

# Colleton County Fire - Rescue

## Pre-Incident Survey Change Form

Occupancy ID: \_\_\_\_\_

Primary Response Station to this Occupancy: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Date: \_\_\_\_\_

### Occupancy Demographics

Are there any changes to this section?      No      Yes      *If yes, fill out all of the fields for this section*

Business Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax # \_\_\_\_\_ After Hours Phone # \_\_\_\_\_

Business Email Address: \_\_\_\_\_

### Building Information

Are there any changes to this section?      No      Yes      *If yes, fill out all of the fields for this section*

Property Use: \_\_\_\_\_

Mixed Use: \_\_\_\_\_

Structural Type: \_\_\_\_\_

Property Ownership: \_\_\_\_\_

Building Status: \_\_\_\_\_

Roof Covering: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Detector Type: \_\_\_\_\_

Detector Power: \_\_\_\_\_

Automatic Sprinkler System: \_\_\_\_\_

Floors Above Ground: \_\_\_\_\_

Floors Below Ground: \_\_\_\_\_

Are there any changes to this section?      No      Yes      *If yes, fill out all of the fields for this section*

*(Length and Width must both be submitted or a Total Square Footage)*

Building Length: \_\_\_\_\_ Building Width: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

# Exposure Information

Are there any changes to this section?      No      Yes      *If yes, fill out all of the fields for this section*

Are there any exposures to this occupancy?      No      Yes      *If yes, fill out all of the fields for this section*

Name for Exposure (pump house, outbuilding, etc): \_\_\_\_\_

Construction of Facing Wall of main occupancy building: \_\_\_\_\_

Distance (in feet) to exposed building: \_\_\_\_\_

Construction of Facing Wall of Exposed Building: \_\_\_\_\_

Building Length: \_\_\_\_\_ Building Width: \_\_\_\_\_ Building Height: \_\_\_\_\_

**Additional Exposures?**      No      Yes      *If yes, fill out all of the fields for this section*

Name for Exposure (pump house, outbuilding, etc): \_\_\_\_\_

Construction of Facing Wall of main occupancy building: \_\_\_\_\_

Distance (in feet) to exposed building: \_\_\_\_\_

Construction of Facing Wall of Exposed Building: \_\_\_\_\_

Building Length: \_\_\_\_\_ Building Width: \_\_\_\_\_ Building Height: \_\_\_\_\_

**Additional Exposures?**      No      Yes      *If yes, fill out all of the fields for this section*

Name for Exposure (pump house, outbuilding, etc): \_\_\_\_\_

Construction of Facing Wall of main occupancy building: \_\_\_\_\_

Distance (in feet) to exposed building: \_\_\_\_\_

Construction of Facing Wall of Exposed Building: \_\_\_\_\_

Building Length: \_\_\_\_\_ Building Width: \_\_\_\_\_ Building Height: \_\_\_\_\_

**Additional Exposures?**      No      Yes      *If yes, fill out all of the fields for this section*

Name for Exposure (pump house, outbuilding, etc): \_\_\_\_\_

Construction of Facing Wall of main occupancy building: \_\_\_\_\_

Distance (in feet) to exposed building: \_\_\_\_\_

Construction of Facing Wall of Exposed Building: \_\_\_\_\_

Building Length: \_\_\_\_\_ Building Width: \_\_\_\_\_ Building Height: \_\_\_\_\_

## Contact Information

Are there any changes to this section?

No

Yes

*If yes, fill out all of the fields for this section*

<u>Main Contact</u>	Owner	Occupant	Keyholder
Name:	_____		
Address:	_____	City: _____	State: _____ Zip _____
Home Phone #	_____	Mobile Phone #	_____ Additional Phone # _____
Email Address:	_____		

<u>Additional Contact</u>	Owner	Occupant	Keyholder
Name:	_____		
Address:	_____	City: _____	State: _____ Zip _____
Home Phone #	_____	Mobile Phone #	_____ Additional Phone # _____
Email Address:	_____		

<u>Additional Contact</u>	Owner	Occupant	Keyholder
Name:	_____		
Address:	_____	City: _____	State: _____ Zip _____
Home Phone #	_____	Mobile Phone #	_____ Additional Phone # _____
Email Address:	_____		

<u>Additional Contact</u>	Owner	Occupant	Keyholder
Name:	_____		
Address:	_____	City: _____	State: _____ Zip _____
Home Phone #	_____	Mobile Phone #	_____ Additional Phone # _____
Email Address:	_____		

## Additional Information

<b>Are there any changes to this section?</b>	<b>No</b>	<b>Yes</b>	<i>If yes, fill out all of the fields for this section</i>
* <b>AED on Property?</b>	<b>No</b>	<b>Yes</b>	
<b>If Yes - List location(s)</b>	_____		
* <b>Attic Access?</b>	<b>No</b>	<b>Yes</b>	
<b>If Yes - List location(s)</b>	_____		
* <b>Security bars on doors and/or windows?</b>	<b>No</b>	<b>Yes</b>	
* <b>Breaker Box Location(s)</b>	_____		
* <b>Security Gate/Door Code(s)</b>	_____		
* <b>Confined Spaces?</b>	<b>No</b>	<b>Yes</b>	
* <b>Fire Alarm</b>	<b>No</b>	<b>Yes</b>	
<b>If Yes - List Company with phone #</b>	_____		
<b>If Yes - List Panel Location</b>	_____		
* <b>FDC?</b>	<b>No</b>	<b>Yes</b>	
<b>Location?</b>	_____		
* <b>Hood Supression System?</b>	<b>No</b>	<b>Yes</b>	
* <b>Knox Box?</b>	<b>No</b>	<b>Yes</b>	
<b>Location?</b>	_____		
* <b>LP or Natural Gas?</b>	<b>No</b>	<b>Yes</b>	
<b>If Yes - List Company</b>	_____		
<b>If Yes - Tank Location or Gas Shutoff</b>	_____		
* <b>Meter Location?</b>	_____		
<b>Power Company?</b>	_____		
* <b>Other Addional Information</b>	_____		
	_____		
	_____		

## Hydrant Information (3 Closest Hydrants and/or WSP)

<b>Are there any changes to this section?</b>	<b>No</b>	<b>Yes</b>	<i>If yes, fill out all of the fields for this section</i>
<b>Hydrant ID #:</b>	_____	<b>Distance from Building:</b>	_____
<b>Hydrant ID #:</b>	_____	<b>Distance from Building:</b>	_____
<b>Hydrant ID #:</b>	_____	<b>Distance from Building:</b>	_____

# Chemical Inventory

Are there any changes to this section?      No      Yes      *If yes, fill out all of the fields for this section*

Is there any bulk chemical storage?      No      Yes

Chemical Name:						CAS#
NFPA Hazard Codes	Heath	Flammability	Reactivity	Special		
Physical State(s) Stored	Pure	Mixture	Solid	Liquid	Gas	
Hazards	Fire	Pressure	Reactive	Acute	Chronic	
Maximum Inventory	_____		Average Inventory	_____		
Days on Site (per year)	_____					
Storage:						
Type	_____		Pressure	_____		
Temperature	_____					
Location	_____					

Chemical Name:						CAS#
NFPA Hazard Codes	Heath	Flammability	Reactivity	Special		
Physical State(s) Stored	Pure	Mixture	Solid	Liquid	Gas	
Hazards	Fire	Pressure	Reactive	Acute	Chronic	
Maximum Inventory	_____		Average Inventory	_____		
Days on Site (per year)	_____					
Storage:						
Type	_____		Pressure	_____		
Temperature	_____					
Location	_____					

Chemical Name:						CAS#
NFPA Hazard Codes	Heath	Flammability	Reactivity	Special		
Physical State(s) Stored	Pure	Mixture	Solid	Liquid	Gas	
Hazards	Fire	Pressure	Reactive	Acute	Chronic	
Maximum Inventory	_____		Average Inventory	_____		
Days on Site (per year)	_____					
Storage:						
Type	_____		Pressure	_____		
Temperature	_____					
Location	_____					

<b>Chemical Name:</b>			<b>CAS#</b>		
<b>NFPA Hazard Codes</b>	<b>Heath</b>	<b>Flammability</b>	<b>Reactivity</b>	<b>Special</b>	
<b>Physical State(s) Stored</b>	<b>Pure</b>	<b>Mixture</b>	<b>Solid</b>	<b>Liquid</b>	<b>Gas</b>
<b>Hazards</b>	<b>Fire</b>	<b>Pressure</b>	<b>Reactive</b>	<b>Acute</b>	<b>Chronic</b>
<b>Maximum Inventory</b>	_____		<b>Average Inventory</b>	_____	
<b>Days on Site (per year)</b>	_____				
<b>Storage:</b>					
<b>Type</b>	_____		<b>Pressure</b>	_____	
<b>Temperature</b>	_____				
<b>Location</b>	_____				

<b>Chemical Name:</b>			<b>CAS#</b>		
<b>NFPA Hazard Codes</b>	<b>Heath</b>	<b>Flammability</b>	<b>Reactivity</b>	<b>Special</b>	
<b>Physical State(s) Stored</b>	<b>Pure</b>	<b>Mixture</b>	<b>Solid</b>	<b>Liquid</b>	<b>Gas</b>
<b>Hazards</b>	<b>Fire</b>	<b>Pressure</b>	<b>Reactive</b>	<b>Acute</b>	<b>Chronic</b>
<b>Maximum Inventory</b>	_____		<b>Average Inventory</b>	_____	
<b>Days on Site (per year)</b>	_____				
<b>Storage:</b>					
<b>Type</b>	_____		<b>Pressure</b>	_____	
<b>Temperature</b>	_____				
<b>Location</b>	_____				

<b>Chemical Name:</b>			<b>CAS#</b>		
<b>NFPA Hazard Codes</b>	<b>Heath</b>	<b>Flammability</b>	<b>Reactivity</b>	<b>Special</b>	
<b>Physical State(s) Stored</b>	<b>Pure</b>	<b>Mixture</b>	<b>Solid</b>	<b>Liquid</b>	<b>Gas</b>
<b>Hazards</b>	<b>Fire</b>	<b>Pressure</b>	<b>Reactive</b>	<b>Acute</b>	<b>Chronic</b>
<b>Maximum Inventory</b>	_____		<b>Average Inventory</b>	_____	
<b>Days on Site (per year)</b>	_____				
<b>Storage:</b>					
<b>Type</b>	_____		<b>Pressure</b>	_____	
<b>Temperature</b>	_____				
<b>Location</b>	_____				

# Storage Tank Detail

Are there any changes to this section?      No      Yes      *If yes, fill out all of the fields for this section*

Are there any Storage Tank(s)?      No      Yes

Tank Description: _____					
Construction: _____					
Position:	Vertical	Horizontal	Location:	In Ground	Above Ground
Capacity:	_____		Contents	_____	
Status:			Piping	Above Ground	Below Ground

Additional Tank			Yes	No
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Tank Description: _____					
Construction: _____					
Position:	Vertical	Horizontal	Location:	In Ground	Above Ground
Capacity:	_____		Contents	_____	
Status:			Piping	Above Ground	Below Ground

Additional Tank			Yes	No
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Tank Description: _____					
Construction: _____					
Position:	Vertical	Horizontal	Location:	In Ground	Above Ground
Capacity:	_____		Contents	_____	
Status:			Piping	Above Ground	Below Ground

Additional Tank			Yes	No
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Tank Description: _____					
Construction: _____					
Position:	Vertical	Horizontal	Location:	In Ground	Above Ground
Capacity:	_____		Contents	_____	
Status:			Piping	Above Ground	Below Ground

Additional Tank			Yes	No
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Tank Description: _____					
Construction: _____					
Position:	Vertical	Horizontal	Location:	In Ground	Above Ground
Capacity:	_____		Contents	_____	
Status:			Piping	Above Ground	Below Ground

## Any Additional Information

**Is this update ready to be submitted?**

**Yes**

**No**

**When complete click "Submit"**

**After submitting the form, click the "Close" button**

When the popup displays to "Save As", click "Save," then "Yes"

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