FAMILIARIZATION SURVEY QUESTIONAIRE

GENERAL

Survey Date_____ Surveying Officer_____

Address_____ Occupancy_____

Building/Occupant Name_____

Owner Name _____ Owner Address_____

Contact Name_____ Contact Number_____

Construction Type_____ Lock Box Location_____

Fire Certificate…… Y N Certificate Expiration Date _____

Is a Fire Marshal inspection requested for this premises? Y N

FIRE PROTECTION SYSTEMS

			#	Report		Reporting Company	Report Date
Fire Alarm System	Y	N	____	Y	N	_____	_____
Sprinkler System…	Y	N	____	Y	N	_____	_____
Hood Suppression	Y	N	____	Y	N	_____	_____
Standpipes……..	Y	N	____	Y	N	_____	_____
Extinguishers……..	Y	N	____	Y	N	_____	_____
Other systems……..	Y	N	____	Y	N	_____	_____
Fire Pumps……...	Y	N	____	Y	N	_____	_____

Control Valves…… Y N Control Valve Location _____

Sprinkler System Maintenance Certification… Y N

Name(s) of Certified Personnel _____

Alarm Panel Location _____ Monitoring Co._____

Main Valve Location_____ FD Connection_____

SAMPLE ONLY

HI-RISE BUILDINGS

Stories _____ Number of Elevators _____ Number of Stairwells_____

Stairwells Pressurized Y N Emergency Power……. Y N

Fire Safety Plan…….. Y N Power Maintenance Report Y N Report Date _____

Elevator Recall…… Y N Back-up Power Source _____

Stairwell Phone Jacks Y N Radio Communications…… Y N

D-STEP participant…. Y N

Building Use Group(s) _____

ASSEMBLIES

Occupant Load Sign Y N Egress Plan…… Y N

Occupant Load _____ Extinguisher Training…… Y N

Crowd Control…… Y N Public Announcement…… Y N

RESTAURANTS / HOOD SUPPRESSION SYSTEMS

Restaurant…… Y N K-Extinguisher…… Y N (Located in the kitchen)

Restaurant name(s) _____

If this is not a restaurant, what type of facility is it? _____

Hood Suppression…. Y N Number of systems _____ Maintenance Report Y N

Maintenance Company Name _____ Report Date_____

No. of Hood Systems _____ Hood System Tag Number(s) _____

INSTITUTIONS / EDUCATIONAL

(Check all that apply)

Hospital… ☐ Residential Care… ☐ Daycare… ☐ School… ☐ Correctional Facility… ☐

Fire Drill Reports…… Y N Emergency/Evacuation Plan Y N Labs …… Y N

Extinguisher Training Y N Age Range_____

Daycare Location_____

SAMPLE ONLY

HAZARDOUS MATERIALS

Tier II Report…….	Y	N	Site Plan……...…….	Y	N
MSDS…….	Y	N	Dispensing……	Y	N
Spill Control……	Y	N	Identification Placards…….	Y	N
Storage……	Y	N	Emergency/Spill Equipment	Y	N

Emergency/Spill Equipment Location _____

ADDITIONAL INFORMATION

Use this section to give more information about the types of fire protection systems, and other information that may be helpful during fireground operations.

SAMPLE ONLY

Address

SITE PLAN AND FIREGROUND OPERATION

First Alarm Units

Instruction: Above, draw a diagram of the building showing fire department connections, streets, hydrants, fire department entry, utility directions, and the direction of north. Below, provide any additional information that will be useful during emergency operations.

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_____

_____

_____

_____

Officer Signature_____

SAMPLE ONLY