

Animas Vol. Fire & Rescue Dept.
Pre-Fire Plan

Building Name _____

Building Address _____ Animas, NM 88020

Date of Inspection _____

Inspected By _____

Emergency Contacts

Name _____ Number _____

Name _____ Number _____

Building Info

Occupancy Type _____

Occupancy Status _____

of Floors Above Ground _____ Sqr Ft. of Floor _____

of Floors Below Ground _____ Sqr Ft. of Floor _____

Floor Construction Type _____

Wall Construction Type _____

Roof Construction Type _____

Water Source

Location _____

Type _____

GPM _____

Utilities

Electricity Cut-off Location _____

Gas Cut-off Location _____

Other

Hazards to Personnel _____

Tactical Considerations _____

Accessibility _____

Additional Information _____

Attach A Copy Of Building Layout