

250 gal pm
HANDOUT #17

PRE-INCIDENT SURVEY

4-12-11

Building Name: Hilda's Family Country Store Survey #: 20
Street Address: 4637 Cherry Run Rd
City, State, Zip: Washington, N.C. 27889
Primary Use: items purchase business Construction Type: Ordinary
Possible Entry: front door
Possible Occupancy: 2 A.M. _____ P.M. _____ Mon - Fri - 7:30 Am - 9:30 pm
Known Handicapped Personnel: N/A Sat - 7:30 Am - 10 pm
Sun - 11:30 Am - 9:30 pm

NOTIFY IN CASE OF EMERGENCY

Name: Hilda Martenez Name: _____
Phone: 945-9167 / 940-0276 Phone: _____
personal business

BUILDING CONSTRUCTION

Roof Type: drop down ceiling Floor Construction: Concrete
Roof Construction: Wood with metal covering
Basement Construction Type: N/A Height of Basement: N/A
Number of Stories: 1 Height of Each Story: _____
Length: _____ Width: _____ Height: _____
Attic Area: N/A Size: L _____ X W _____ X H _____

UTILITY TYPES

Gas: _____ Type: _____
Gas Shut Off Valve Location: _____
Electric: Washington Utilities Phase: _____
Panel Location: _____
Alarm Location: (Fire/smoke) - ADT

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: _____

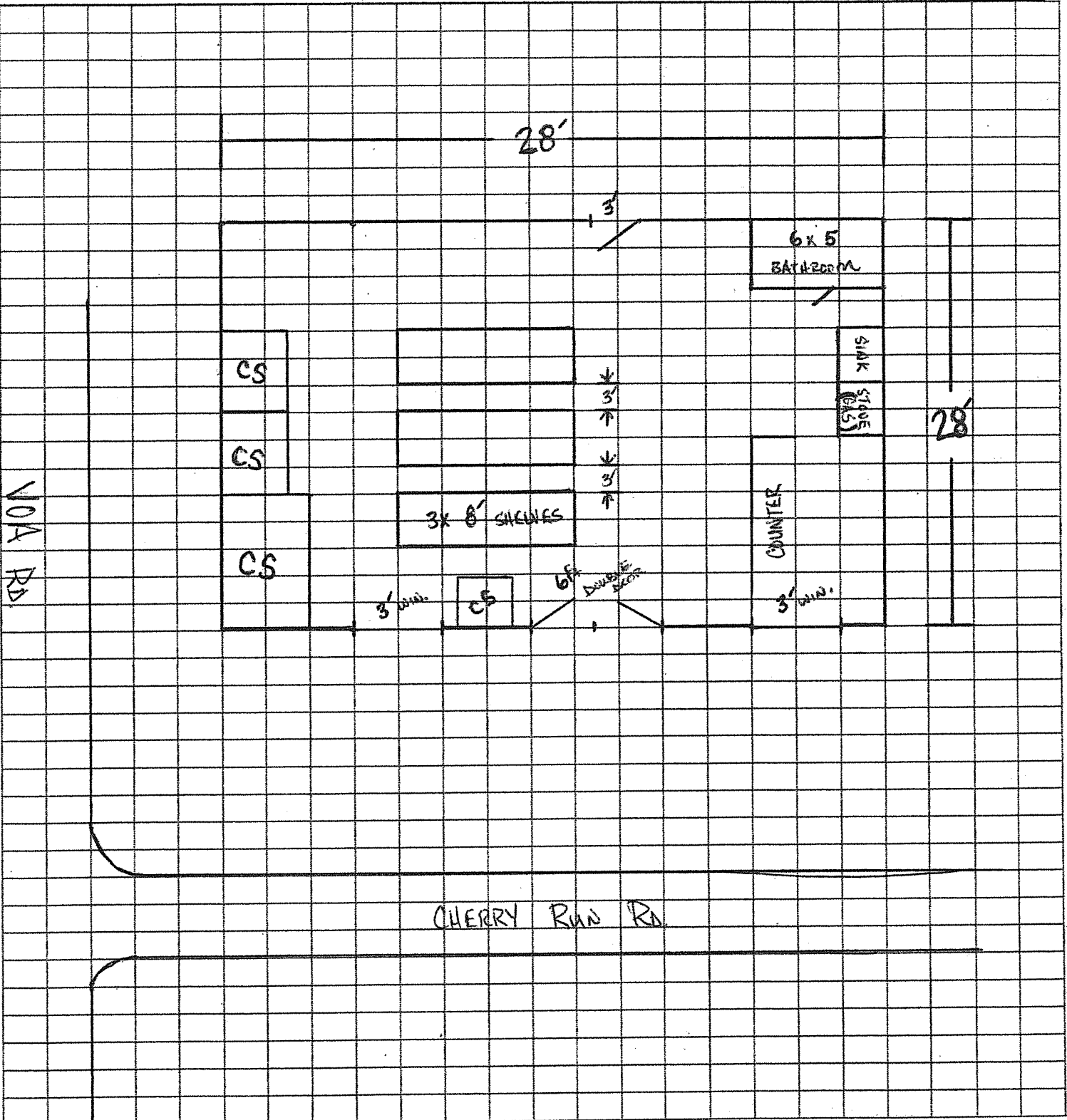


Address: _____

Pre-Plan #: _____

Name: HILBAS FAMILY COUNTRY STORE

** INTERIOR **

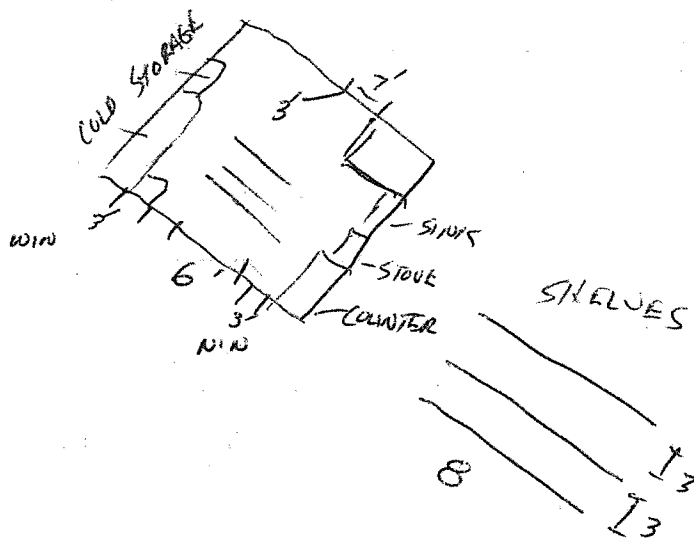


* CS - COLD STORAGE

28 x 28

↑ 9

6 x 5





Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Date of Inspection: 4-02-11 Committee Officer: Ada Ewan

Committee Members: Gary Holland, Jason Lewis, Jim Evans, Parker Woodard, Chris Bowers

Location Information
Street Address: 4637 Cherry Run Rd. Nearest Cross Street: VOA / Cherry Run

Facility / Business Name: Hilda's Family Country Store

Facility Phone Number: 940-0276

Business Owner: Hilda Martinez Phone Number: () Mobile Number: (945-9167)

Operating Information and Access

Emergency contacts and titles with phone numbers:

Name: Hilda Martinez Title: owner 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: front door

M - 7:30am - 9:30
Sat - 7:30 - 10:00
Sun - 11:30 - 9:30

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: 1 to 2

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: None

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: drop down ceiling / wood w/ metal covering 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: _____

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: _____

Type of alarms: fire smoke

Extent of coverage: _____

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

Phone number: _____ Emergency lights

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.

Structure Name Hilda's Family Country Store.
 Structure Address 4637 Cherry Run Rd.

Length	Width	Sq Ft	Sq Root	X 18	X construction type	GPM sum 1	X Occupancy	GPM sum 2
28	28	784	28.00	504.00	0.8	403.20	0.85	342.72

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%	85.68	0	0	0	0	342.72
19%	65.12					
14%	47.98					
9%	30.84					
75%	257.04	Total A, B, C, D				
MAX	0					

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 above	Total to add for floors above	Sub-total with floors added	If wood shingles on roof add 500 GPM
250.00	125	0	0.00	250.00	0
					250.00

FIRE FLOW NEEDED GPM
250.00