

Fire Dept/Water Supply Assessment Sheet

Policy Number: _____ **Name of Person Interviewed:** _____
Insured's Name: _____
Property Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Cubic Feet

Length of Dwelling _____ (Linear Feet)

Width of Dwelling _____ (Linear Feet)

Average Height of Dwelling _____ (Linear Feet)

Or

Square Footage _____ Sq. Ft.

Average Height of Dwelling _____ (Linear Feet)

Occupancy

Occupancy (check one): Residential-Occupied Residential-Vacant

Construction Class

Construction Class (check one): Frame Masonry Steel

Protection

Distance to nearest fire hydrant or approved water source: _____ Ft.

Indicate volume or tank capacity, only if known: _____ Gallons

Distance to nearest responding Fire Department: Actual drive time _____ Minutes Actual mileage driven _____ Miles

Department staffing: Paid Volunteer Confirmed route driven by interview with Fire Dept.? Yes No

Initial Response Equipment

List refillable equipment first, do not list *secondary* response equipment:

<u>Type (Description)</u>	<u>Capacity (Gallons)</u>	<u>Refilled (Yes/No)</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Portable tank set-up and continually refilled on site? Yes No

If yes, indicate size, in gallons _____

Mutual Aid departments and/or secondary response equipment name _____

Paid or Volunteer? Paid Volunteer

Number of Vehicles: _____

Total Water Capacity: _____ Gallons

Distance to Risk _____ Miles

Estimated Response Time: _____ Minutes

Water Flow Calculations

At 250 gallons per minute, uninterrupted water flow is sufficient? Yes No

At 500 gallons per minute, uninterrupted water flow is sufficient? Yes No