

1750 BPM
HANDOUT #17

PRE-INCIDENT SURVEY

5-03-11

Building Name: Davenport Temple Church of God in Christ Survey #: 22

Street Address: 2575 W. 5th Street

City, State, Zip: Washington, N.C. 27889

Primary Use: place of worship Construction Type: _____

Possible Entry: front entrance

Possible Occupancy: Sunday
A.M. 9:30 P.M. 1pm Monday - 6pm - 7pm
Sundays: 350-400 / Weekly - 50+ Wed - 6pm - 8:00pm
Thursday - 6pm - 9pm

Known Handicapped Personnel: _____

NOTIFY IN CASE OF EMERGENCY

Name: Jeffery Holland (Chairman of Trust Board) Name: Allen Whitley (Chairman of Deacon Board)

Phone: 252-947-0968 Phone: C-714-1112 / H-945-5857

BUILDING CONSTRUCTION

Roof Type: shingled Floor Construction: concrete

Roof Construction: _____

Basement Construction Type: 0 Height of Basement: N/A

Number of Stories: 1 Height of Each Story: _____

Length: _____ Width: _____ Height: _____

Attic Area: _____ Size: L _____ X W _____ X H _____

UTILITY TYPES

Gas: _____ Type: _____

Gas Shut Off Valve Location: _____

Electric: _____ Phase: _____

Panel Location: _____

Alarm Location: Fire alarm located e side door of chapel
Honeywell (Fire + Security) - Seaboard

EXPOSURES

North: _____ FT. West: _____ FT. South: _____ FT. East: _____

Type: _____ Type: _____ Type: _____ Type: _____

SUPPRESSION CRITERIA

Needed Fire Flow: _____ Total Water Supply: _____

Fuel Load: _____ Rate of Flow: _____

HYDRANT LOCATIONS

(1) _____ Flow: _____ Unit: _____

(2) _____ Flow: _____ Unit: _____

(3) _____ Flow: _____ Unit: _____

(4) _____ Flow: _____ Unit: _____

OTHER WATER RESOURCES

(1) _____

(2) _____

(3) _____

SPECIAL RESOURCES

(1) _____

(2) _____

(3) _____

MUTUAL AID

(1) _____ Assignment: _____

(2) _____ Assignment: _____

(3) _____ Assignment: _____

STAGING AREA

Primary: _____

Secondary: _____

MISCELLANEOUS INFORMATION

Sprinkler Connection: _____

Standpipe Connection: _____



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Date of Inspection: 5-03-11 Committee Officer: Ada Evans
Committee Members: Bryan Dixon Sr, Jim Evans, Tony Howell, Robbie Cox, Anthony Bailey, Thomas Island

Location Information

Street Address: 2575 W. 5th Street Nearest Cross Street: _____

Facility / Business Name: Davenport Temple Church of God In Christ

Facility Phone Number: (252) 946-8473

Business Owner: Jeffery Holland Phone Number: (_____) Mobile Number: (252-947-0968)
Chairman of Trustee Board

Operating Information and Access

Emergency contacts and titles with phone numbers:

Name: Allen Whitley Title: Chairman Deacon Board Contact Number: H-945-8857
Q-714-1112

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: front entrance
Sun - 9:30 am - 1pm Thurs - 6pm - 9:00
Monday - 6pm - 7pm
Wed - 6pm - 8:00

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: Sun - 350-400 / Weekly - 50+

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

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: 1 Number of basements / full or partial: 0

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: Bridge / Sheetrock

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: side door of chapel

Type of alarms: Honeywell (fire + security)

Extent of coverage: _____

Monitored system: ☒ Yes ☐ No Fire alarm company: Seaboard

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: _____

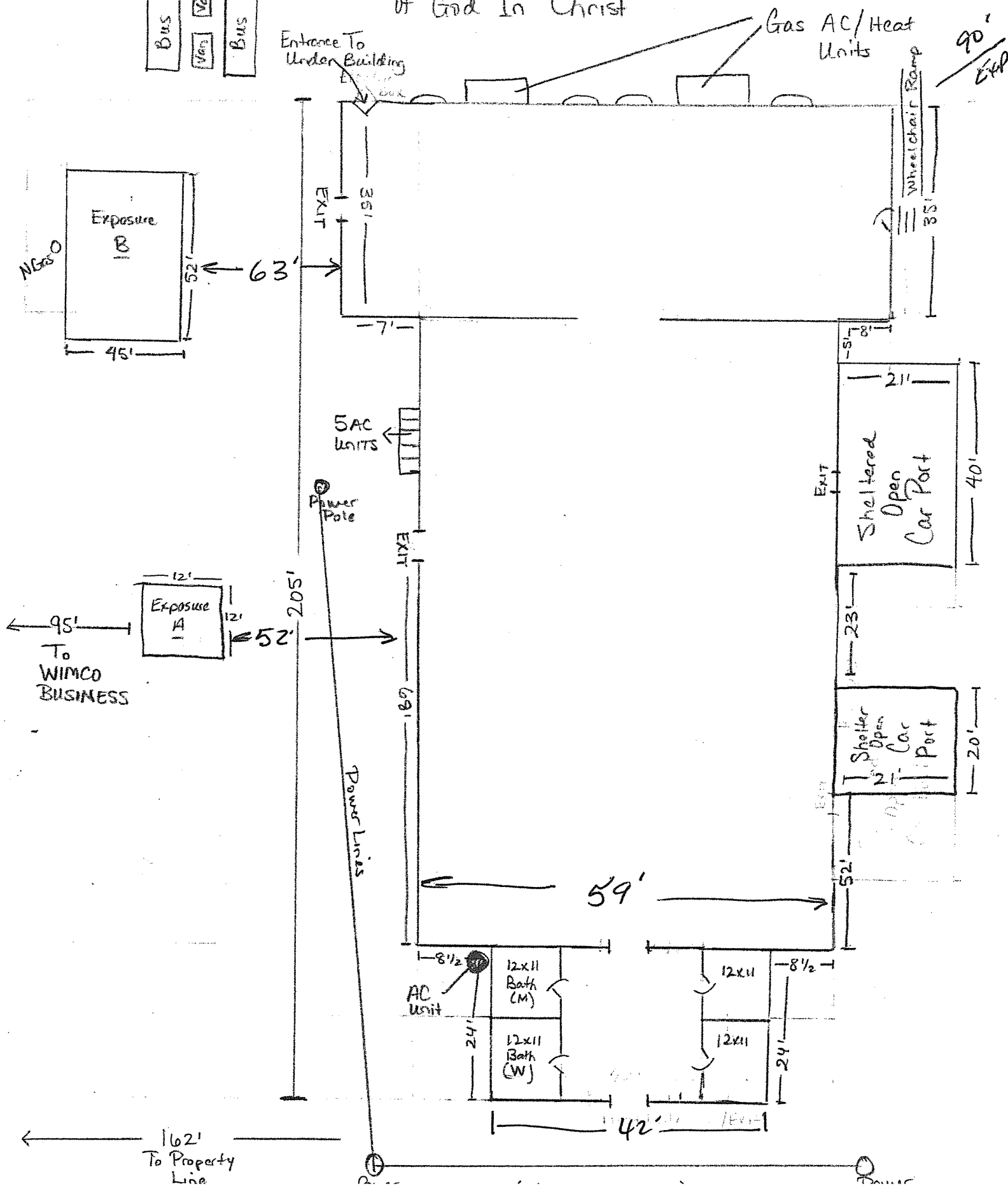
Special Resource Consideration: _____

Confined Spaces: ___ Yes ___ No Locations: _____

Remarks:

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

A diagram showing two buses. Each bus has a van attached to its side. The bus on the left is labeled 'Bus' and the van on its side is labeled 'Van'. The bus on the right is also labeled 'Bus' and the van on its side is labeled 'Van'.

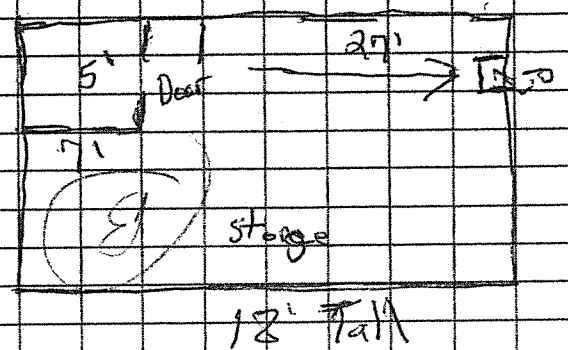
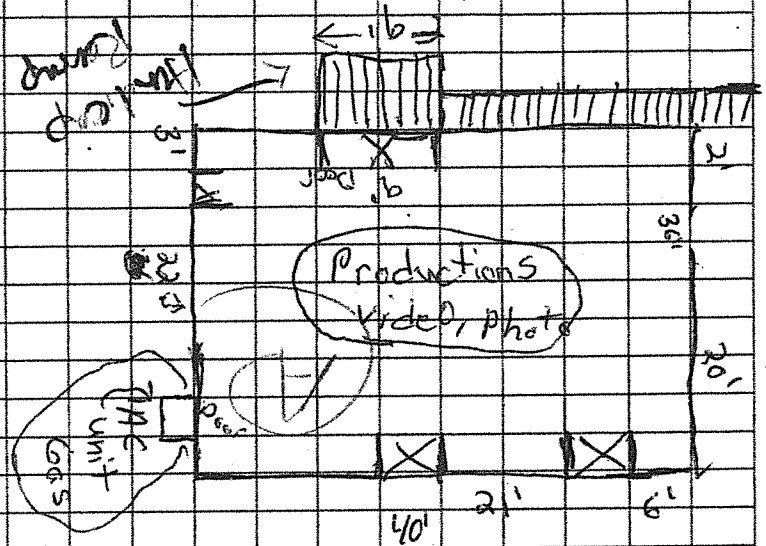


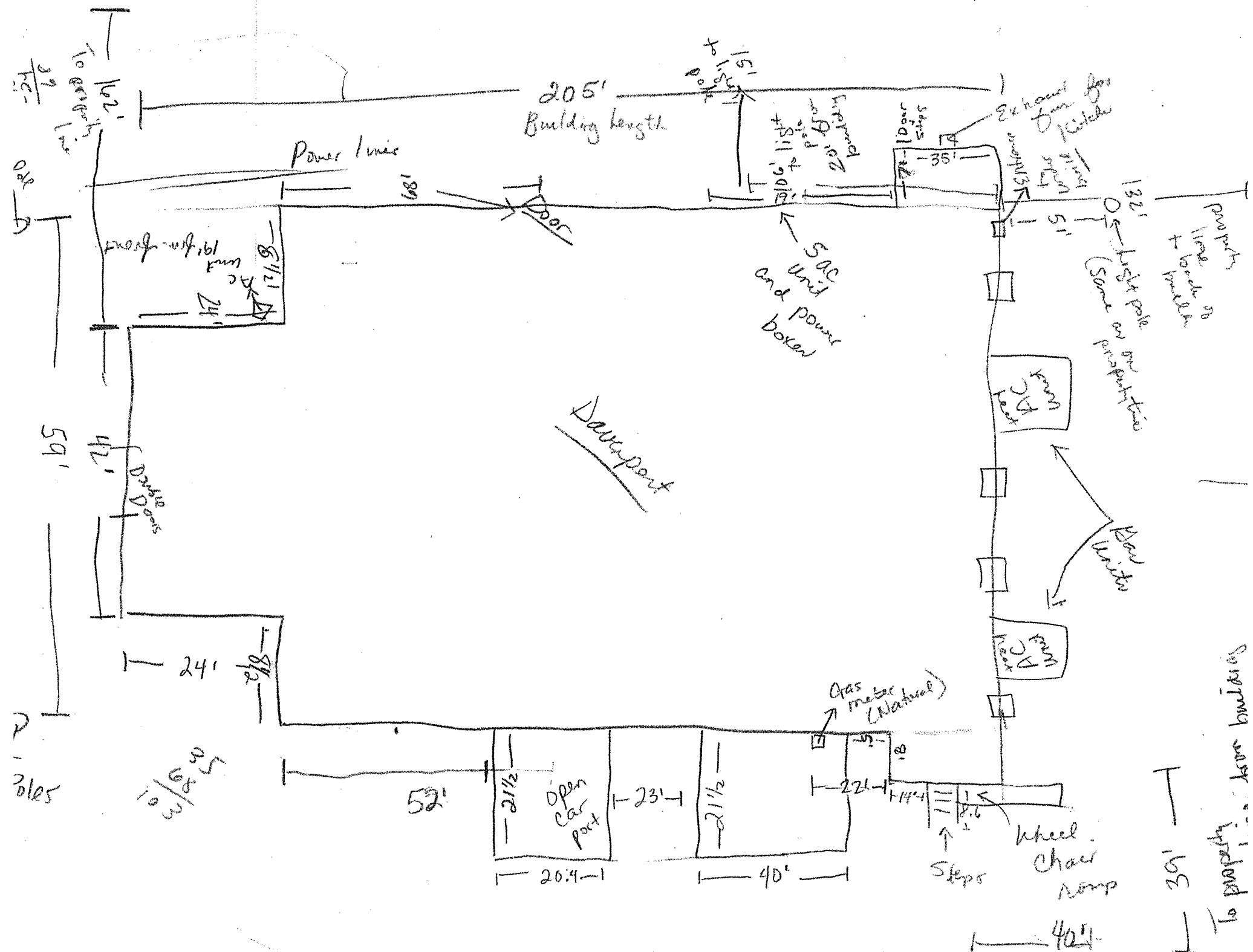


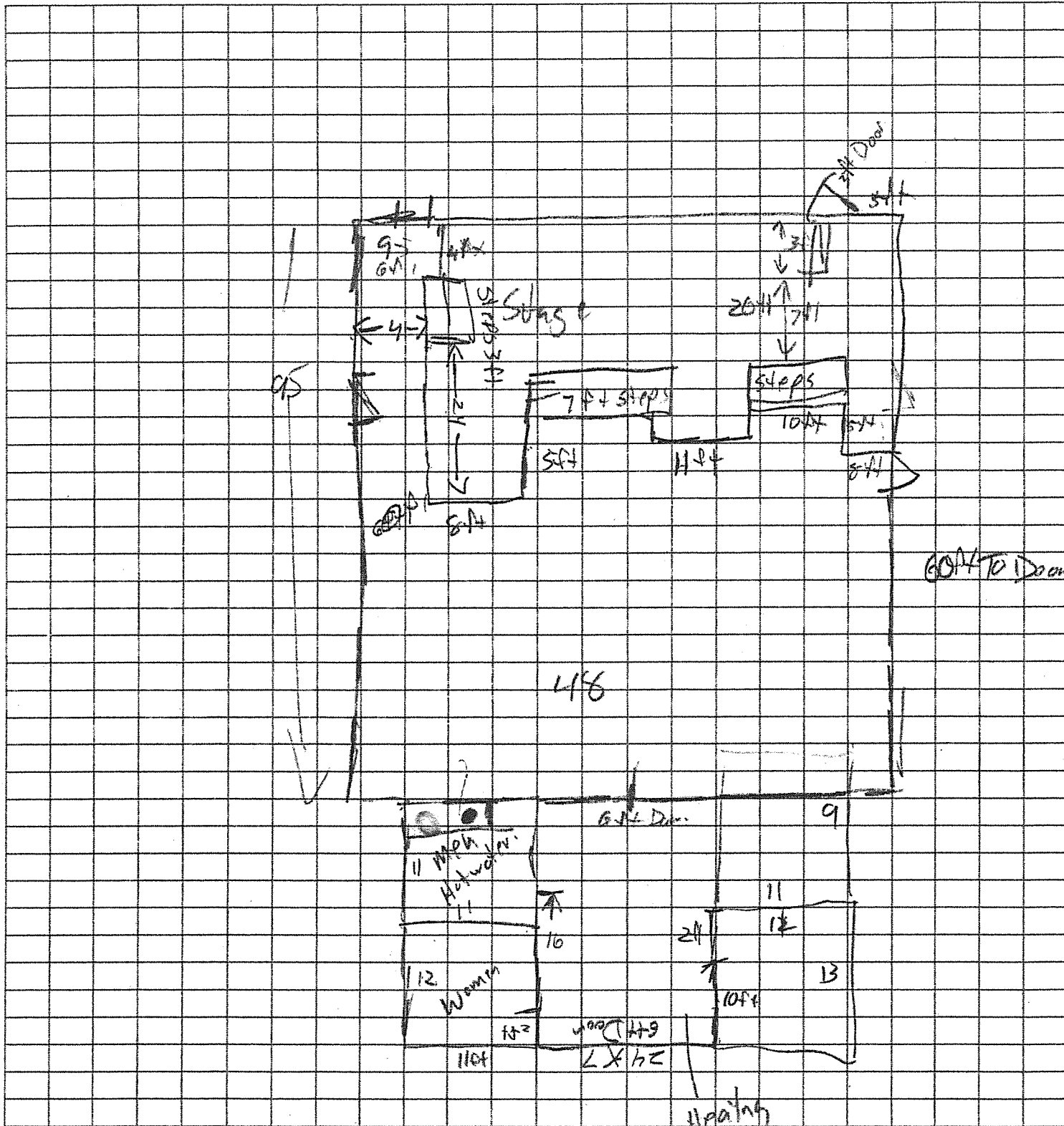
Address: Davenport Temple Church

Pre-Plan #: _____

Name: _____

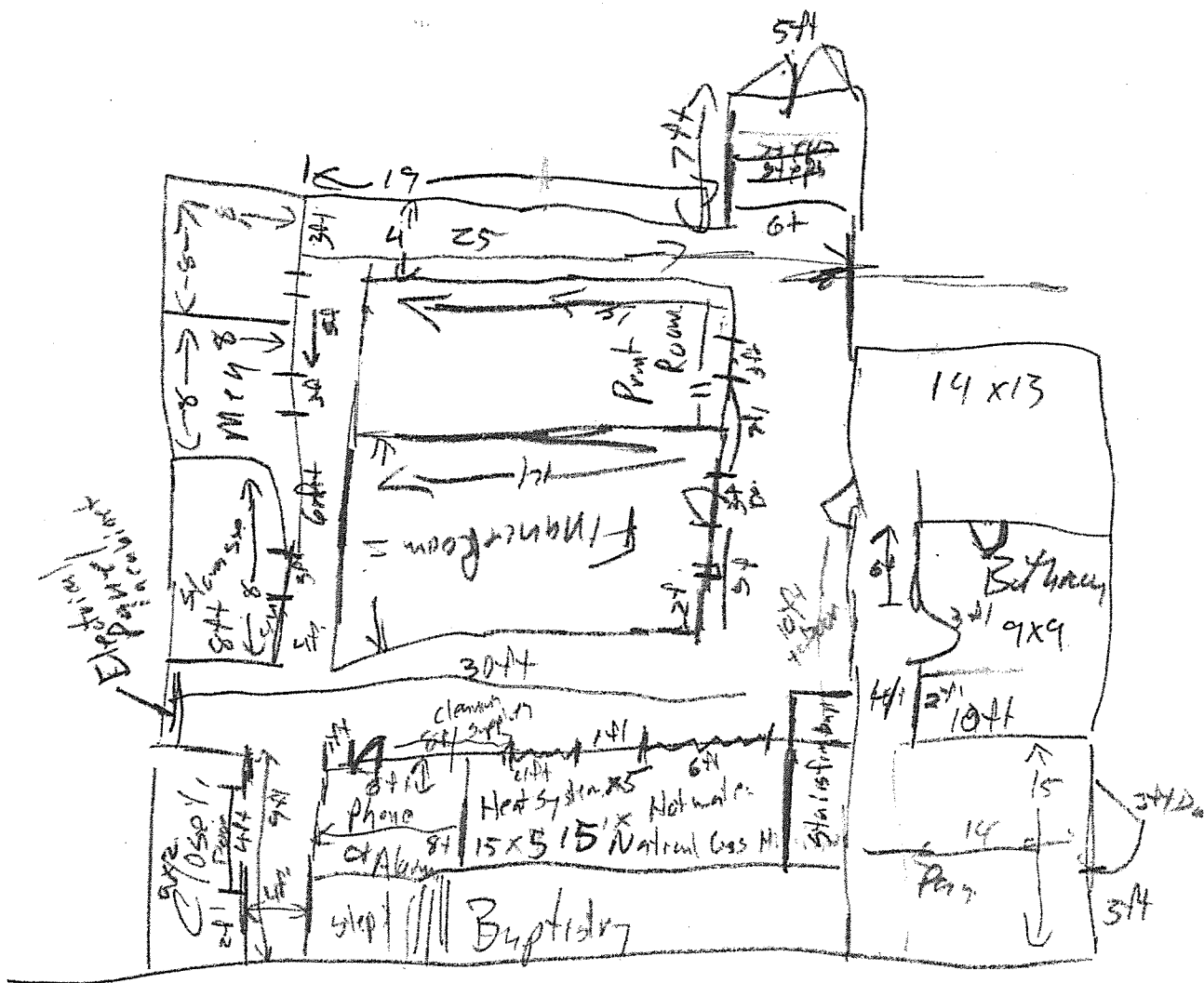






Name: _____
 Address: _____
 Pre-Plan #: _____





Natural Gas range
exhausting out
5' 9 1/2"

Hood

Hot Water Heater

ICE machine

Ref.

Cabinets

Cabinets

24'

6'

Dining Area

DN

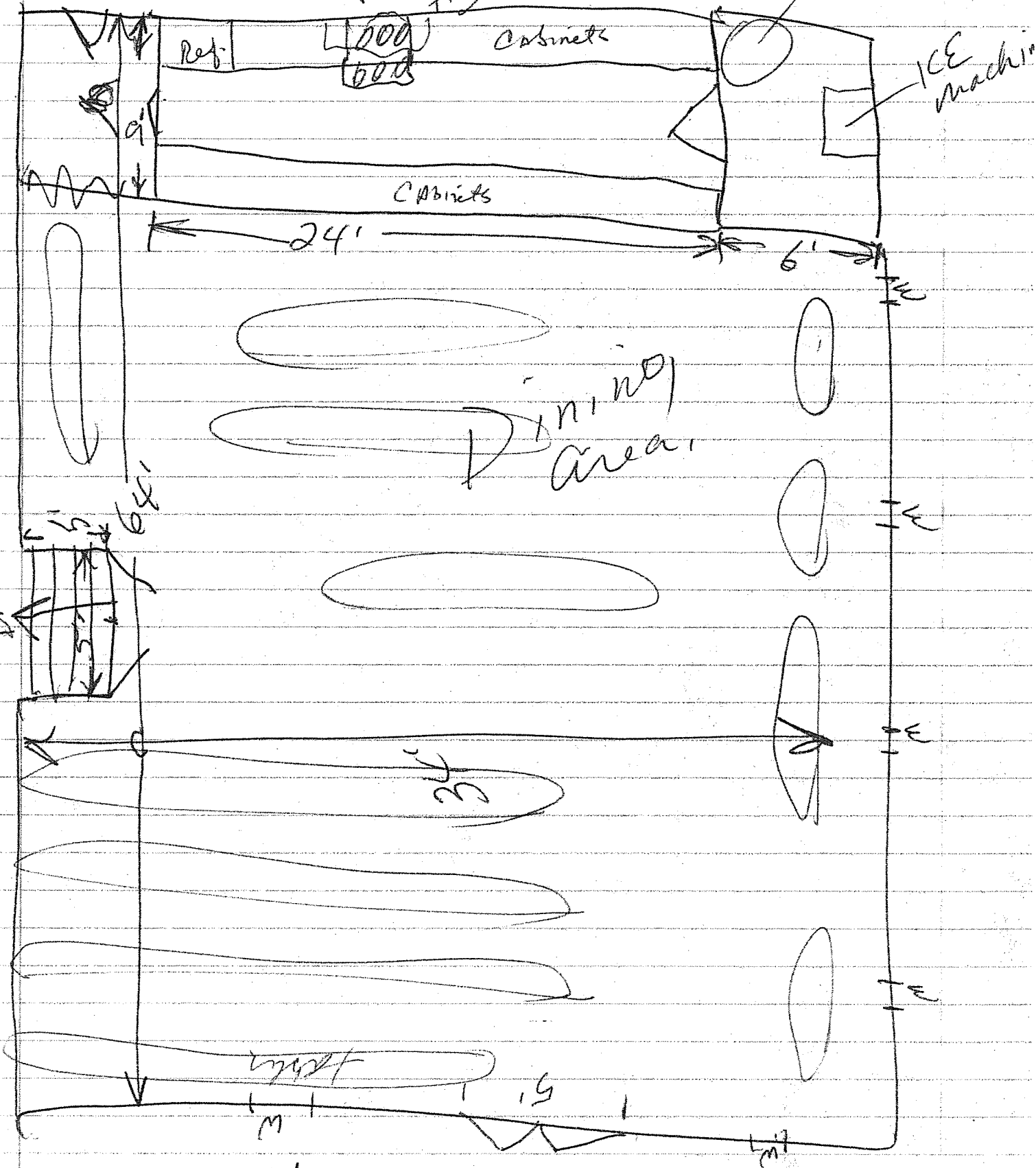
6' 1/2"

34'

1' 1/2"

5'

N



Structure Name Davenport Temple COG in Christ
 Structure Address 2575 W 5th St.

Length	Width	Sq Ft	Sq Root	X 18	X construction type	GPM sum 1	X Occupancy	GPM sum 2
205	59	12095	109.98	1979.59	0.8	1583.67	0.85	#####

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)

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%	336.53	0	188	0	121	1776.12
19%	255.76		121			
14%	188.46					
9%	121.15					
75%	1000.59	Total A, B, C, D				
	MAX	430	Column J, K, L and M			

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
1750.00	875	0	0.00	1750.00	0
				1750.00	1750.00

FIRE FLOW NEEDED GPM
1750.00