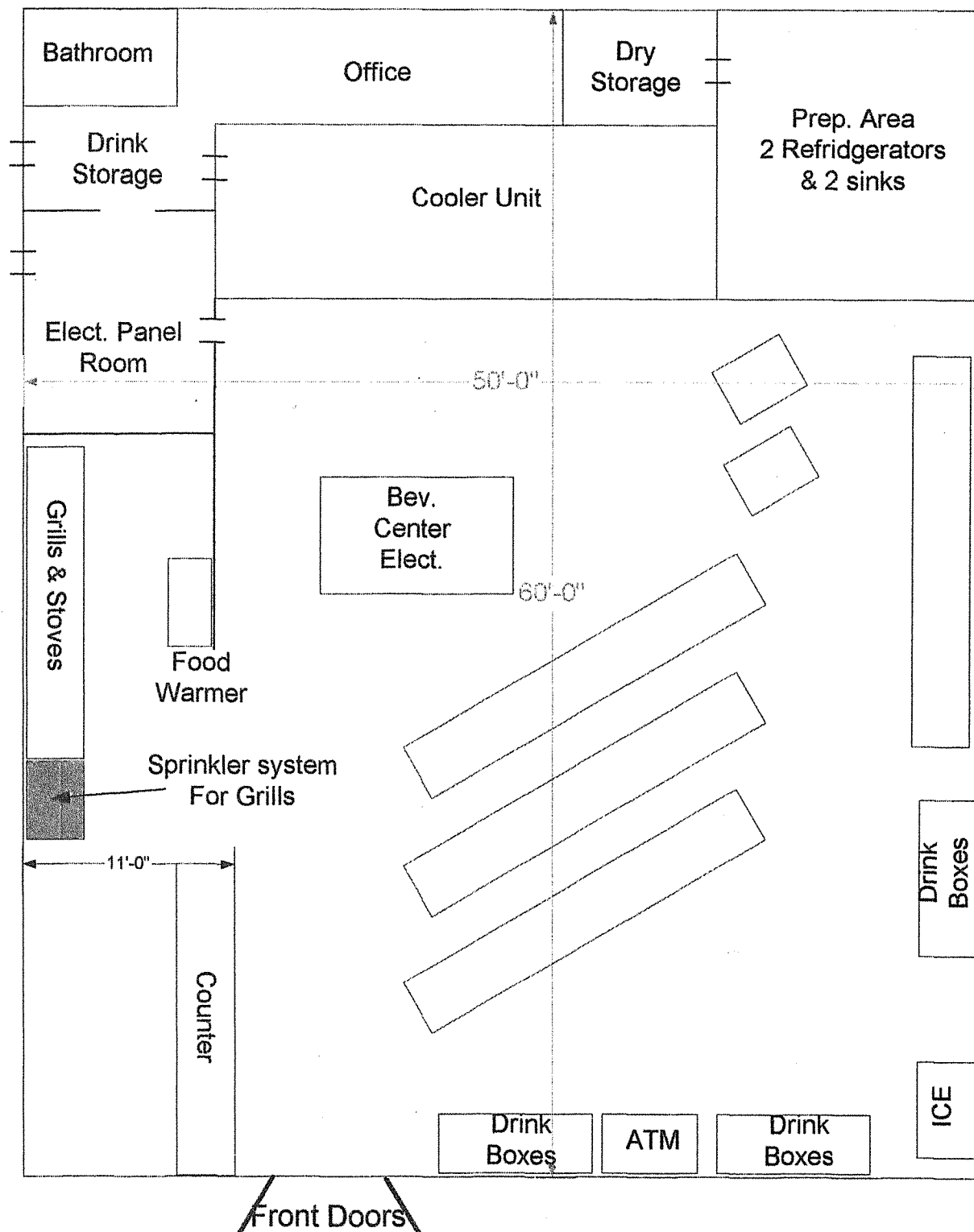
Special Resource Consideration: _____

Confined Spaces: ☐ Yes ☐ No Locations: _____

Remarks:

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





CNVFD Pre-Incident Planning
Cratches Store (Detail)-US 264 E
Rev.0 3/30/11 Pg. 2 of 2

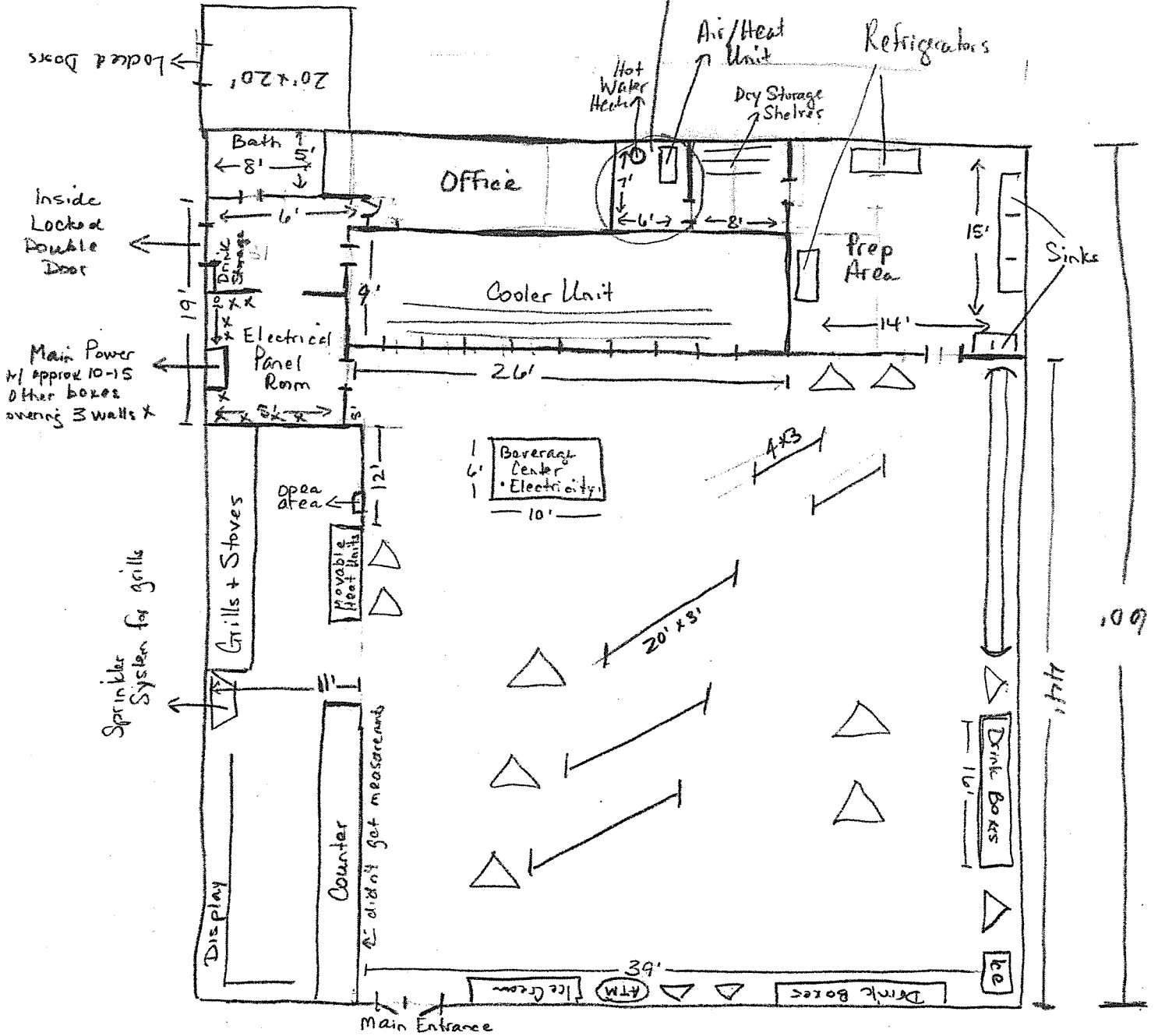
* Entire Interior with Dropped Ceiling tiles
Ht of Interior 8'6" floor to ceiling

△ - Displays

Shelves with Oils,
Household Cleaners

Shelves

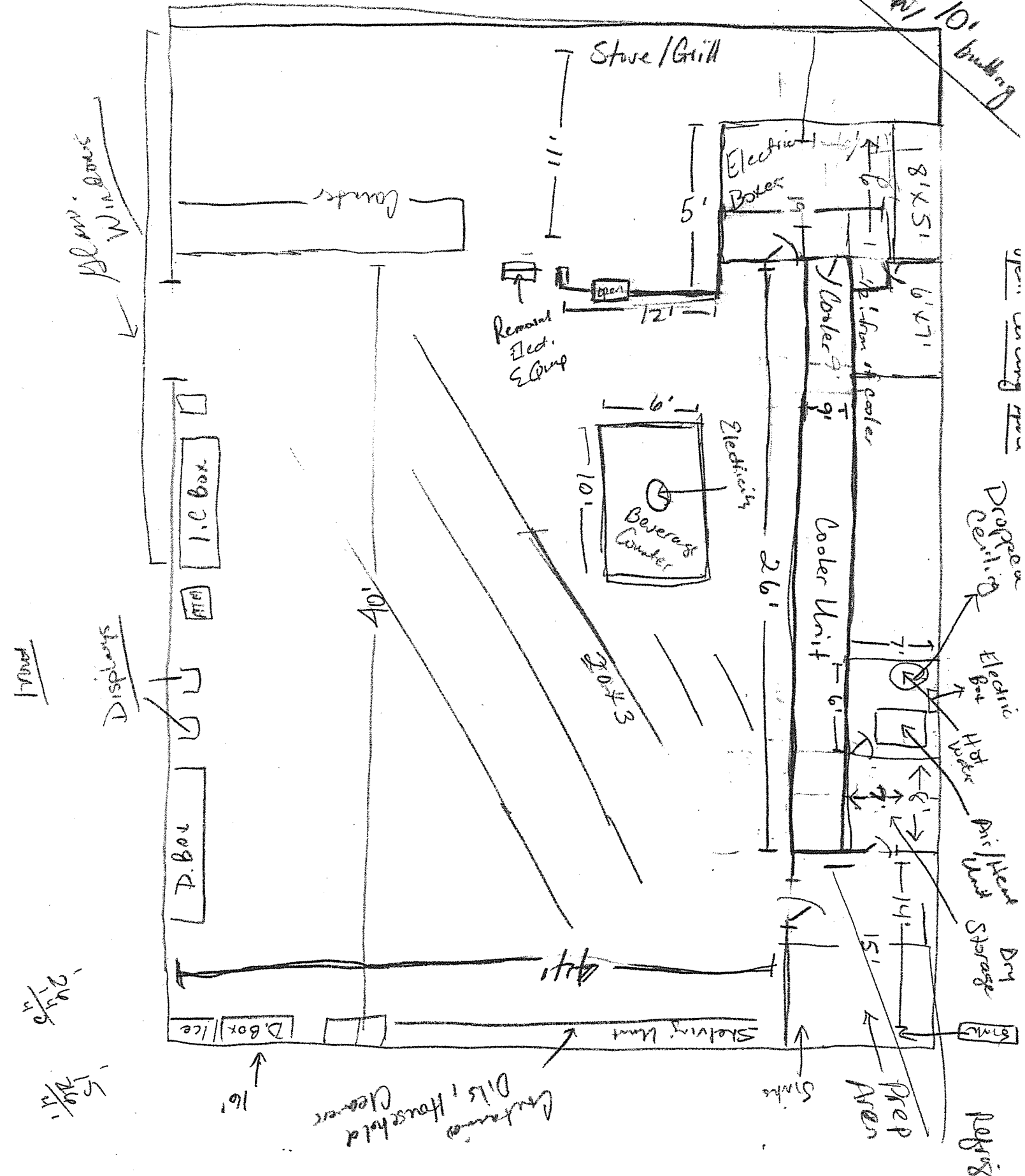
Open Ceiling in This Room



Side A - Front

Crutches
Inside

8' 6" ceiling
inside of 10' building

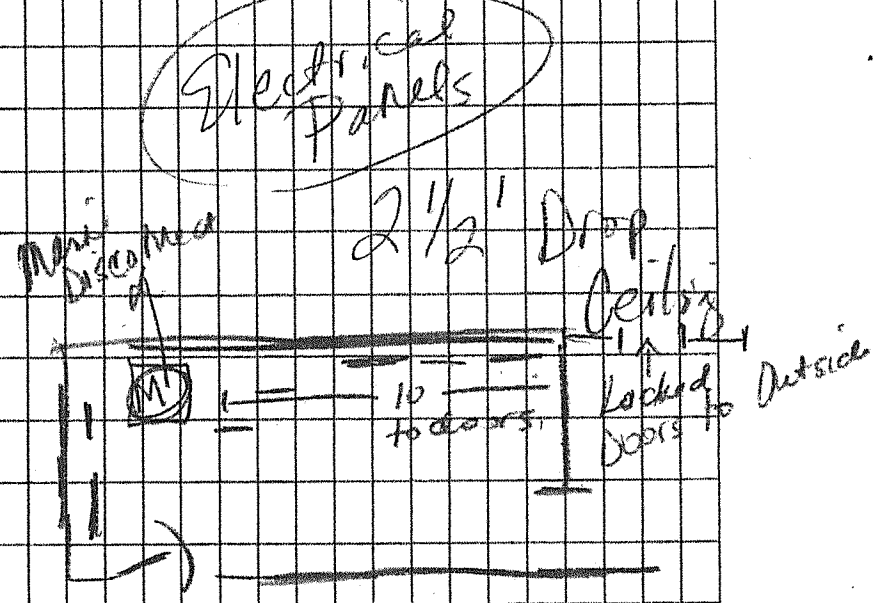




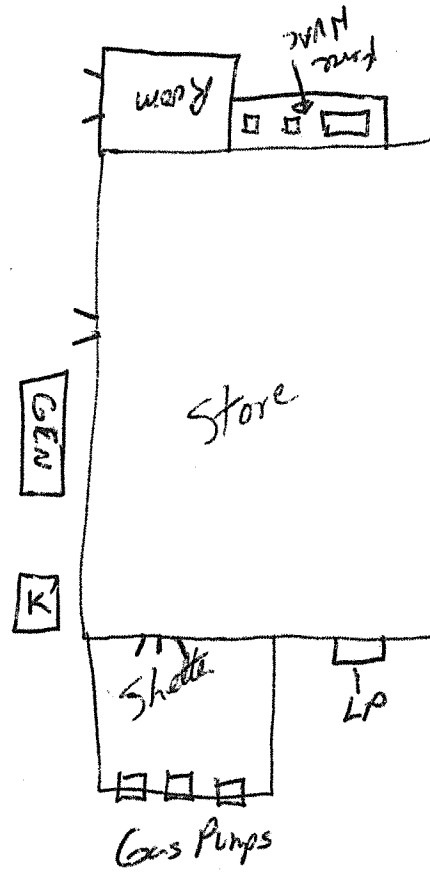
Address: _____

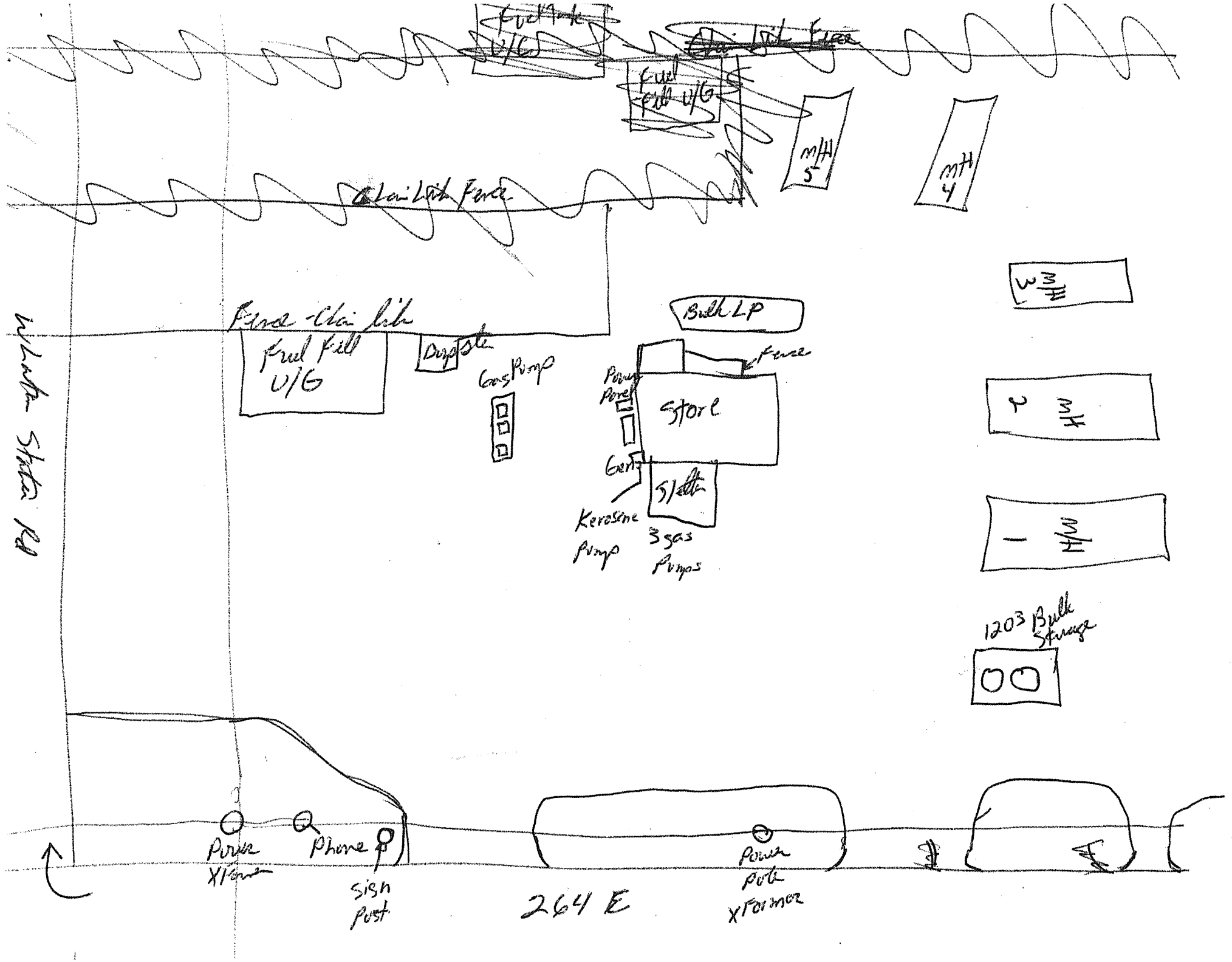
Pre-Plan #: _____

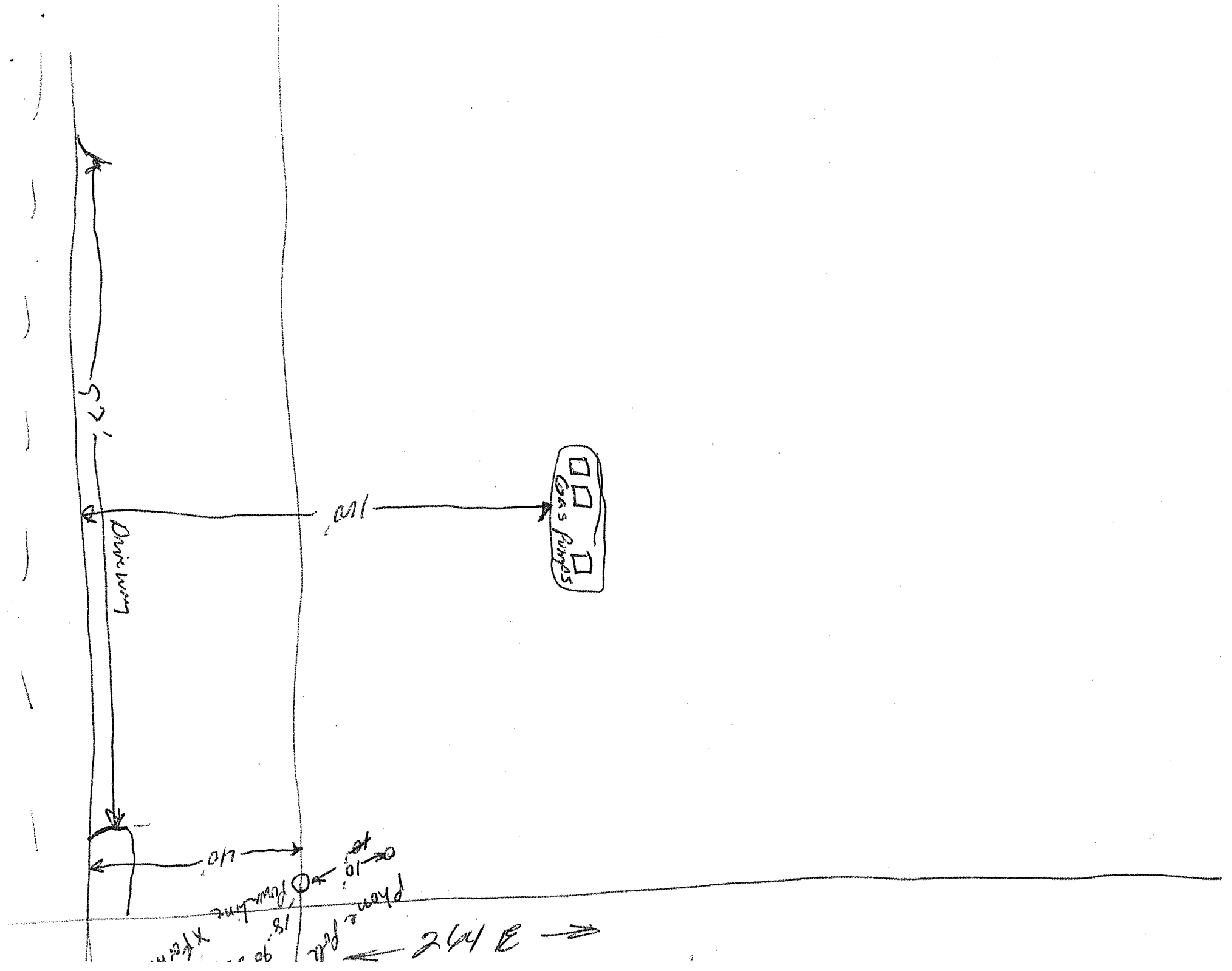
Name: _____

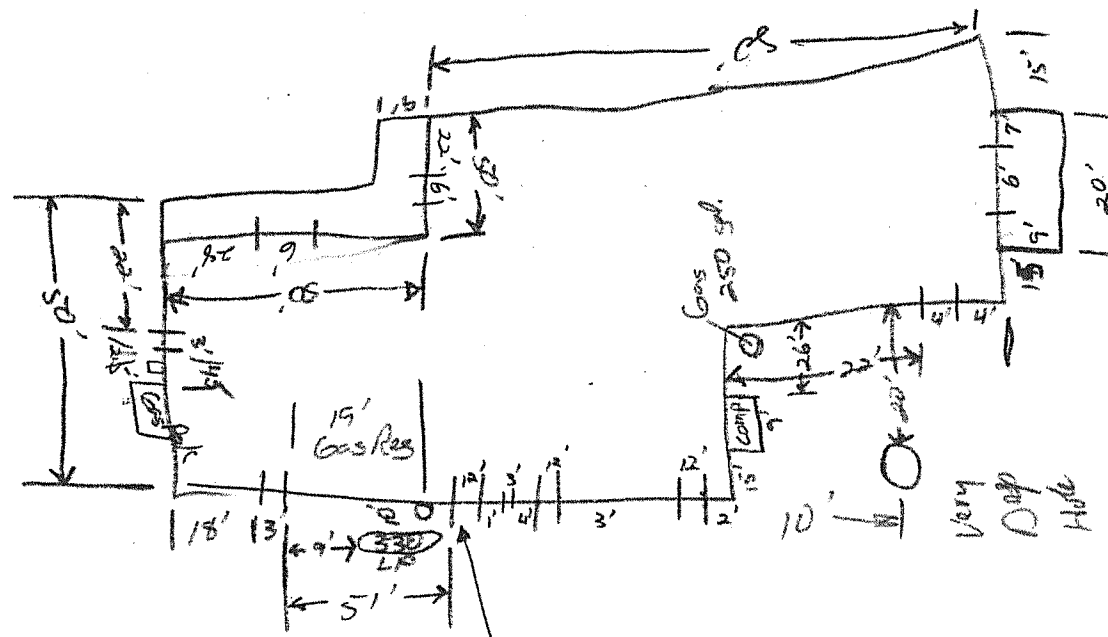


IK LP

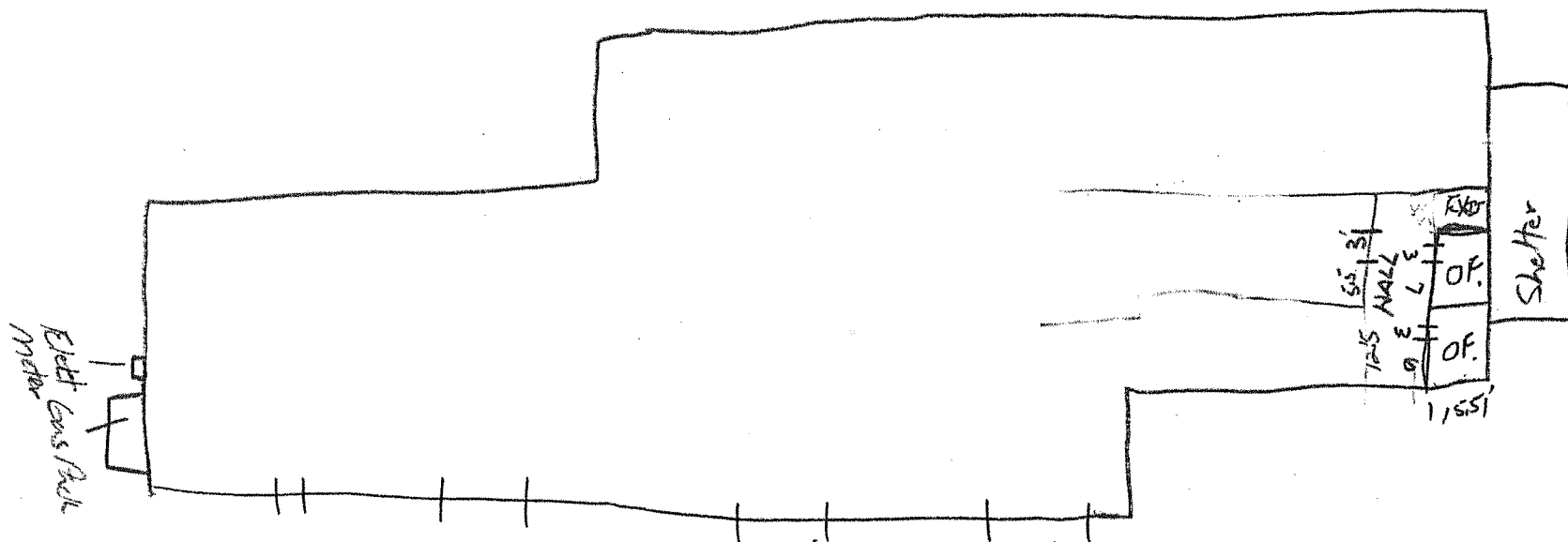








High Press
 Bottle / LP
 Bottle Don





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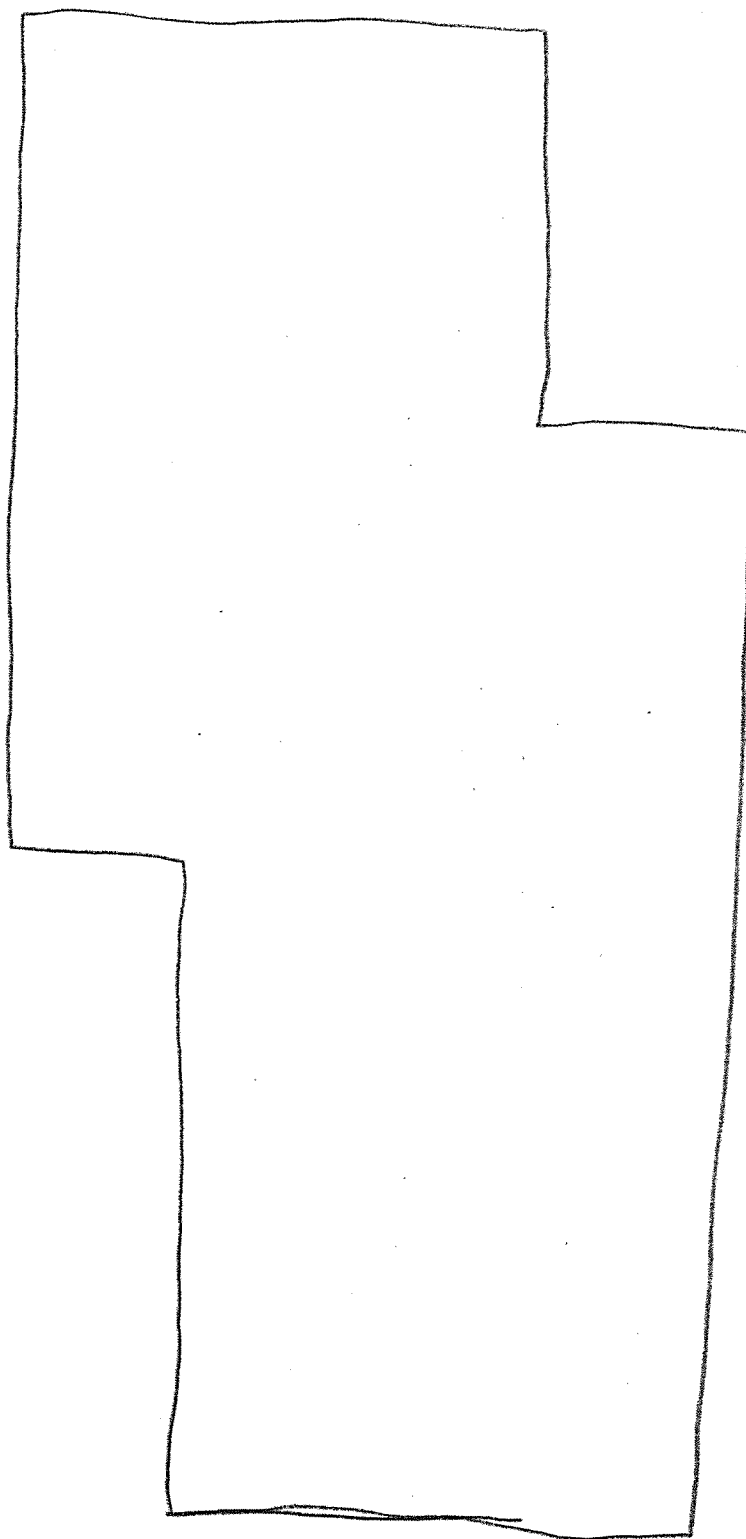
Other exposure concerns: _____

Special Resource Consideration: _____

Confined Spaces: ☐ Yes ☐ No Locations: _____

Remarks:

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Special protection systems: ___ Yes ___ No

Type of systems: _____

Locations: _____

Extent of coverage – full or partial: _____

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	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

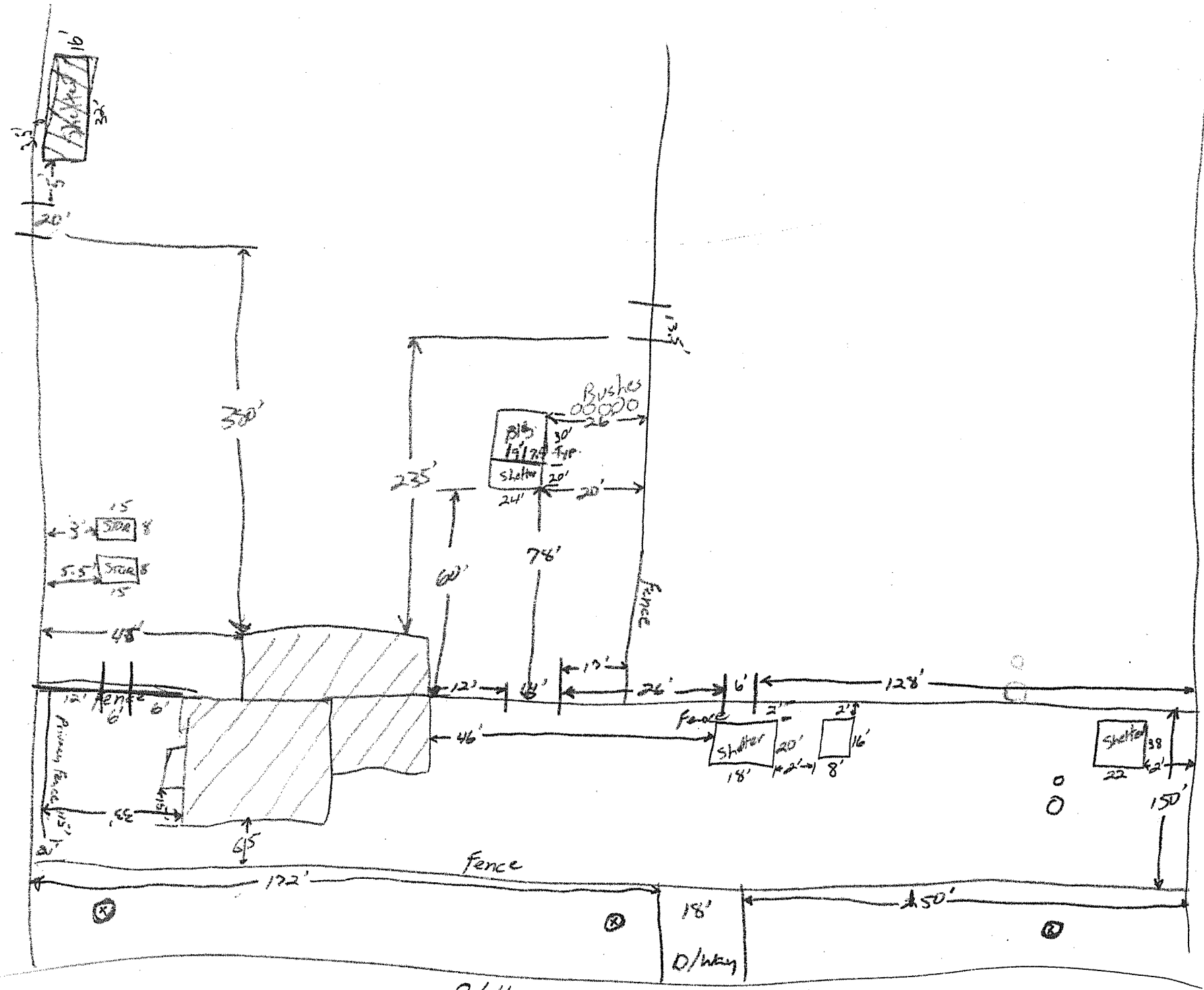
Responsible contact: _____

Process concerns for utilities: ___ Yes ___ No

Responsible contact: _____

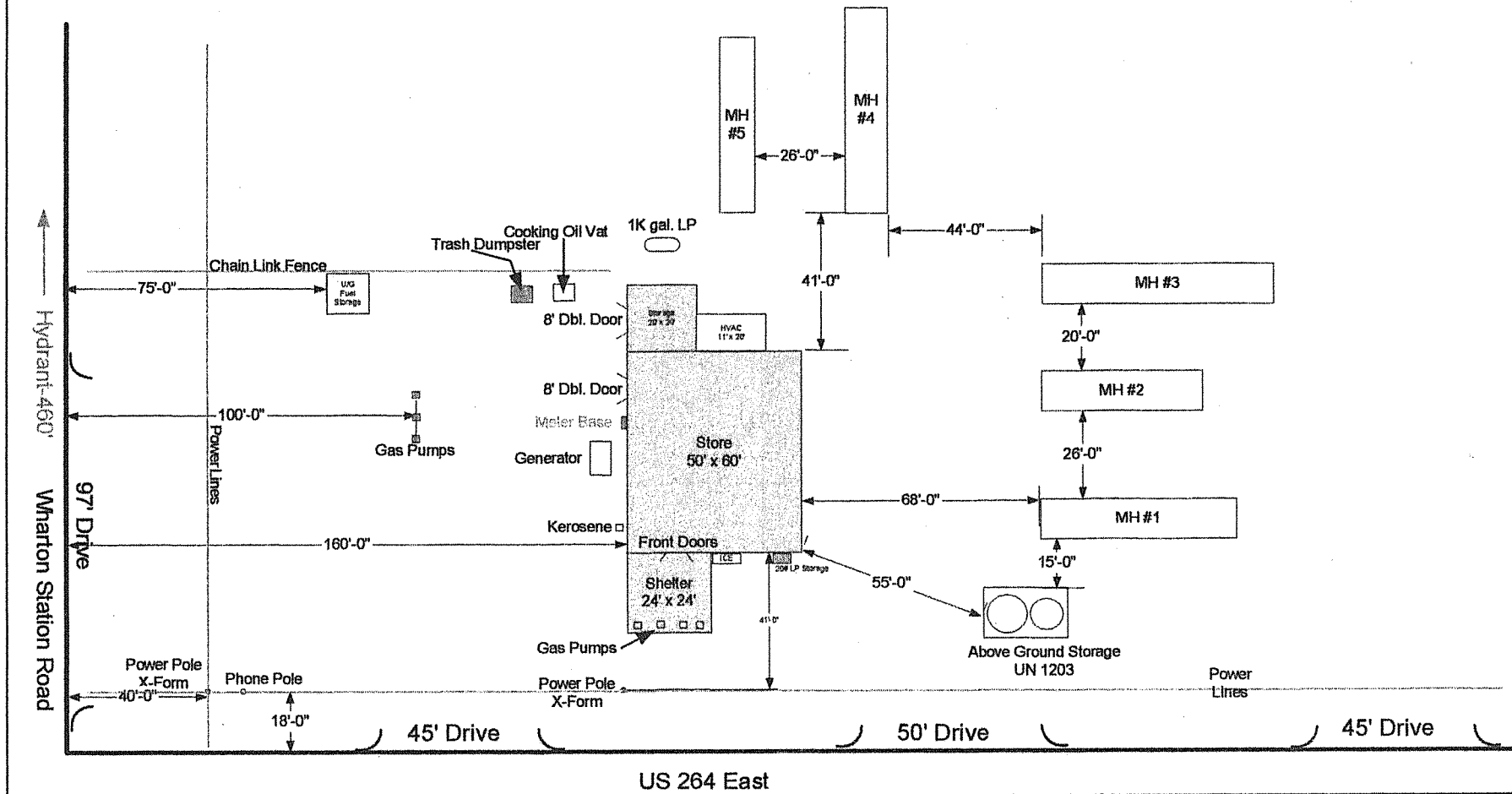
Comments: _____

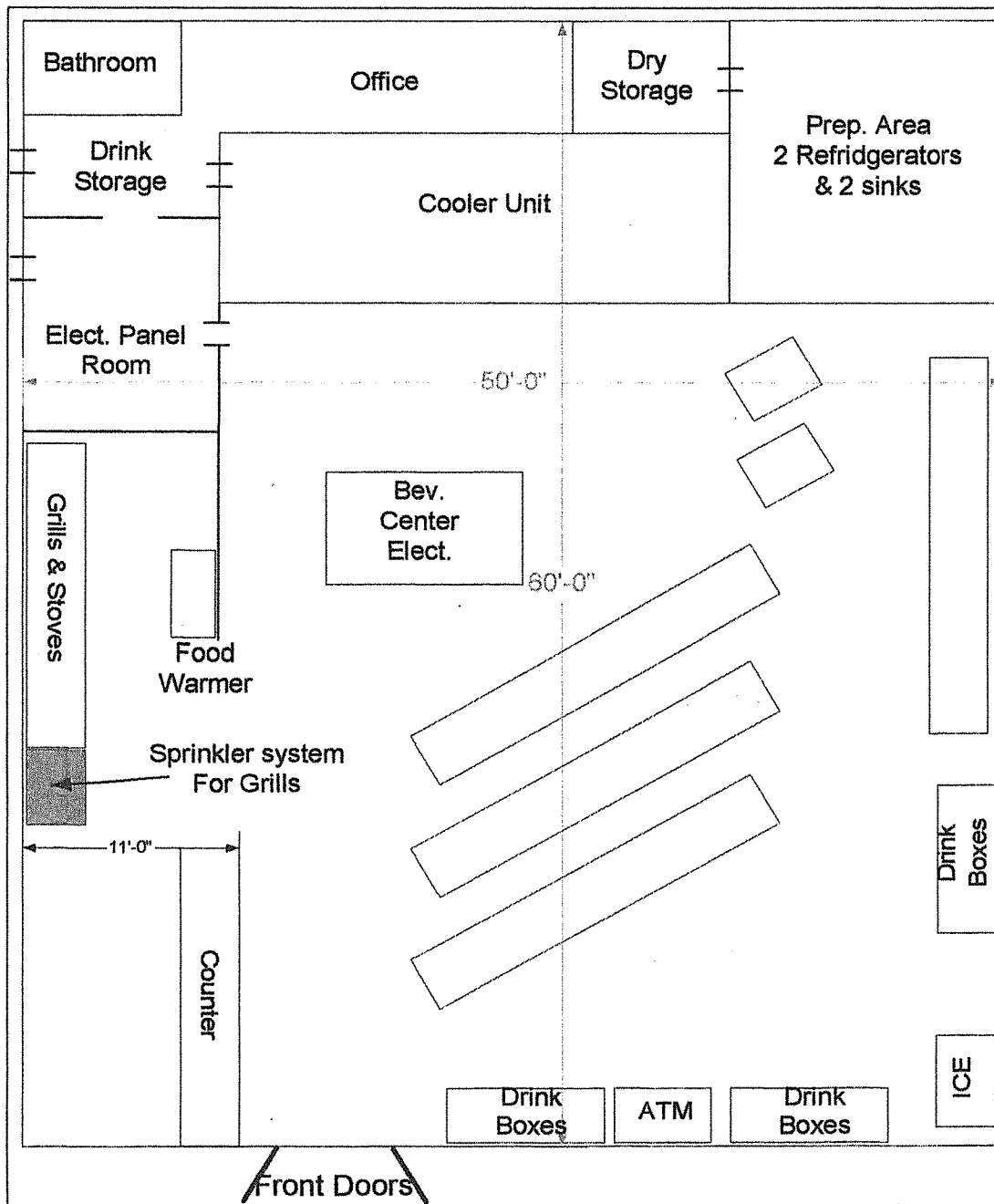
2006
Rohy
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Shaw



24
15
23

CNVFD Pre-Incident Planning
Cratches Store-US 264 E
 Rev.0 3/30/11 Pg. 1 of 2





CNVFD Pre-Incident Planning
Cratches Store (Detail)-US 264 E
Rev.0 3/30/11 Pg. 2 of 2

Structure Name Cratchs Mini Mart
 Structure Address 5337 US 264 W

Length	Width	Sq Ft	Sq Root	X 18	X construction type	GPM sum 1	X Occupancy	GPM sum 2
50	60	3000	54.77	985.90	0.8	788.72	1	788.72

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%	197.18		0	110	70	1477.72
19%	149.86			149	70	
14%	110.42			110	110	
9%	70.98				70	
75%	591.54	Total A, B, C, D				
	MAX	689	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
1500.00	750	0	0.00	1500.00	0
				1500.00	

FIRE FLOW NEEDED GPM
<u>1500.00</u>