Clarks Neck Volunteer Fire Department

1750 GPM

Pre-Incident Plan Data Sheet **County: Pitt or Beaufort**

0011

Date of Inspection: 7-08-10 Committee Officer: Ada Evans

Committee Members: Bryan Dixon Sr, Bill Dawson, Tony Hbell, Jim Evans, Robbie Cox, Anthony Bailey

Location Information

Street Address: 7516 Hwy US 264 Nearest Cross Street: Old Wash. + Gimesland Brdg. Rd.

Facility / Business Name: ES+S Automotive

Facility Phone Number: (946-4613)

Business Owner: John F. Singleton Sr. Phone Number: (946-5024) Mobile Number: (_____)

Operating Information and Access

Emergency contacts and titles with phone numbers:

Name: John Singleton Sr. Title: Owner Contact Number: 946-5024

Name: John Singleton Jr. Title: Co-owner Contact Number: _____

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

Operating hours: Open: 9Am Closed: 5:30 pm (Mon-Fri)

Primary access: Door -side D

Side 1 *for plan purposes:* _____

Key box: ___Yes ✓No Key box location: _____

Exterior access concerns: ___ Yes ___ No Locations: property in fenced in completely 4-27-13

Obstructions to aerials: ___ Yes ___ No Locations: _____

Exterior door concerns: ___Yes ✓No Locations: _____

Interior roof access: ___Yes ✓No Locations: _____

Occupancy

Overall occupancy: 3

High fire load: ✓ Yes ___ No Locations: Front area of building has many shelves stored w/ misc. items, back garage area contains oils, gasoline, fuels, etc.

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 freone, motor oil, gasolines, saline tanks for welding

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: 100' Width: 60' Height: 14' 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 - outside / Sheetrock - inside

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: Between office and garage

Wall penetrations: ___ Yes ✓ No Locations: _____

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

Interior stairs: Number: Ø Location: _____

Obstruction to stairways: Ø

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: Hydrant 300' yds.

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 Flow Rate(s):
Red (500gpm or less) ☑; Orange (500gpm to1000gpm) ☐; 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

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

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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
	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: _____

_____

_____

_____

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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.

Address: _____

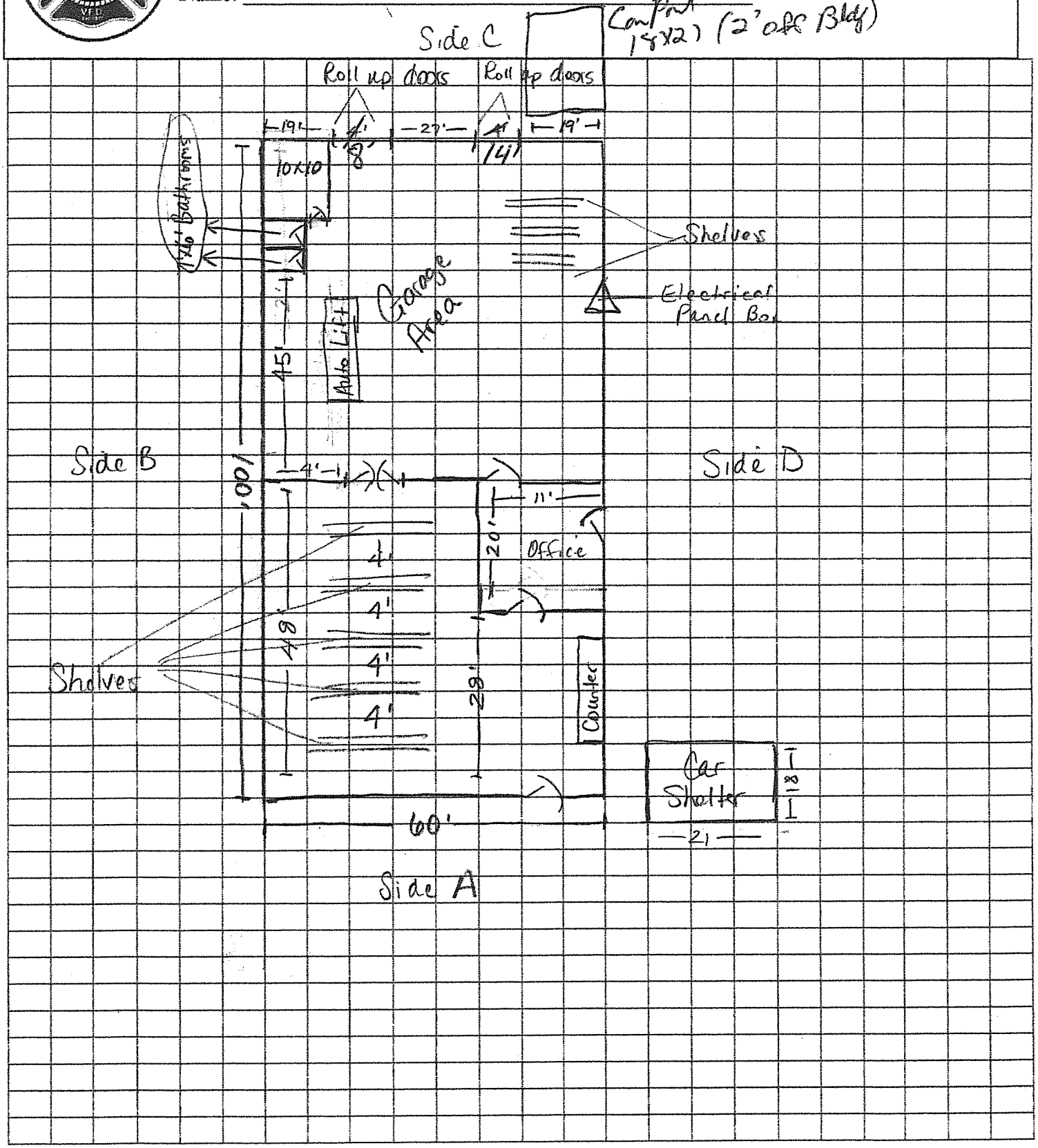
Pre-Plan #: _____

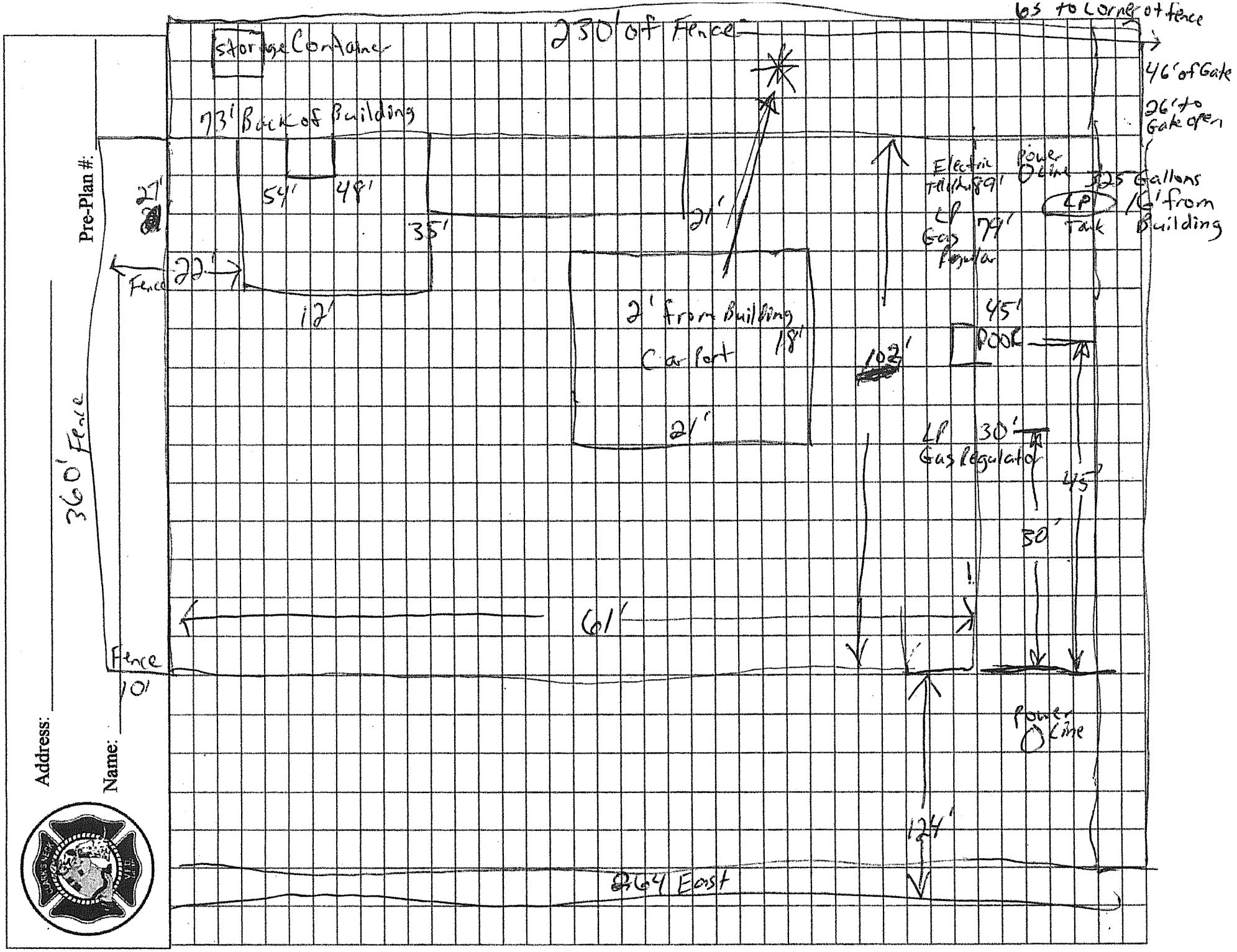
Name: _____

Address: 7516 Hwy US 264

Name: ES+S Automotive

Pre-Plan #: _____

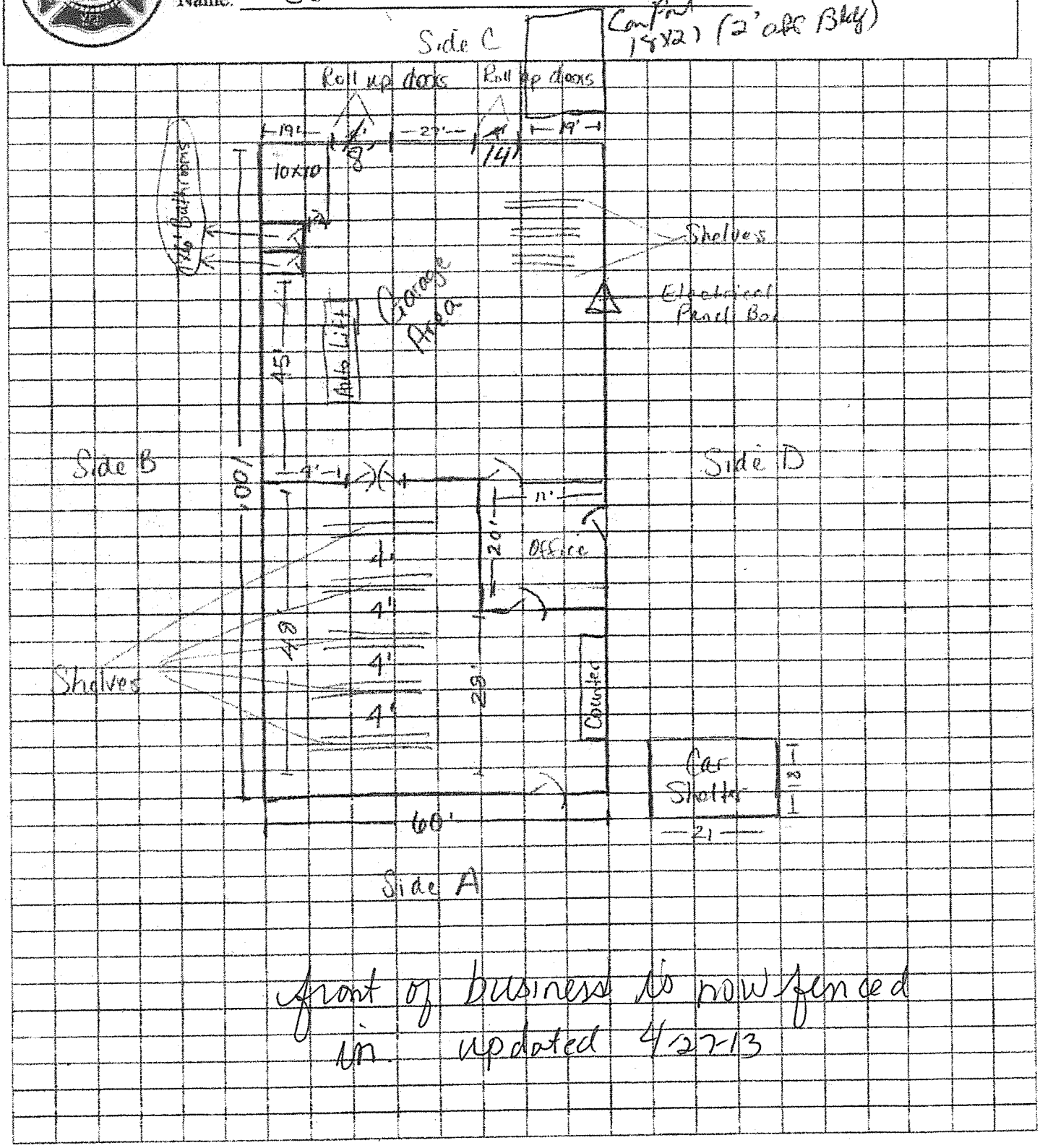



Pre-Plan #:
Address:
Name:
Storage Container
230' of Fence
Los to Corner of fence
46' of Gate
26' to Gate open
73' Back of Building
54'
48'
35'
27'
22'
Fence
12'
21'
Electric Power Line
Tank 89'
LP Gas Regular
79'
325 Gallons
16' from Building
2' from Building
Car Port
18'
21'
45'
POOL
102'
LP Gas Regulator
30'
45'
30'
61'
Fence
101
Power Line
124'
264' East
360' Fence

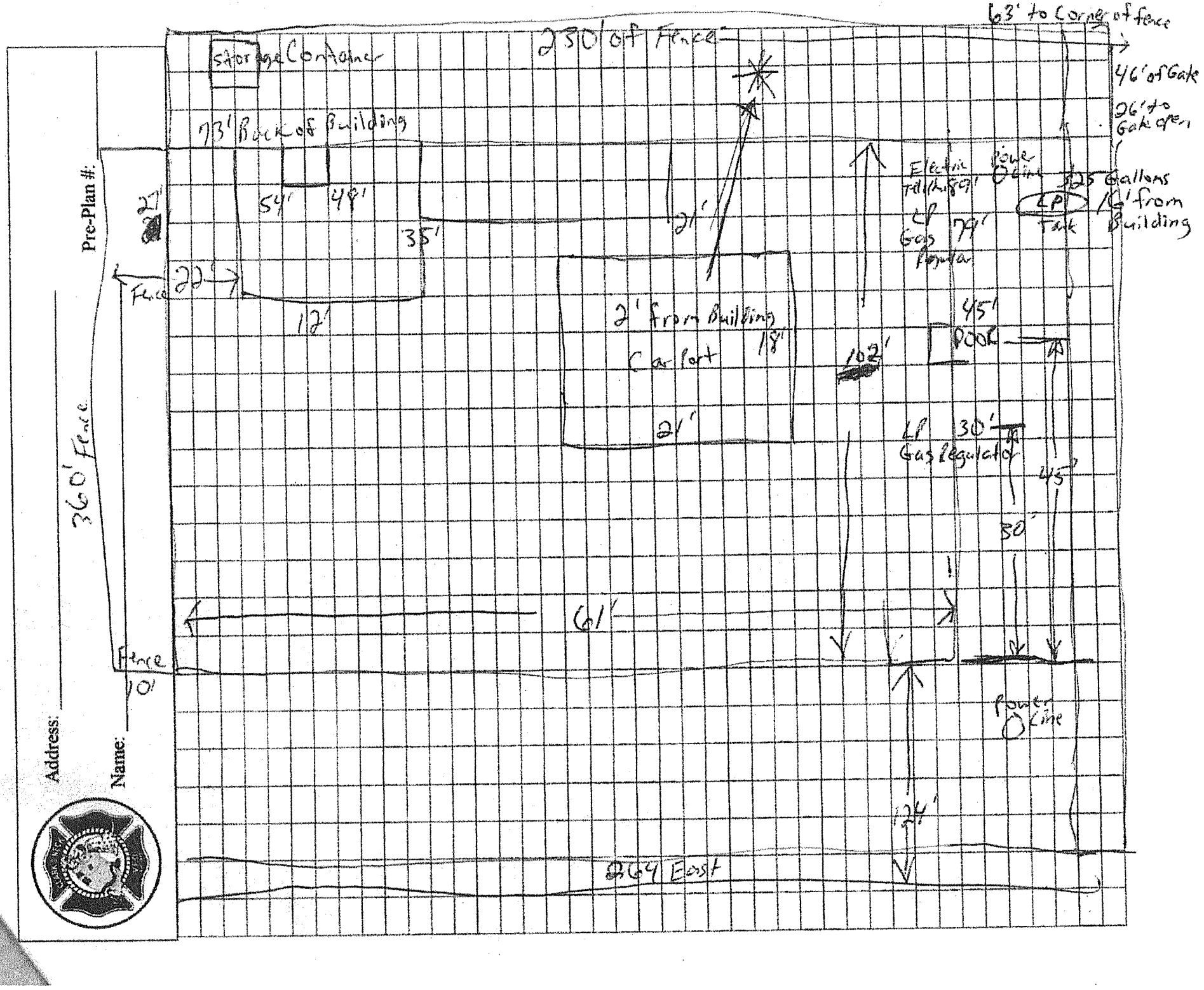
Address: 7516 Hwy US 264

Name: ES+S Automotive

Pre-Plan #: _____



Front of business is now fenced in. updated 4-27-13


Pre-Plan #:
Address:
Name:
360' Fence
Storage Container
250' of Fence
63' to Corner of fence
46' of Gate
26' to Gate open
73' Back of Building
54'
49'
35'
27'
22'
12'
Fence
21'
2' from Building
Car Port
18'
21'
102'
Electric Pole
Telephone
Power Line
325 Gallons
LP Tank
16' from Building
LP Gas Panel
79'
45'
POOL
LP Gas Regulator
30'
45'
30'
61'
Fence
10'
Power Line
124'
264' East

Structure Name E S + S Automotive

Structure Address 7516 US 264 E

Length	Width	Sq Ft	Sq Root	X 18	X construction type	GPM sum 1	X Occupancy	GPM sum 2
100	60	6000	77.46	1394.27	0.8	1115.42	1.5	######

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%	418.28		0	0	0	1673.13
19%	317.89					
14%	234.24					
9%	150.58					
75%	1254.85	Total A,B,C,D				
	MAX	0				

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

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

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)

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

FIRE FLOW NEEDED GPM

1750.00