



Clarks Neck Volunteer Fire Department

Pre-Incident Plan Data Sheet

County: Pitt or Beaufort

Office
1000 9pm
SHED - 1500 9pm
0010

Date of Inspection: 7-8-10 Committee Officer: _____

Committee Members: Bryan, Bill, Tamy, Jim, Robbie, Anthony

Location Information
Street Address: 2051 Hwy 264 East Nearest Cross Street: Cherry ~~Road~~ Lane / Creekside Drive

Facility / Business Name: Ronnie Woolard Construction

Facility Phone Number: (_____) _____

Business Owner: Ronny Woolard Phone Number: (_____) _____ Mobile Number: (945-3390)

Operating Information and Access

Emergency contacts and titles with phone numbers:

Name: Same Title: _____ Contact Number: _____

Name: Robbie Cox Title: _____ Contact Number: 943-7645

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

Operating hours: Open: _____ Closed: _____ Storage

Primary access: _____

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 D

Overall occupancy: _____

High fire load: ___ Yes ☒ No Locations: _____

Life safety concerns: _____

Evacuation assembly plan: ___ Yes ___ No Assembly point location: _____

This business is no longer in operation



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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: 1 Number of basements / full or partial: 0

Length: 60 Width: 36 Height: 10 of each floor.

* If more room is required for clarification of each floor, please use the back of this form.

Penthouse: Yes ☒ No Occupancy: offices to business

Roof covering: Tile (clay, cement, slate, etc.): ☐; Wood Shingles (treated / untreated): ☐; Metal: ☐;
Composite Shingle (asphalt): ☒; Built Up: ☐; No Roof: ☐; other: _____

Roof construction: Wood Shingles Trusses: ☒ Yes ☐ No

Floor construction: Slab Trusses: ☐ Yes ☒ No



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Construction (continued)

Wall construction: Stud

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: _____



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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 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: _____

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:

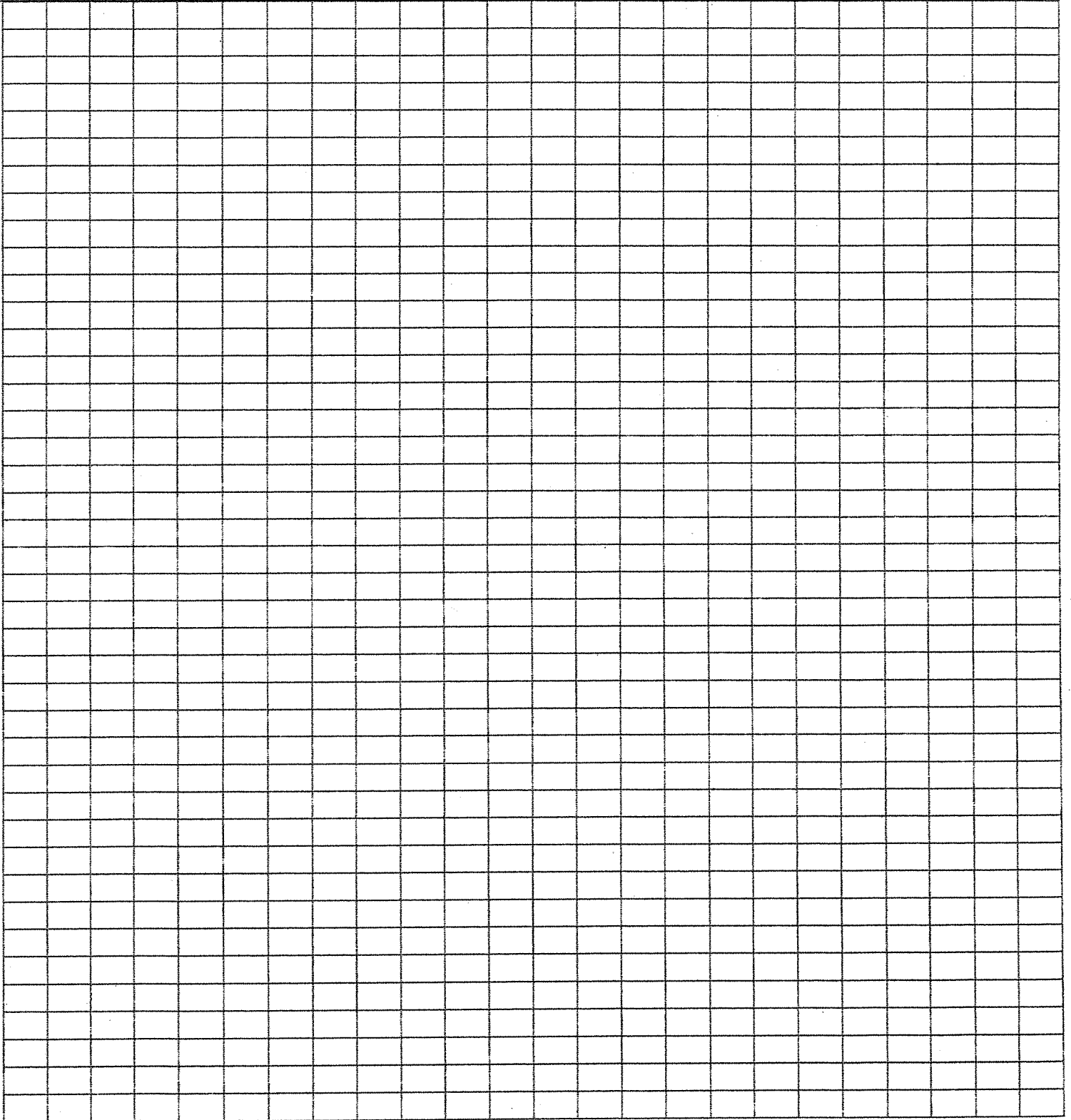
⌊ If more room is required for notes, please use the back of this form.



Address: _____

Name: _____

Pre-Plan #: _____



Ronnie Woolard Construction



Address: _____

Auto Center
98' Car Sales

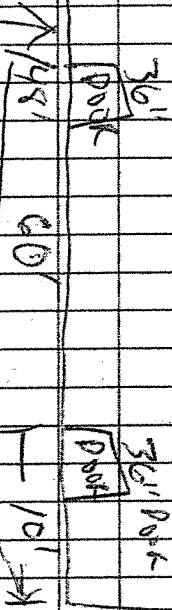
Pre-Plan #: _____

Name: _____

Fence

22'

74'

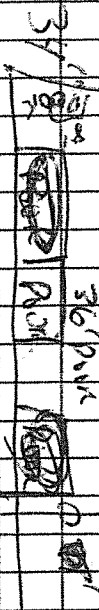
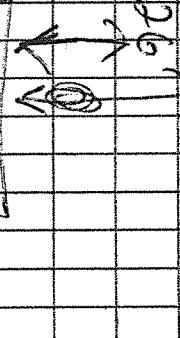
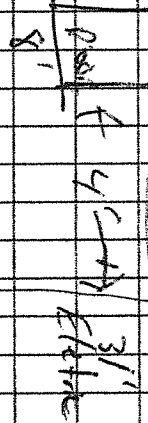


Natural Gas
10'

AC 174'
36'

50'

House

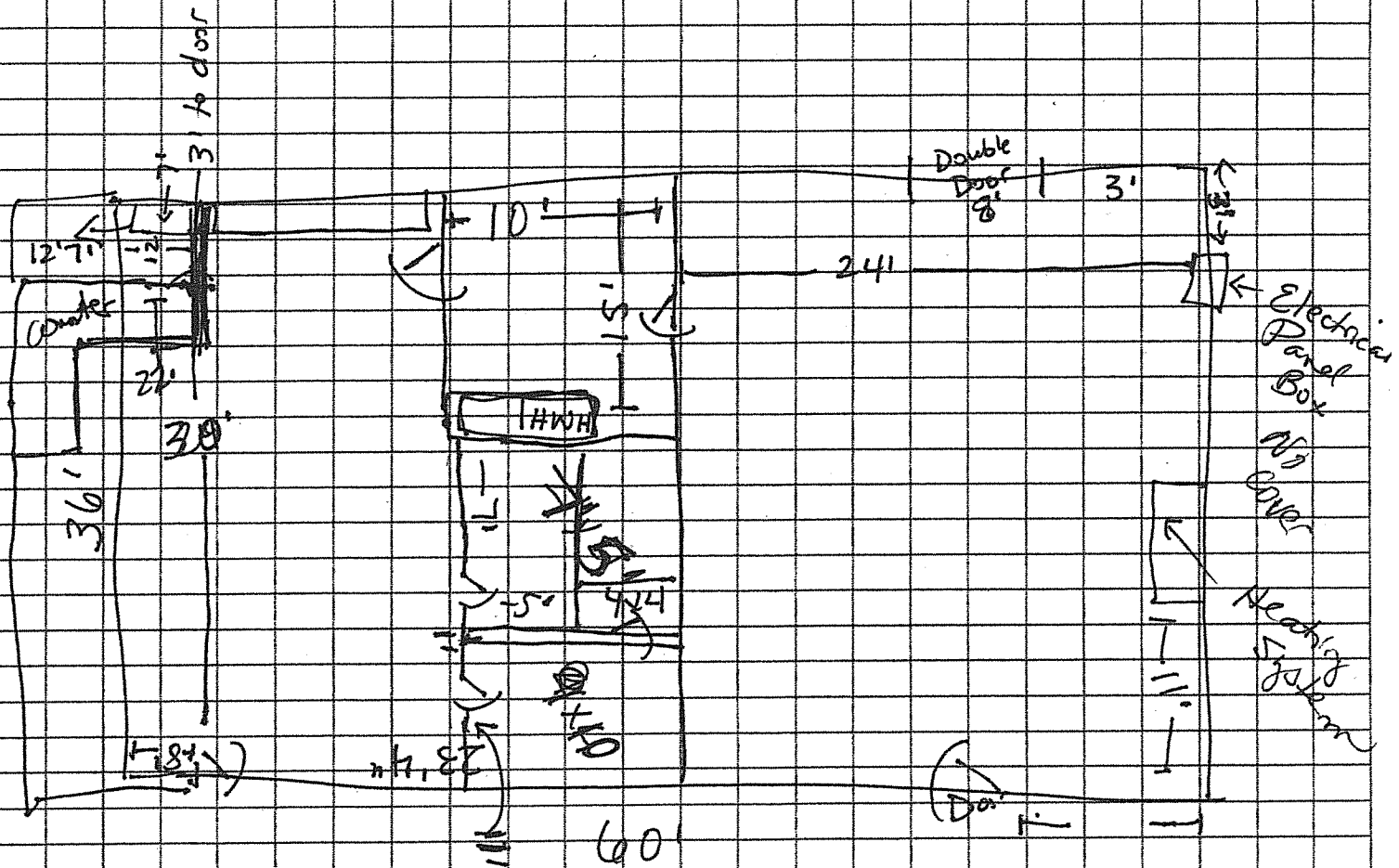


Storage not electric
71'

24'

24' mass

64 East



Fire Hydrant 0.10 mile

East of Property North side of Creek side Drive

Queen Street & 264 North side of 264 3 tenths of mile

Ronnie Woolard Construction

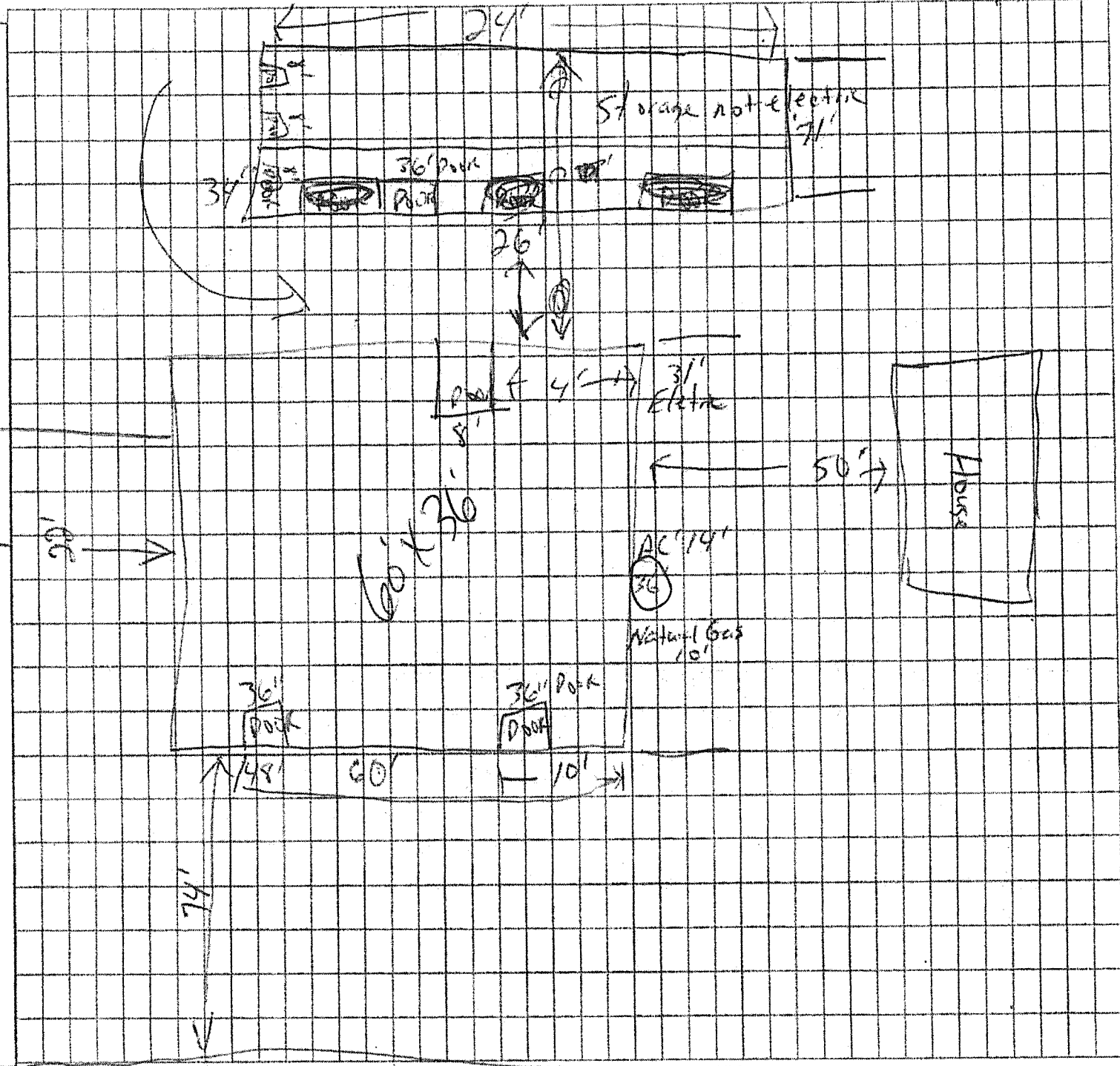
Address:

Auto Center
98' Car Sales

Pre-Plan #:

Name:

Fence



264 Truss

264 East

Structure Name Ronnie Woolard Construction
 Structure Address 2051 HS 264 E W 5th St.

Length	Width	Sq Ft	Sq Root	X 18	X construction type	GPM sum 1	X Occupancy	GPM sum 2
60	36	2160	46.48	836.56	1	836.56	0.85	711.08

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 (restaunts, 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%	177.77		0	135	100	948.08
19%	135.11					
14%	99.55					
9%	64.00					
75%	533.31	Total A B C D				
	MAX	235				

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
1000.00	500	0	0.00	1000.00	0
					1000.00

FIRE FLOW NEEDED
GPM
1000.00

Structure Name Ronnie Woolard Construction "Shed"
 Structure Address 2051 W 5th St.

Length	Width	Sq Ft	Sq Root	X 18	X construction type	GPM sum 1	X Occupancy	GPM sum 2
71	24	1704	41.28	743.03	1.5	1114.55	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%	278.64		0	0	279	1393.55
19%	211.76					
14%	156.04					
9%	100.31					
75%	835.91	Total A, B, C, D				
	MAX	279				

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)

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
1500.00	750	0	0.00	1500.00	0 1500.00

FIRE FLOW NEEDED
GPM
1500.00