



Missouri Valley Fire & Rescue Department

223 E. Erie St.

Missouri Valley, IA 51555

Phone 712-642-2945 Emergency 911

STANDARD OPERATING GUIDELINE

STANDARD OPERATING GUIDELINE 910

Chronological History

Effective: January 1, 2010

PREPLAN GUIDELINE

Purpose

The Missouri Valley Fire Department will conduct preplan inspections for the purpose of collecting information about structures for the purpose of keeping MVFD firefighters informed about potential hazards and strategy and tactics that may be necessary to conduct life safety and fire suppression operations in a safe and efficient manner.

Procedure

1. The Fire Chief shall administer the preplanning program including scheduling, quality assurance, and standardization.
2. Once scheduled, building occupants shall be notified by telephone or face-to-face of the MVFD's need to conduct a pre-plan inspection of the building. The inspection should be scheduled at a date and time that will be most convenient to the occupant so as to cause a minimum of business interruption.
3. Check any existing preplan file on building before leaving the station. Take copy of existing preplan inspection.
4. Once on-site, make contact with building management and request someone to accompany inspection company(s) on the inspection to answer questions and get access to locked areas.
5. Make scale drawings of building floor plans and site plan for the building. Detail the drawings with information relevant to fire operations.
6. Complete the Preplan Information sheet with the following:
 - A. Water Supply, including hydrant locations and drafting locations within 1,000 feet of the structure.
 - B. Exterior Fire Protection Devices, including post indicator valve's and outside screw & yoke valves. Mark on site plan map and building map.
 - C. Interior Fire Protection Devices, including standpipe and sprinkler cutoffs, alarm cutoffs, location and type of standpipe and/or sprinkler system: Make notes on information sheet, and mark on floor plan map.

- D. Utilities: Note type and location of cutoffs on information sheet. Note if there is any emergency power system.
- E. Building Characteristics: Note size and dimensions of building. Note construction materials. Go to roof of building; note access to roof; check for heavy objects.
- F. Elevators: Note type and operation of door and location of override keys.
- G. Forcible entry and ventilation: Note any unusual forcible entry problems and the best method of ventilating building.
- H. Hazardous materials: Note type and location of hazardous materials, mark on building floor plan map.
- I. Exterior exposures: Note any possible exterior fire spread potential. Indicate exposures (including above ground propane or similar hazards) on preplan drawings.
- J. Submit finished copies to the Fire Chief.

**By Authority of:
Fire Chief**

Eugene Shaeffer

Missouri Valley Fire Department

Fire Prevention, Pre-Plan and Drill Checklist SOG 910

Note: This document includes a checklist to assist you in reviewing your facility to assess potential fire hazards. Also included is a form that may be used in recording and documenting the history of all required fire drills. This form may be duplicated for future use. Use of these documents does not substitute for the fire department's inspection / written statement of compliance.

Name of Building: _____
Building Address: _____
Drill Monitor: _____ Title/Position _____
Drill Location: _____ Location to which occupants
relocated: _____ Method of activation of fire alarm: _____
Time fire alarm activated: _____ Time occupants vacated fire drill floor: _____

Fire Prevention Inspection Checklist

Housekeeping and Maintenance

- | | | |
|---|----|-----|
| 1. "No Smoking" signs posted. | No | Yes |
| 2. "No Smoking" regulations observed. | No | Yes |
| 3. Flammable liquid safely stored in approved containers away from combustibles. | No | Yes |
| 4. Trash/rubbish removal done on a regular basis. | No | Yes |
| 5. All electrical plugs, switches and cords legal and in good repair. | No | Yes |
| 6. Cords are not to be run across doorways or under carpets or mats where they may be stepped on. | No | Yes |
| 7. No extensive use of cords from outlets (octopus). | No | Yes |
| 8. Heat-producing appliances well ventilated. | No | Yes |
| 9. Electrical equipment turned off when not in use. | No | Yes |
| 10. Malfunctioning electrical equipment immediately reported or taken out of service. | No | Yes |
| 11. Areas kept as clean and neat as possible. | No | Yes |
| 12. Materials stacked so as not to tip or fall. | No | Yes |
| 13. Corridors and doorways kept free and clear of obstructions. | No | Yes |

Fire and Life Protection Systems

- | | | |
|--|----|-----|
| 1. Adequate lighting in corridors, exits, and stairwells | No | Yes |
| 2. Exit signs illuminate as required (all lights working). | No | Yes |
| 3. Evacuation routes adequately posted. | No | Yes |
| 4. Evacuation signs maintained-none defaced or missing. | No | Yes |

5. Fire doors not wedged or blocked open, especially stairwells.	No	Yes
6. Stairwells free of obstacles, storage, debris, etc.	No	Yes
7. Corridors and exits unobstructed (no storage of files, furniture, etc.).	No	Yes
8. Stairwells, corridors, and exits free of trip and slip hazards.	No	Yes
9. Fire detection and alarm systems tested regularly.	No	Yes
10. Fire sprinkler connections and shut off valves visible and accessible.	No	Yes
11. Fire sprinkler heads clean and unobstructed.	No	Yes
12. Adequate clearance (3 feet) for all fire extinguishers and hoses.	No	Yes
13. Fire equipment in proper locations and undamaged.	No	Yes
14. All occupants instructed on evacuation plan.	No	Yes

FIRE DRILL CHECKLIST

Floor Response Personnel

1. Director present:	No	Yes	N/a
2. Stair well monitors:	No	Yes	N/a
3. Assistants to the physically disabled and non-ambulatory.	No	Yes	N/a
4. Interior doors closed but not locked after searched.	No	Yes	N/a
5. Evacuation assistants checked rest rooms.	No	Yes	N/a
6. Over all response of floor response team.	Satisfactory	Unsatisfactory	

Occupant Response

1. Occupant initial response on sounding of alarm.	Satisfactory	Unsatisfactory
2. Occupant noise level.	Satisfactory	Unsatisfactory
3. Occupants aware of location of stairwell.	No	Yes N/a
4. Did evacuation proceed in smooth and orderly manner?	No	Yes N/a
5. Did visitors to building participate in drill?	No	Yes N/a
6. Overall response of occupants.	Satisfactory	Unsatisfactory

Comments _____

Drill Monitor Signature: _____