Ketchikan Fire Department
Occupancy Information & Preplan Information

Occupancy Name: _____
Physical Address: _____
Mailing Address: _____
Business Phone #: _____ Fax #:_____
Cell Phone #: _____ E-mail: _____

Responsible/Contact: Title: _____
Name: _____
Physical Address: _____
Mailing Address: _____
Home Phone #: _____ Fax #: _____
Cell Phone #: _____ Date of Occupancy_____/_____/_____

Property Use: _____ Mixed Use: _____
Construction Type: _____Roof: _____
Stories above Ground: _____ Stories Below Ground: _____

Automatic Extinguishing Systems: Y: _____ N: _____ Type: _____
Detectors: Y: _____ N: _____ Type: _____ Power Supply: _____

Knox Box Y: _____ N: _____ Location: _____
Nearest Hydrant Location: _____
Distance from Occupancy: _____

Building L: _____' x W: _____' x H: _____'
Exposure Distance Side A: _____ B: _____
C: _____ D: _____

Basic Inventory: _____
_____
Chemical Inventory: _____
_____
MSDS available Y: _____ N: _____ Location: _____
Storage Tanks: Location _____
Number of Tanks: _____ Type: _____
Capacity: _____ Contents: _____