

Canton Township Business Emergency Pre Plan

Name of Business: _____

Address: _____

Total Occupancy of building: _____

Hours of Occupancy: From: _____ To: _____

Height in floors above street: _____ Below Street: _____

Dimensions of
Building(s): _____

Construction Type: _____

Other: _____

Roof Type: _____

Number of emergency exits: _____

Number and type of Fire Extinguishers: _____

Nearest Hydrant: _____

Nearest Static Water: _____

Sprinkler System: _____ Auto _____ Fire Dept Supplied. (If Fire Dept Supplied note
location of Fire Dept Connections)

Fire Alarm: _____ Auto _____ Manual Pull

Electric Service: _____

Gas Service: _____

Water Service Co: _____

Security Co: _____

Fire Alarm Co: _____

Fire Alarm Co Contact number/name/key holder:

Hazards:

Comments:

Building Diagram and Fire Dept Connections

Use Additional pages in needed

