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| Fire Alarm Code |
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Whippany Fire District No. 2
Bureau of Fire Prevention
440 Route 10
Whippany, NJ 07981
Tel: (973) 887-7340
Fax: (973) 887-4559
www.whippanyfire.com

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BUSINESS INFO SHEET

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|-----------------------------|
| Name of Business: |
| Address: |
| Phone #: _____ Fax #: _____ |
| Nature of Business: |

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|---|
| Fire Alarm Installed Yes _____ No _____ |
| Activated into or Monitored By: _____ |
| Phone #: _____ |

OFFICIALS OF THE BUSINESS

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|------------------------------|
| (1) |
| Phone # or Call Out #: _____ |
| (2) |
| Phone # or Call Out #: _____ |

EMERGENCY NOTIFICATION

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|------------------------------|
| (1) |
| Address: _____ |
| Phone # or Call Out #: _____ |
| (2) |
| Address: _____ |
| Phone # or Call Out #: _____ |
| (3) |
| Address: _____ |
| Phone # or Call Out #: _____ |

OWNER OF THE BUILDING

| |
|--|
| Name: _____ |
| Address: _____ |
| Phone # or Call Out #: _____ |
| Building or Tenant Square Footage: _____ |
| Number of Exits: _____ |

KNOX BOX INFORMATION

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|---|
| Does building have a Knox Box: () yes () no Location of Knox Box: _____ Types of keys: () master () utility closets () sprinkler/alarm room () elevator room () all tenant keys () no tenant keys |
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BUILDING INFORMATION

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| Floor construction: () concrete () wood () truss () light weight wood Bearing Walls: () concrete () block () wood () brick () metal () other Ceiling: () plaster () sheet rock () tin () wood () acoustic () metal () other Roof construction: () concrete () Reinf. Concrete () wood () brick () metal () other Heating: () oil () gas () electric () other () hot water () hot air () steam Location: () roof () ground floor () suspended () other _____ Electric: () fuses () circuit breakers Wiring: () good () poor () N/A Location of Main Electric Panel: _____ Location of Gas Main/Shut-off: _____ Location of Water Main/Shut-off: _____ |
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| | | |
|-----------------------------|-----------------------------|--------------------|
| Building Length: | Building Width: | Total Area: |
| Floors Above Ground: | Floors Below Ground: | |
| Occupant Load: | | |

SPRINKLER INFORMATION

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| Sprinklers: () yes () no () N/A () Full () Basement () Partial () Spray Booth Sprinkler main Location: _____ Fire Pump: () yes () no FD Connection: () yes () no FDC Location: _____ | Standpipes: () yes () no () wet () dry FD Connection: () yes () no FDC Location: _____ Hose Stations: () yes () no |
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OTHER INFORMATION

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| Fire Detection System: () Yes () No Alarm Control Location: _____ Emergency Generator: () Yes () No Elevators: () Yes () No Elevator key/Fireman's Key onsite: () Yes () No Attic: () Yes () No Basement: () Yes () No Roof Hatches: () Yes () No Sky Lights: () Yes () No |
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