



Orange City Fire Department Pre-Incident Planning Worksheet

Business Name: _____

Business Address: _____ Unit # _____

Business Manager: _____

Business Phone: _____ Home Phone: _____

Home Address: _____

Property Owner: _____

Address: _____ Phone No. _____

Square feet: _____ Building height (stories): _____

Fire alarm (yes/no): _____ Fire Sprinkler System (yes/no): _____

Alarm Company Name: _____ Phone No. _____

List any hazardous materials (flammable, combustible, gas, toxic, etc.):

List at least two emergency contacts (you may include yourself):

(1) _____ (name) _____ (phone number)

Key Holder (yes/no) _____