updated 1/10/12 - update 7-21-15

Clarks Neck Volunteer Fire Department

OFFICE & Shop 1250 Storage Barn 0012

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

Date of Inspection: 7-10-10 Committee Officer: _____

Committee Members: Bryan, Randy, Jim, Trey

Location Information
Street Address: 6195 Hwy 264 W Nearest Cross Street: VOA / Otter Lane

Facility / Business Name: Grand Rental Station

Facility Phone Number: (974-1039)

Business Owner: Mr. Phone Number: (974-1030) Mobile Number: (945-6233)

Operating Information and Access
Emergency contacts and titles with phone numbers:

Name: Mr. Title: Owner Contact Number: _____

Name: Bob Snapp Title: _____ Contact Number: 945-6234

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

Operating hours: Open: _____ Closed: _____ 7:30-5-M-F 7:30-1-Sat

Primary access: Side A - front door

2 to 5 people / persons here beyond operating hrs.

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: 2 to 5 / persons may

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 Floor finish product, Oil, Gasoline, Saline tanks, paint thinner

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: 2 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 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: Hydrants - West of business at Otter Lane
East of business - 1 mile at Wharton Station + Hwy 264

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 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**

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: _____

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: _____

_____

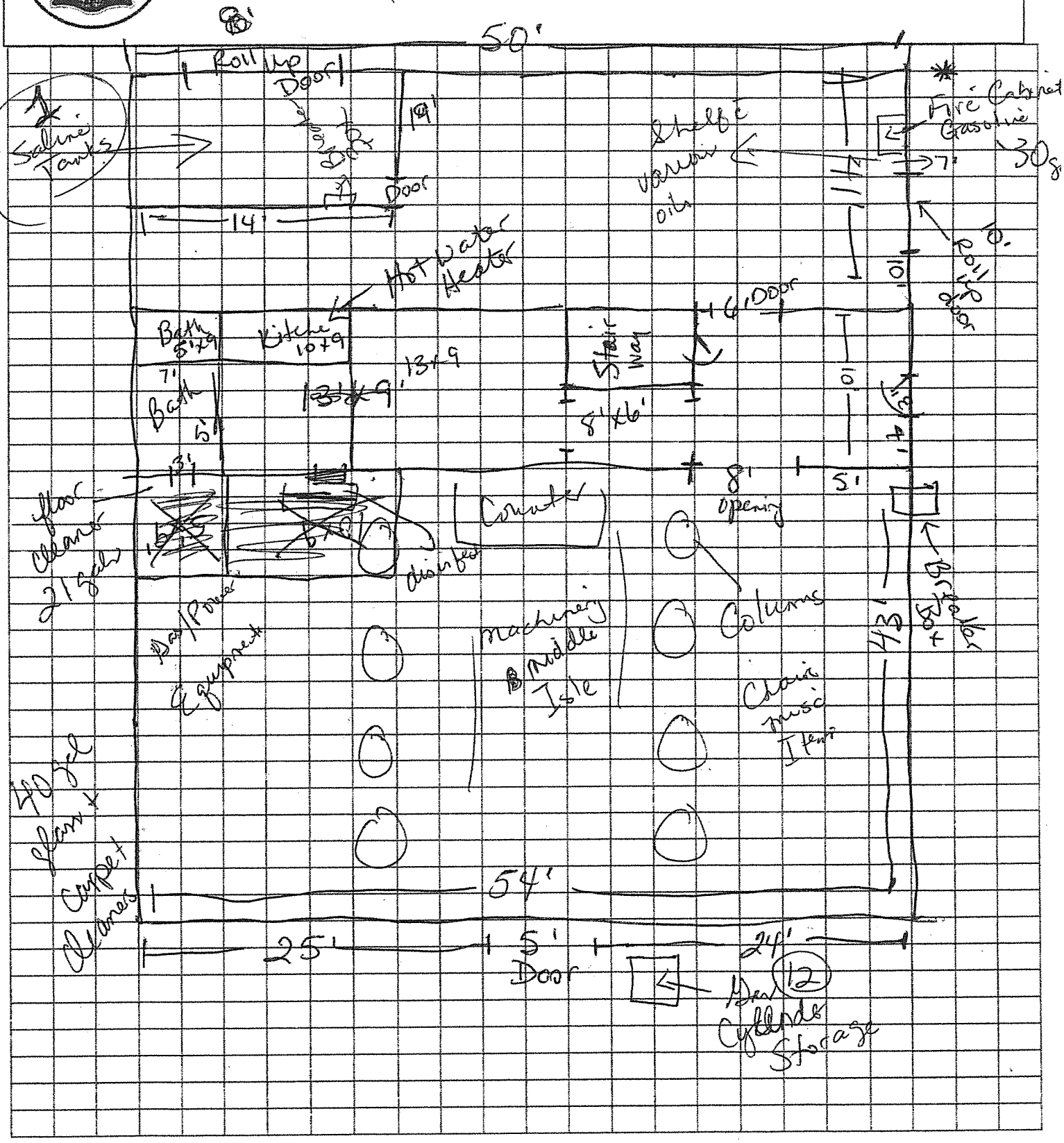
Remarks:

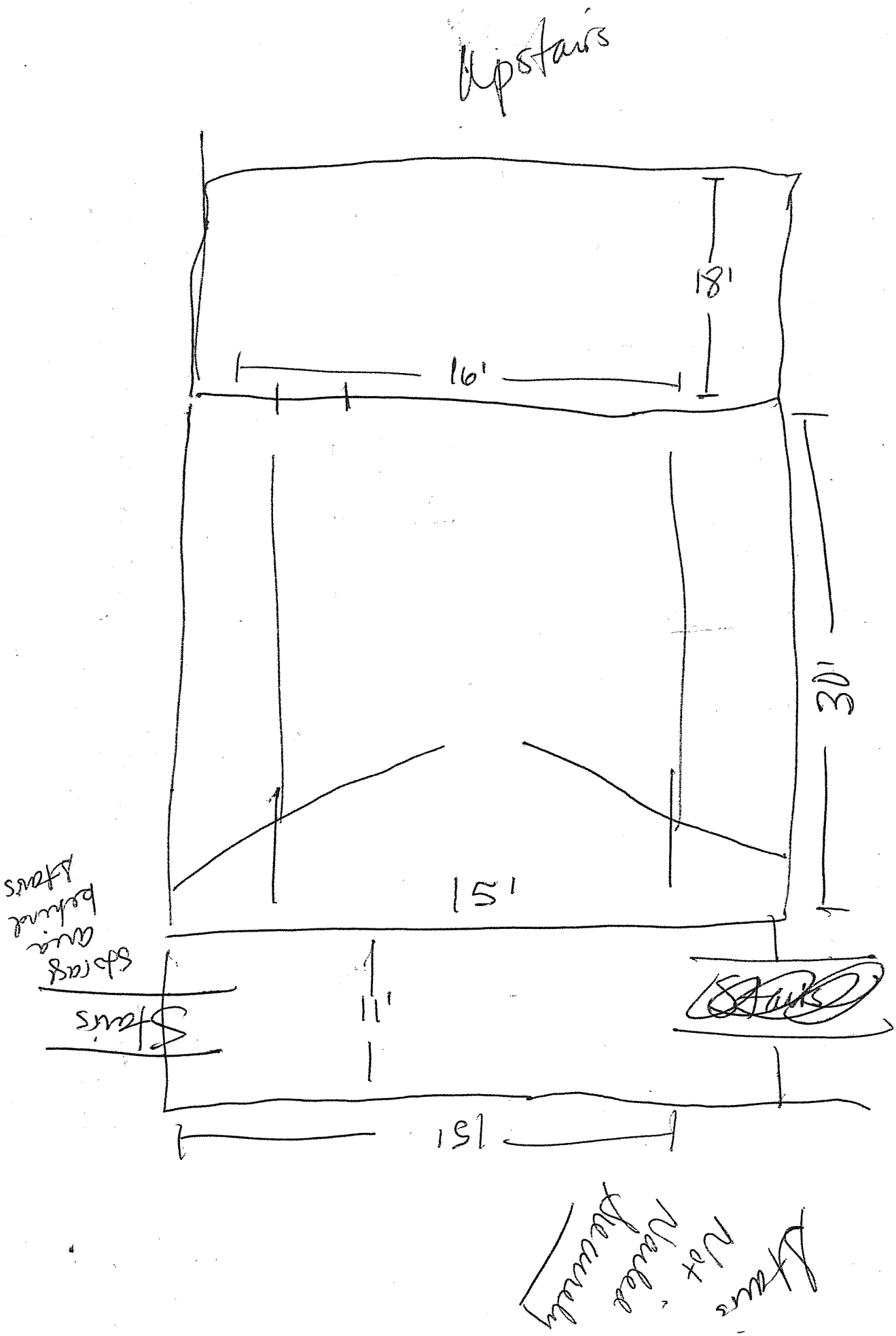
L ***If more room is required for notes, please use the back of this form.***

Address: _____

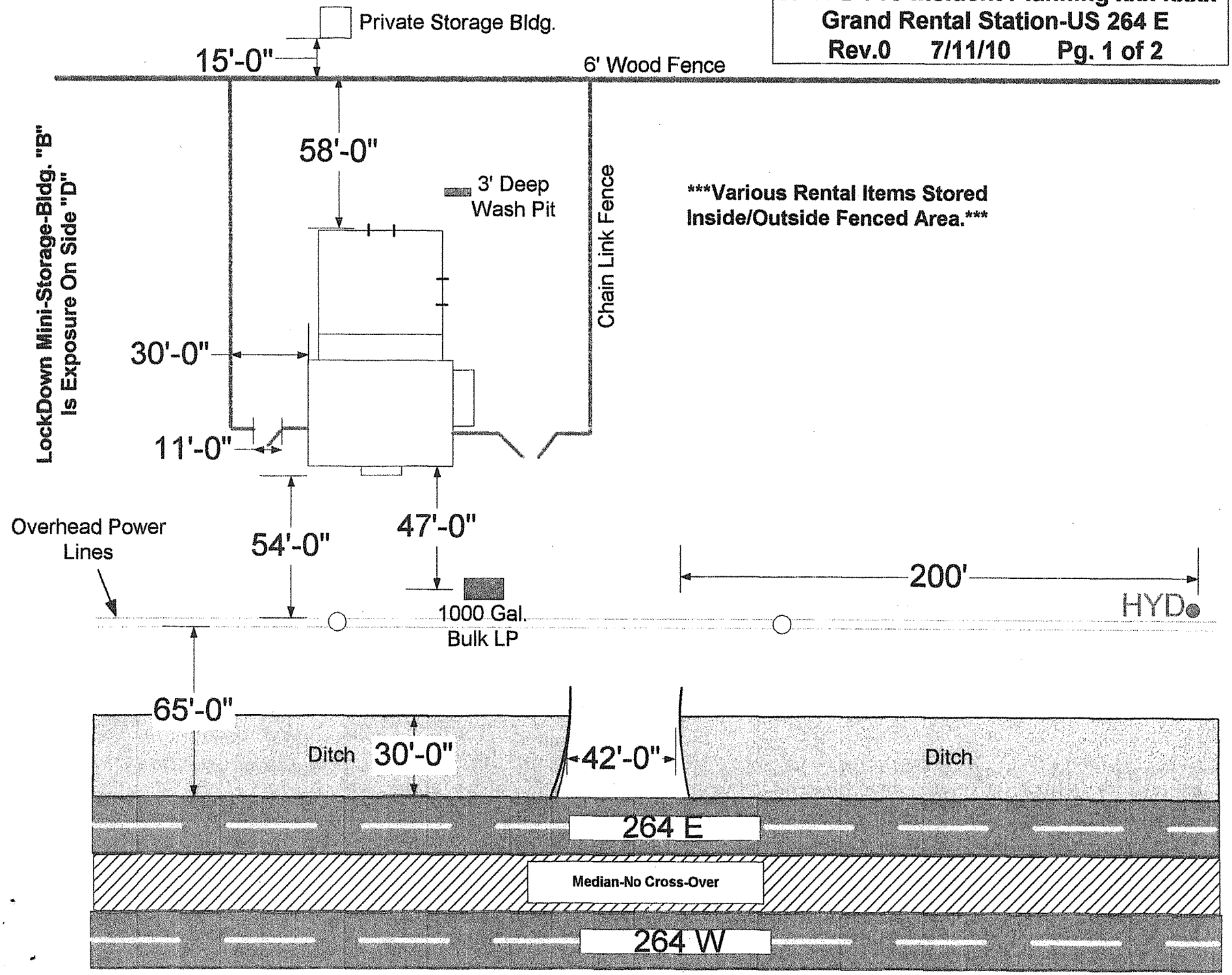
Pre-Plan #: _____

Name: _____

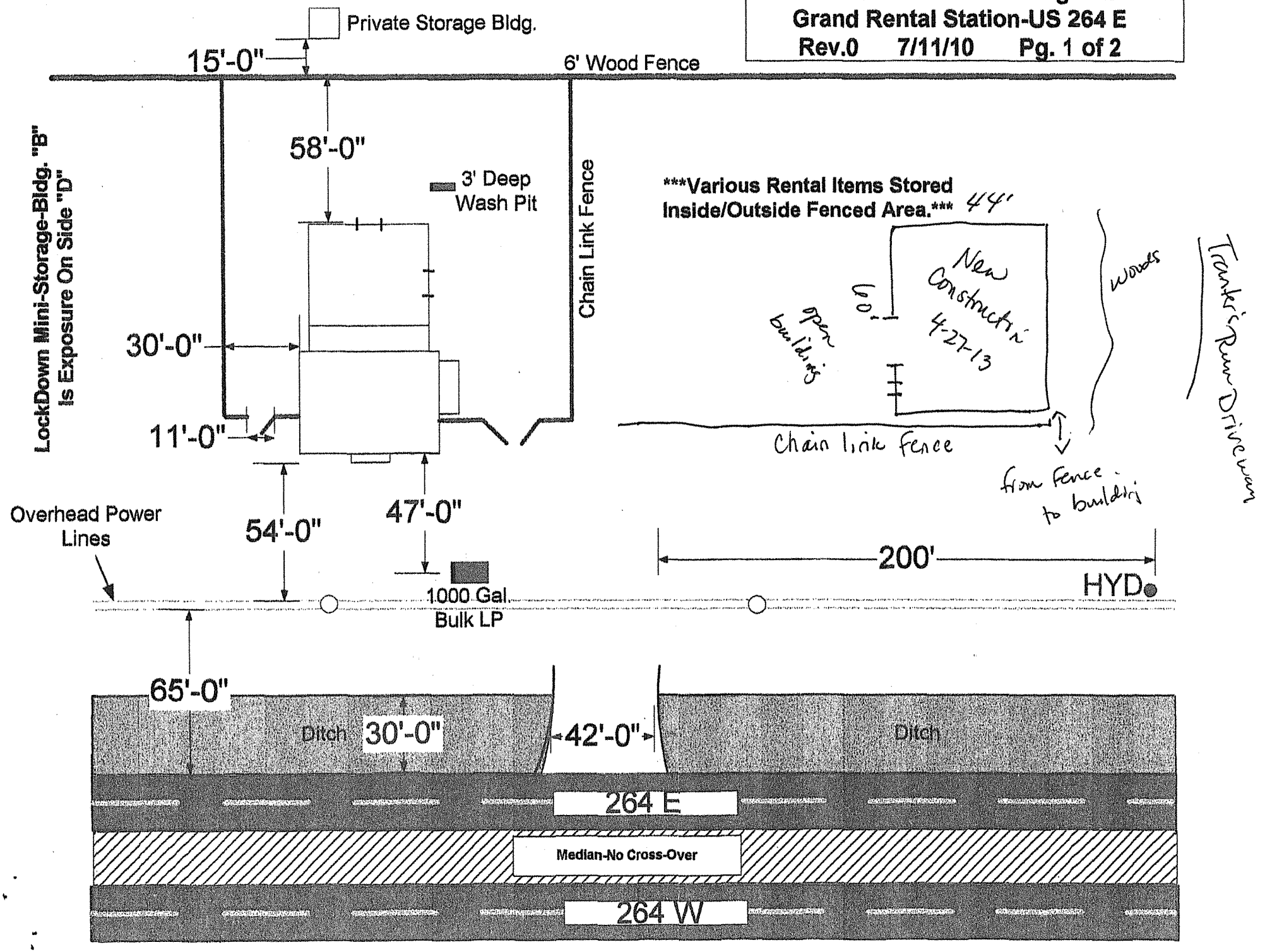


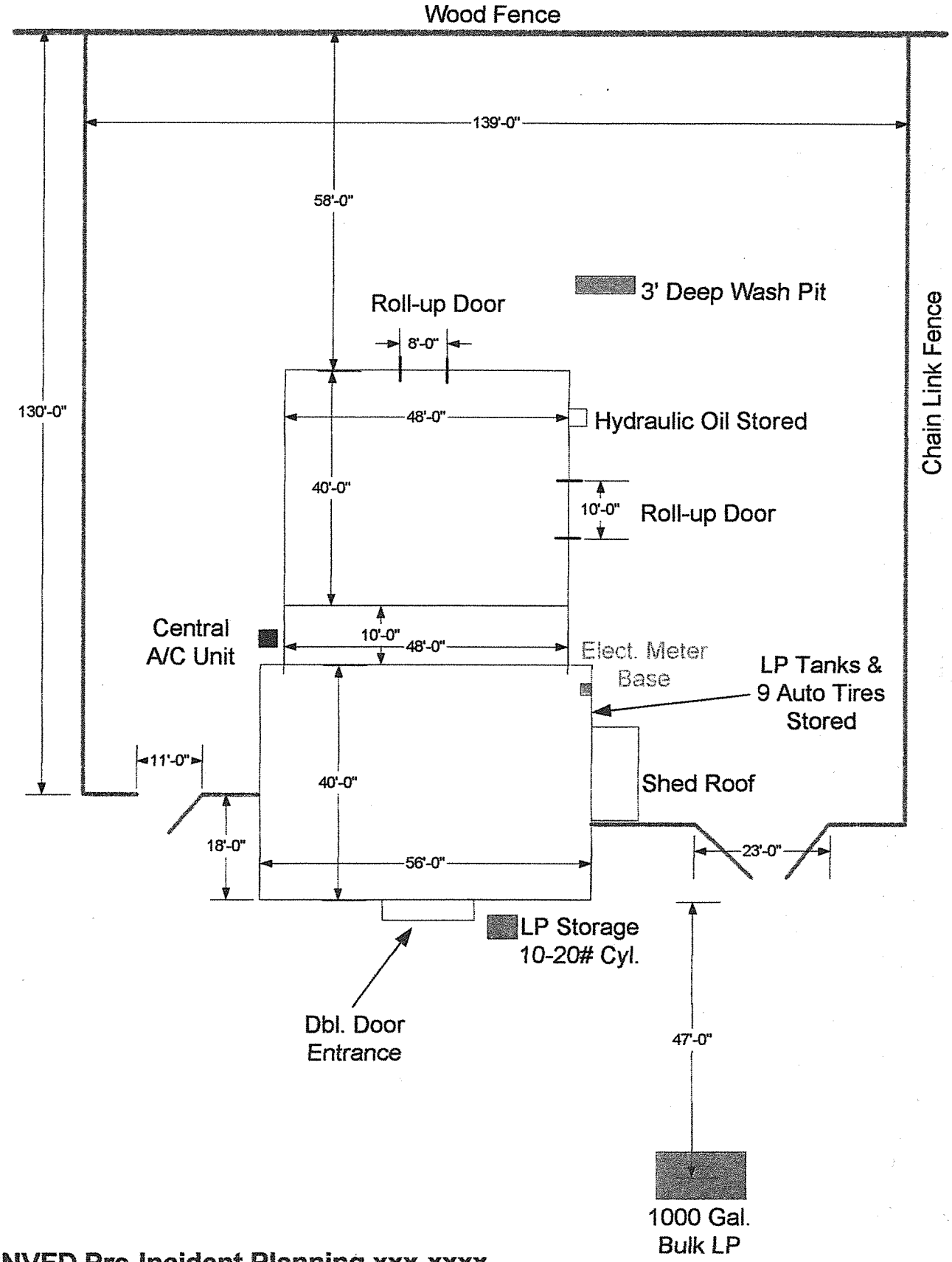

Upstairs
18'
16'
30'
15'
11'
15'

CNVFD Pre-Incident Planning xxx-xxxx
Grand Rental Station-US 264 E
Rev.0 7/11/10 Pg. 1 of 2

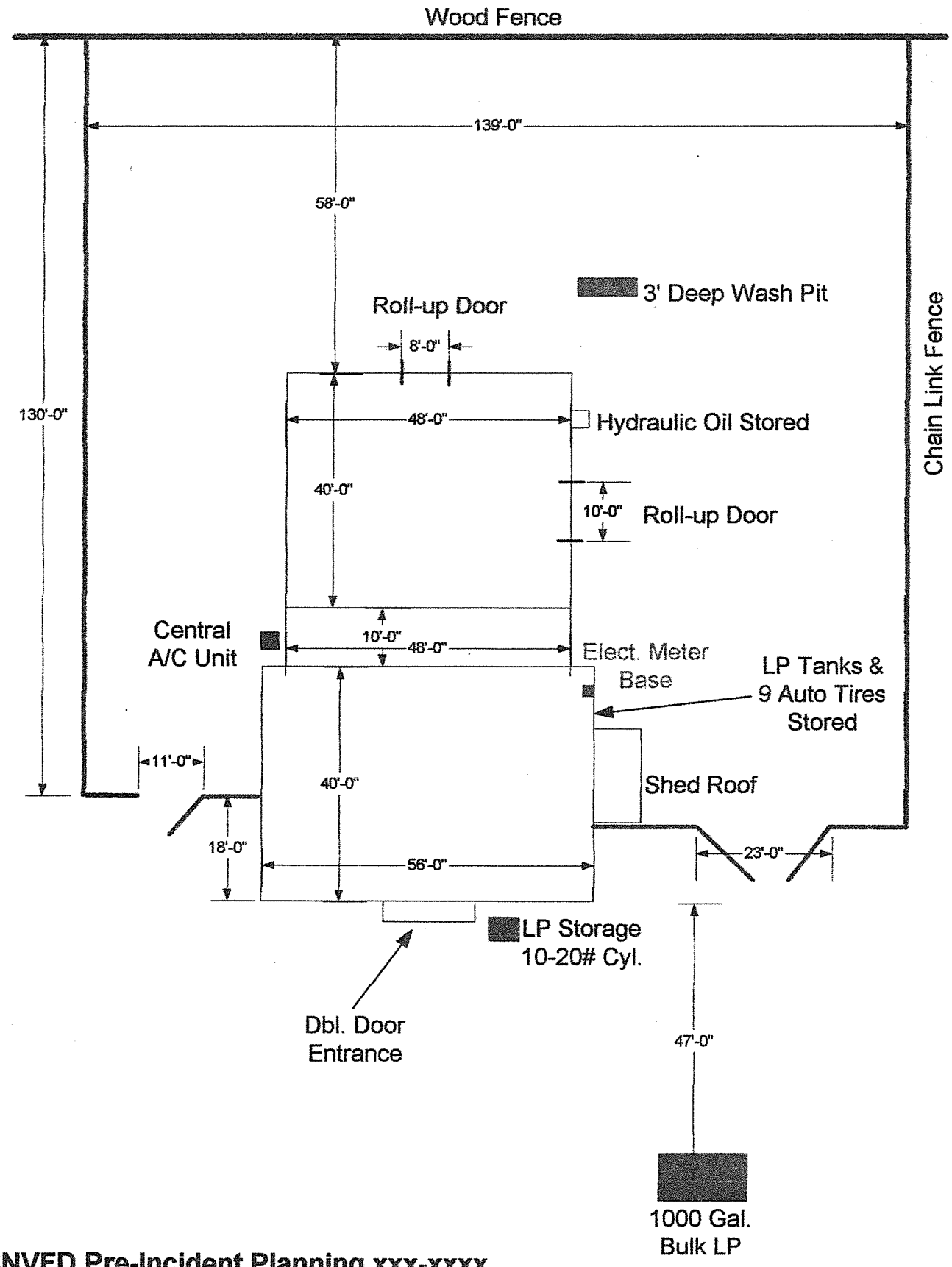


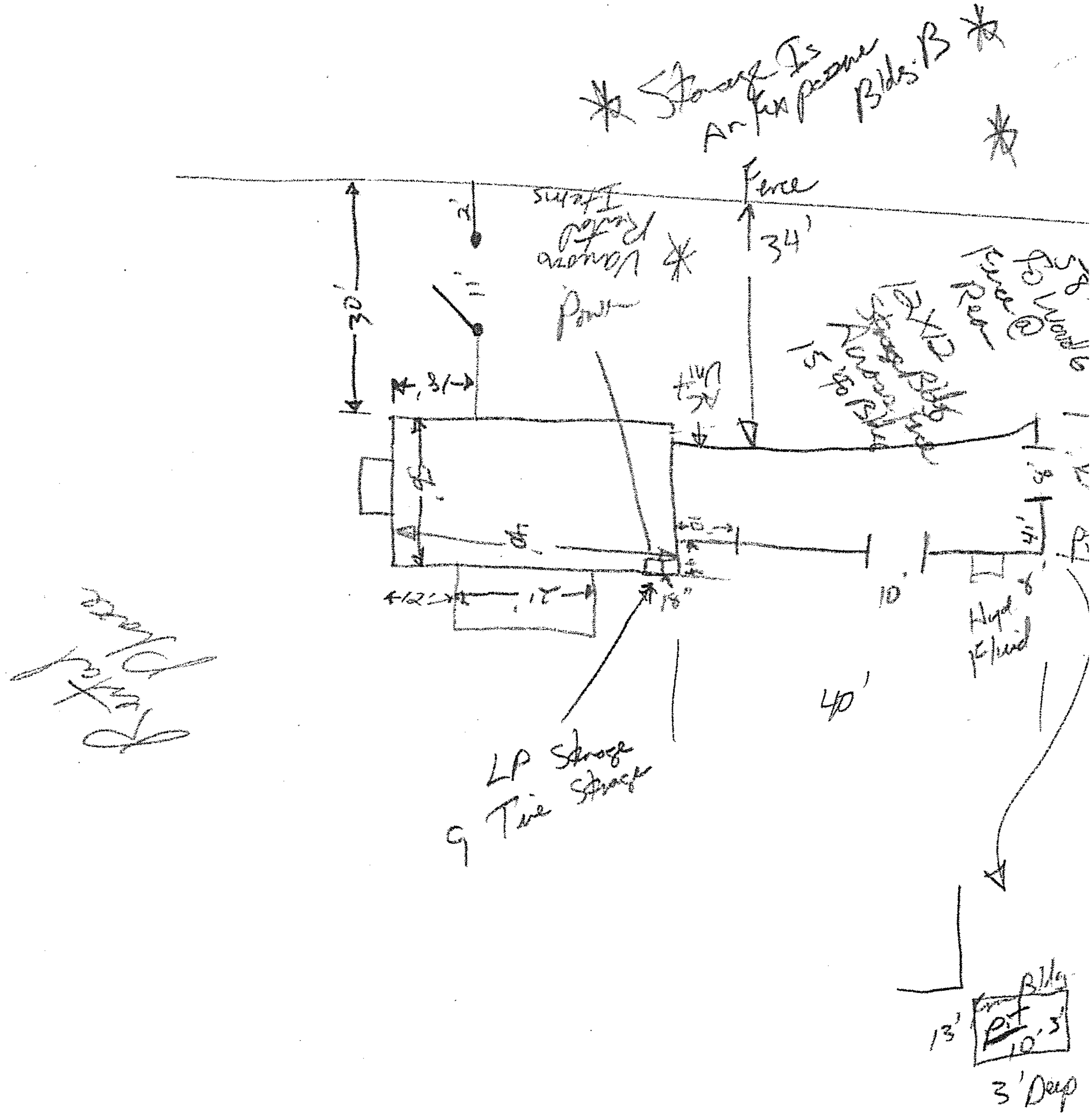
CNVFD Pre-Incident Planning xxx-xxxx
Grand Rental Station-US 264 E
Rev.0 7/11/10 Pg. 1 of 2





CNVFD Pre-Incident Planning xxx-xxxx
Grand Rental Station-US 264 E
Rev.0 7/11/10 Pg. 2 of 2

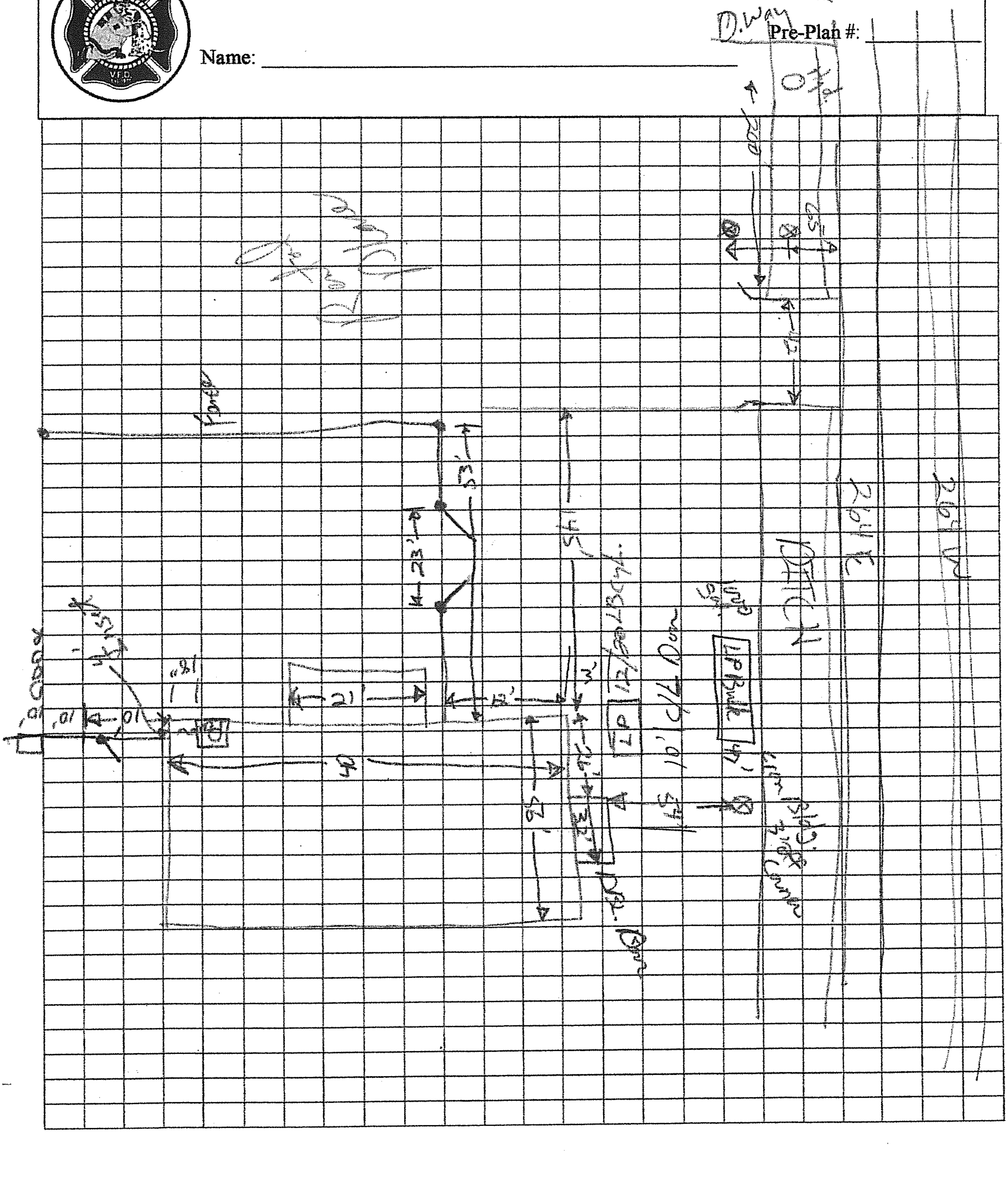

Wood Fence
139'-0"
58'-0"
130'-0"
Chain Link Fence
3' Deep Wash Pit
Roll-up Door
8'-0"
48'-0"
Hydraulic Oil Stored
40'-0"
10'-0"
Roll-up Door
Central
A/C Unit
10'-0"
48'-0"
Elect. Meter
Base
LP Tanks &
9 Auto Tires
Stored
11'-0"
40'-0"
Shed Roof
18'-0"
56'-0"
23'-0"
LP Storage
10-20# Cyl.
Dbl. Door
Entrance
47'-0"
1000 Gal.
Bulk LP

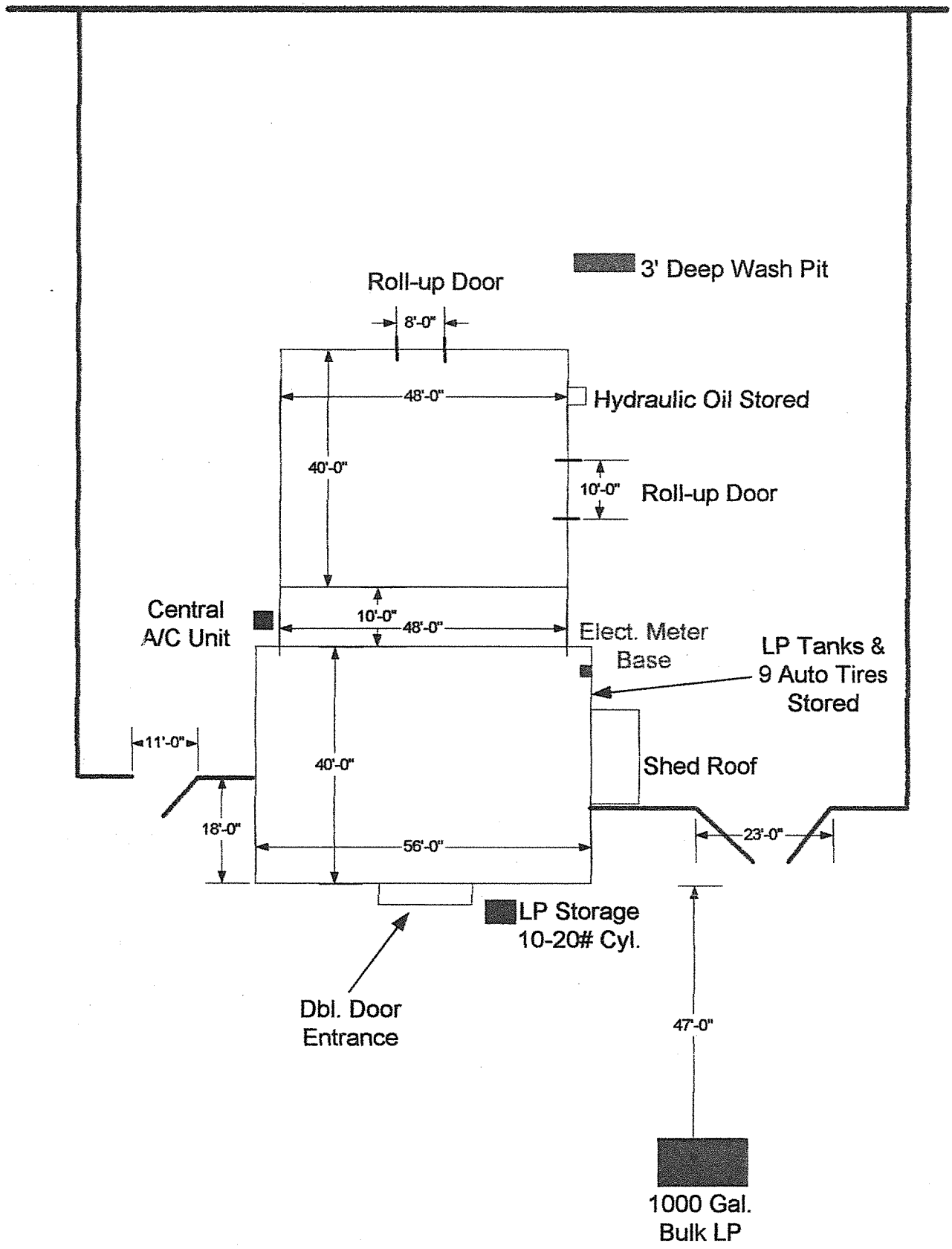

Fence
30'
34'
40'
10'
18"
LP Storage
Tire Storage
Hyd Fluid
Bldg
Pit
13'
3' Deep

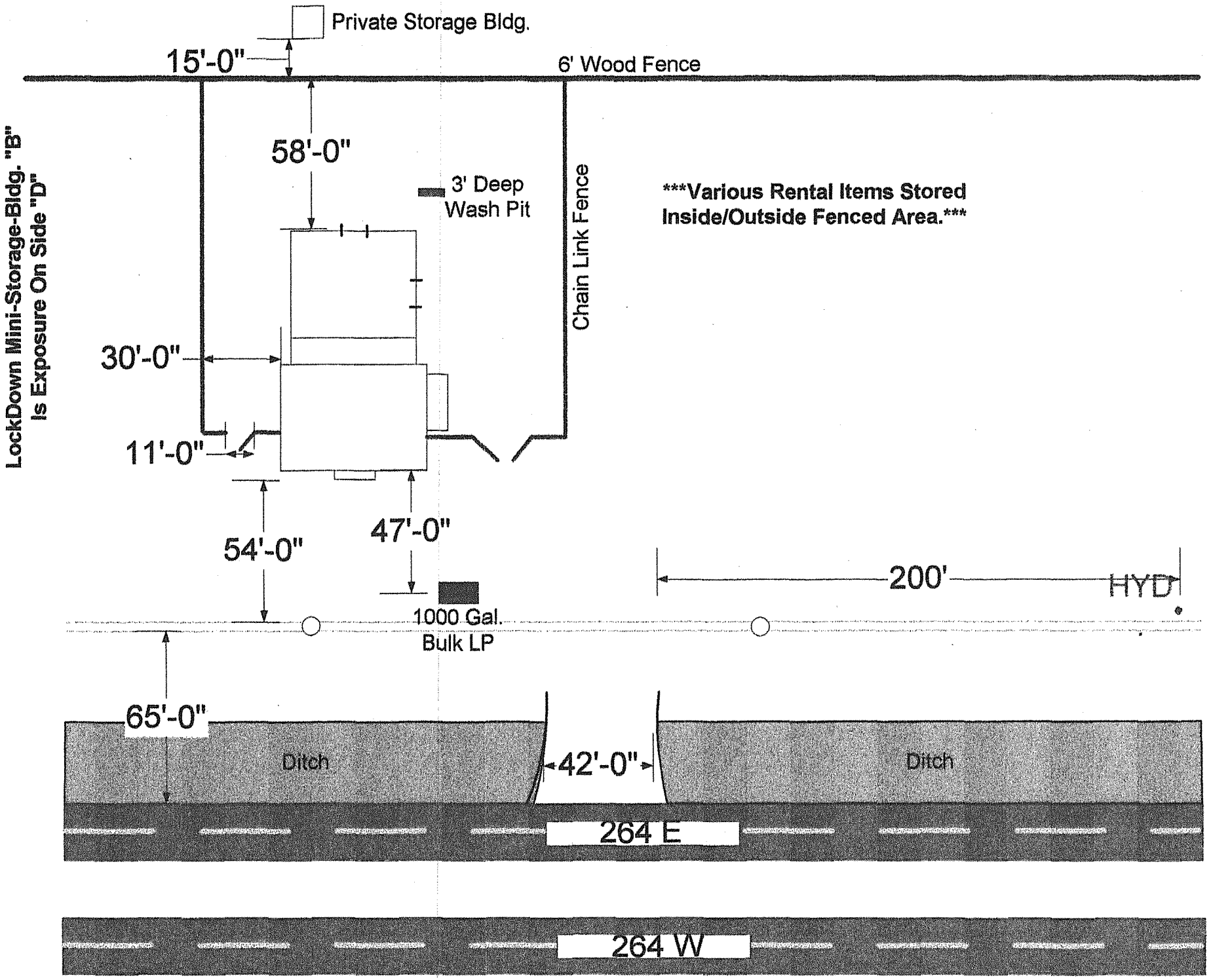
Address: ______

Name: ______

Pre-Plan #: ______




3' Deep Wash Pit
Roll-up Door
8'-0"
48'-0"
Hydraulic Oil Stored
40'-0"
10'-0"
Roll-up Door
Central
A/C Unit
10'-0"
48'-0"
Elect. Meter
Base
LP Tanks &
9 Auto Tires
Stored
11'-0"
40'-0"
Shed Roof
18'-0"
56'-0"
23'-0"
LP Storage
10-20# Cyl.
Dbl. Door
Entrance
47'-0"
1000 Gal.
Bulk LP

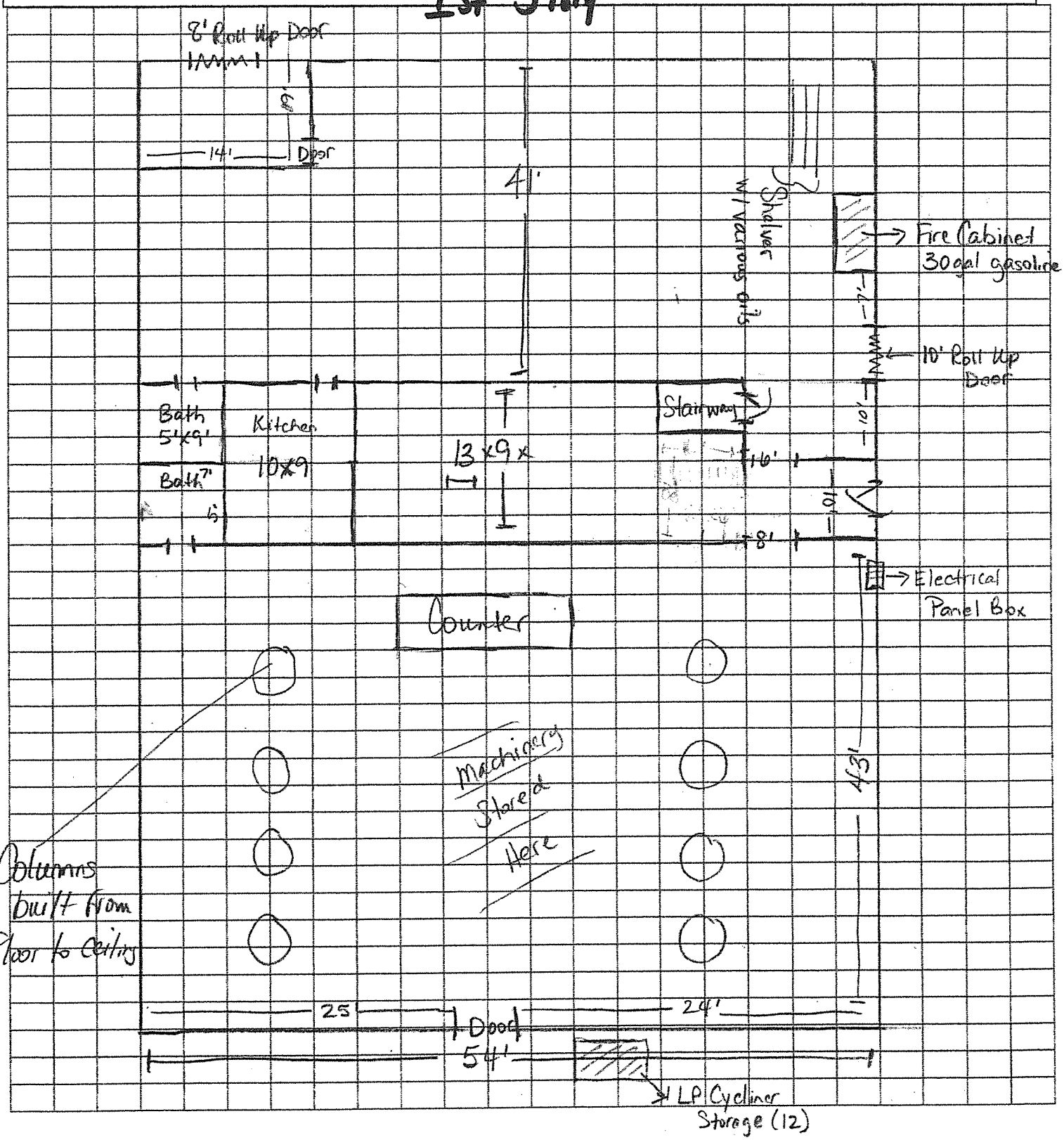

Private Storage Bldg.
15'-0"
6' Wood Fence
58'-0"
3' Deep
Wash Pit
Chain Link Fence
***Various Rental Items Stored
Inside/Outside Fenced Area.***
LockDown Mini-Storage-Bldg. "B"
Is Exposure On Side "D"
30'-0"
11'-0"
54'-0"
47'-0"
200'
HYD
1000 Gal.
Bulk LP
65'-0"
Ditch
42'-0"
Ditch
264 E
264 W

Address: 6195 Hwy 264 W.

Name: Grand Rental Station

Pre-Plan #: _____

1st Stry

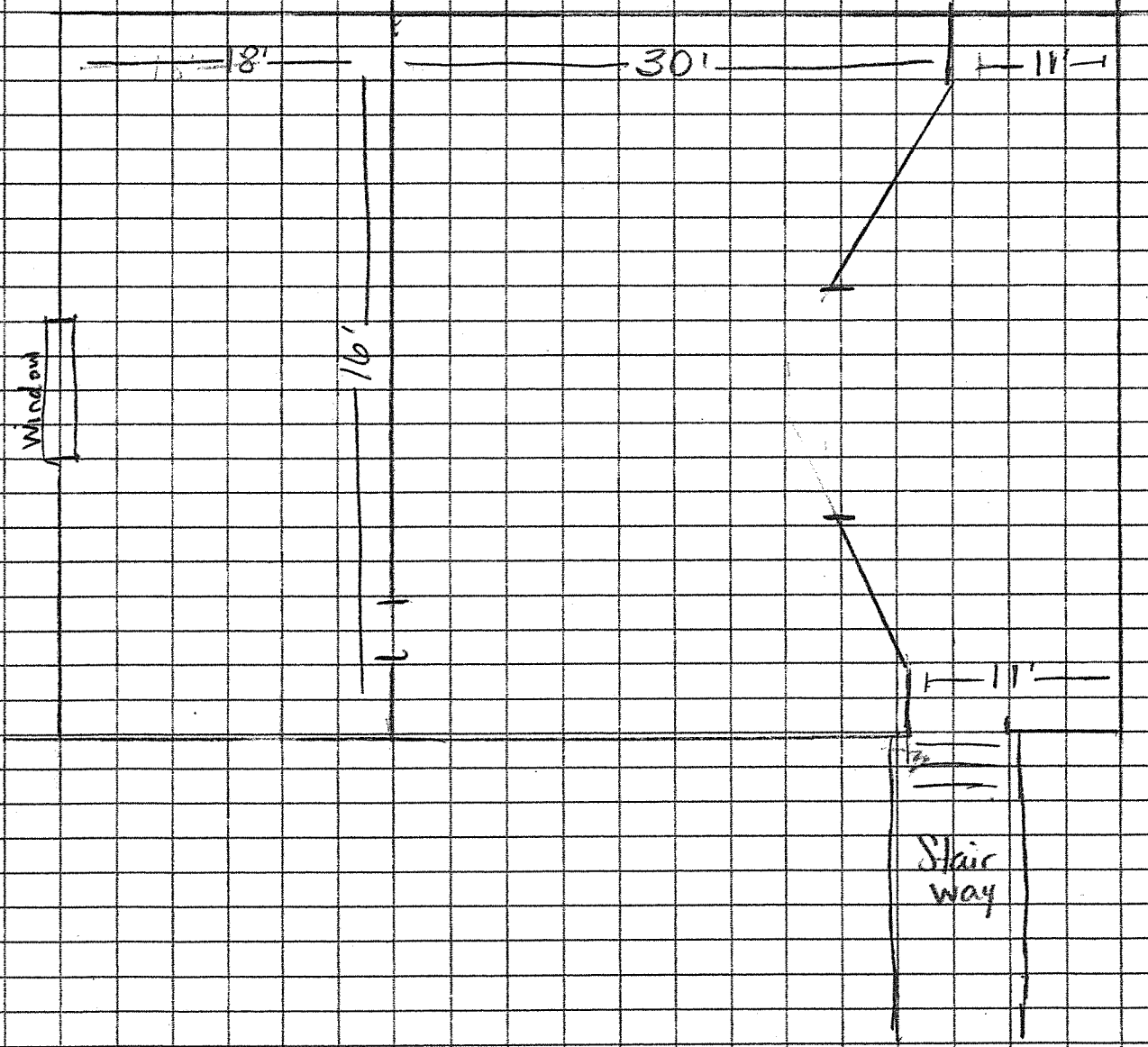


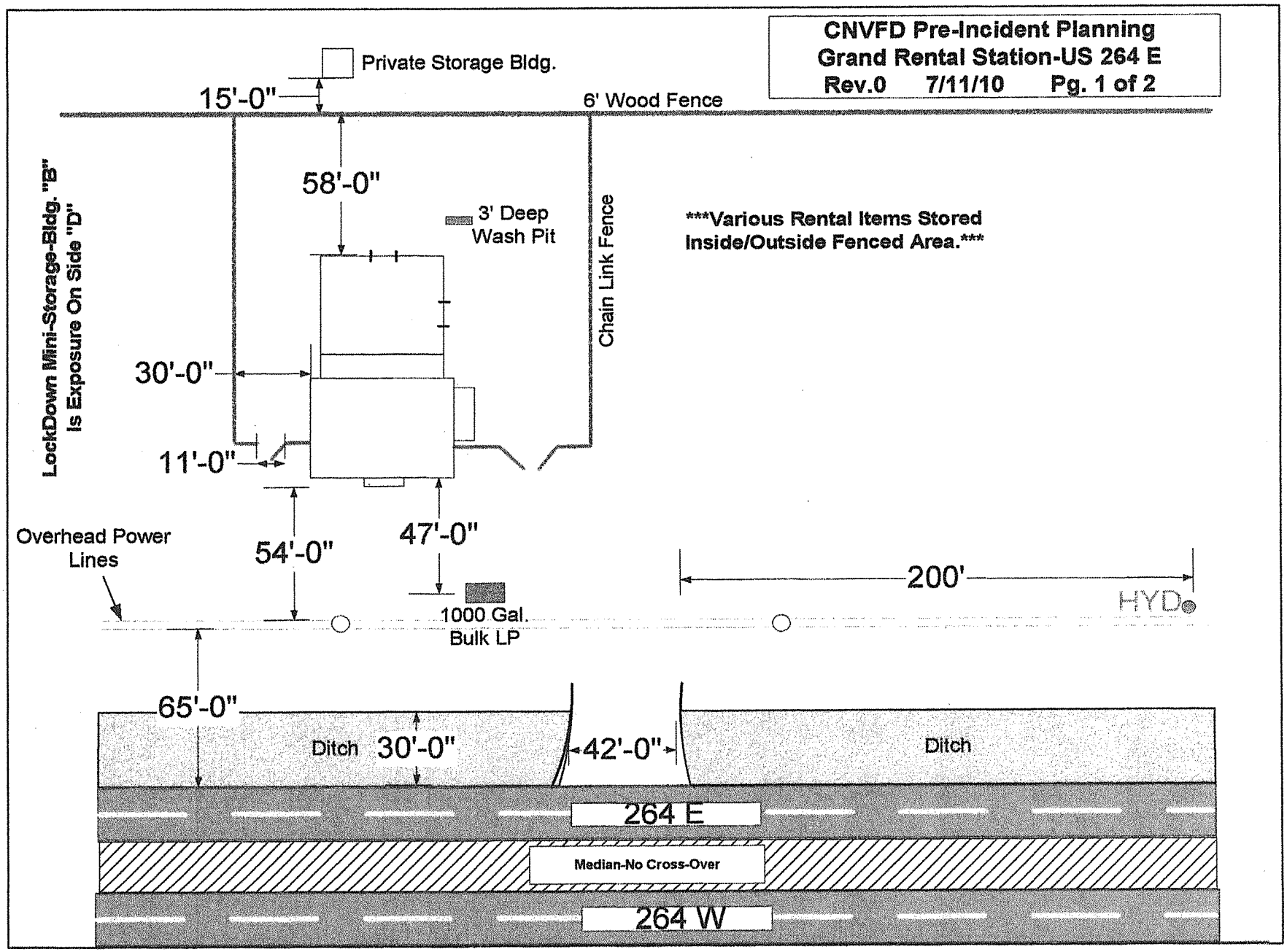
Address: _____

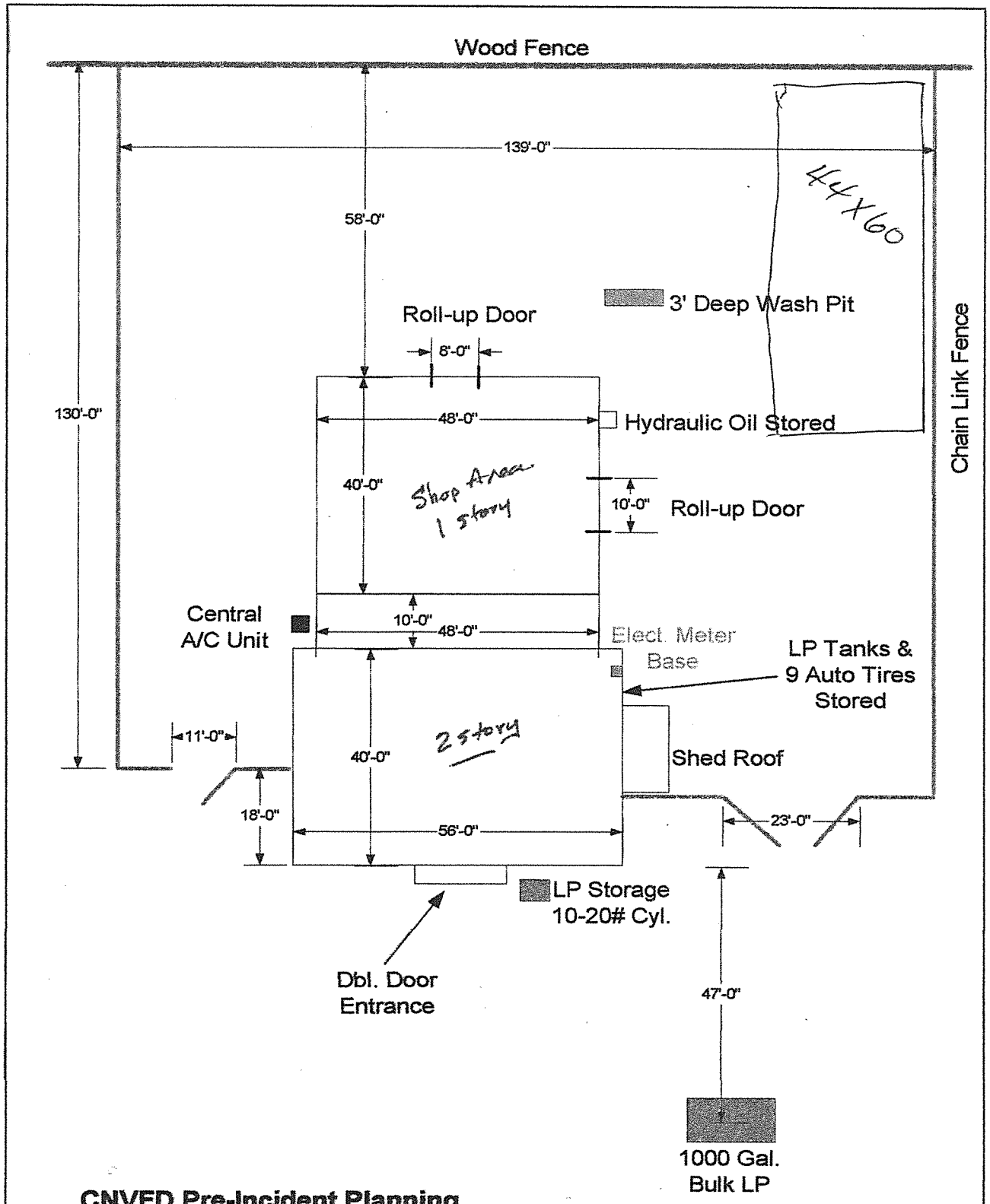
Name: Grand Rental Station

Pre-Plan #: _____

2nd Story




CNVFD Pre-Incident Planning
Grand Rental Station-US 264 E
Rev.0 7/11/10 Pg. 1 of 2
Private Storage Bldg.
15'-0"
6' Wood Fence
58'-0"
3' Deep
Wash Pit
Chain Link Fence
***Various Rental Items Stored
Inside/Outside Fenced Area.***
LockDown Mini-Storage-Bldg. "B"
Is Exposure On Side "D"
30'-0"
11'-0"
Overhead Power
Lines
54'-0"
47'-0"
1000 Gal.
Bulk LP
200'
HYD
65'-0"
Ditch
30'-0"
42'-0"
Ditch
264 E
Median-No Cross-Over
264 W



CNVFD Pre-Incident Planning
Grand Rental Station-US 264 E
Rev.0 7/11/10 Pg. 2 of 2
Rev 1 1/10/12 added. new bldg. 44 X 60 X 18

Structure Name Grand Rental Station Storage Barn

Structure Address 6195 US 264 W

Length	Width	Sq Ft	Sq Root	X 18	X construction type	GPM sum 1	X Occupancy	GPM sum 2
60	44	2640	51.38	924.86	1.5	1387.29	1	######

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%	346.82		0	0	124	1511.29
19%	263.58					
14%	194.22					
9%	124.86					
75%	1040.46	Total A,B,C,D				
	MAX	124				

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

1500.00