

MEMBER:
DELAWARE VOLUNTEER FIREMEN'S ASSOCIATION
SUSSEX COUNTY VOLUNTEER FIREMEN'S ASSOCIATION
DEL-MAR-VA VOLUNTEER FIREMEN'S ASSOCIATION

MEETS
SECOND MONDAY
EVERY MONTH

Greenwood Volunteer Fire Company No. 1, Incorporated

P.O. Box 1
12611 Sussex Highway
Greenwood, Delaware 19950
302-349-4529
Fax 302-349-9810

Pre-Plan Information

General Information	
Business Name:	
Street Address:	Mailing Address:
Contact Information	
Business Owner:	Fax Number:
Business Phone Number:	Address:
Home Number:	Owner works on site: yes <input type="checkbox"/> no <input type="checkbox"/>
Mobile Number:	
Emergency Contacts	
Name:	Title:
Address:	Home Number:
Mobile Number:	Other:
Name:	Title:
Address:	Home Number:
Mobile Number:	Other:
Name:	Title:
Address:	Home Number:
Mobile Number:	Other:
Name:	Title:
Address:	Home Number:
Mobile Number:	Other:
Knox Box Info	
Knox Box: yes <input type="checkbox"/> no <input type="checkbox"/>	Locations:

Alarm System

Alarm Present: yes no

Alarm Panel Location:

Alarm Company:

Phone Number:

Alarm Company Account Number:

Fire Alarm Password:

Construction Information

<u>SIZE</u>	<u>STORIES</u>	<u>BUILDING USAGE (explain)</u>
Length:	Above Ground:	
Width:	Basement: yes <input type="checkbox"/> no <input type="checkbox"/>	
Height:	Basement Door Location:	

Utility Information

Name of Electric Company:	Name of Gas Company:
Electric Company Emergency Phone Number:	Gas Company Emergency Phone Number:
Electric Meter Location:	Gas Meter Location:
Main Electric Panel Location:	

Sprinkler System Information

Sprinkler Standpipe Connection: yes <input type="checkbox"/> no <input type="checkbox"/>	Location:
Sprinkler Valve Location:	
Type Of Sprinkler System: Wet Pipe: <input type="checkbox"/> Dry Pipe: <input type="checkbox"/>	
Is Entire Building Sprinklered: yes <input type="checkbox"/> no <input type="checkbox"/>	
Is There a Fire Pump: yes <input type="checkbox"/> no <input type="checkbox"/>	Fire Pump Location:
Main Water Shut Off Location:	

Hazardous Materials Inventory:

Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES <input type="checkbox"/> NO <input type="checkbox"/>
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES <input type="checkbox"/> NO <input type="checkbox"/>
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES <input type="checkbox"/> NO <input type="checkbox"/>
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES <input type="checkbox"/> NO <input type="checkbox"/>
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES <input type="checkbox"/> NO <input type="checkbox"/>
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES <input type="checkbox"/> NO <input type="checkbox"/>
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES <input type="checkbox"/> NO <input type="checkbox"/>
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES <input type="checkbox"/> NO <input type="checkbox"/>
Product Location:			

If you have copies of building blueprints that you would like to attach we would greatly appreciate it.

Thank you!