

Colleton County Fire - Rescue

Pre-Incident Survey - No Changes

Occupancy ID: _____

Primary Response Station to this Occupancy: _____

Submitted By: _____

Date: _____

Shift: _____

Contact was made by _____ on the date noted above.
Station, Medic or Engine #

The crew met with _____, _____.
Name of person you spoke with Title (Owner, manager, etc)

After speaking with the representative, it was determined that there were:

No Changes to any of the sections of the Pre-Incident Survey
and No Changes to the current drawing/site plan on file

No Changes to any of the sections of the Pre-Incident Survey
and an updated drawing/site plan has/will be forwarded to HQ

Comments

When complete click Save As the **OCCUPANCY ID**, then Submit

After submitting the form, click the "Close" button

**** Warning: Do not select "Close" until the form has been Submitted ****