Assessment # **Picture#** **Triage #1 2 3 4**

Fire#: **Crew:** **Date:**

Name: **GPS: N W**

Street Address: **Structures: Primary:** **Out Buildings:**

Person(s) on site: Y N #

Safety Zone: Y/N _____

Access

Length: Width: >1 lane 1 lane <1lane
Surface: Unimproved Dirt Gravel Paved

Structure

Roof Combustible: Y/N Skylight: Y/N
Siding Type: _____
Decks #: Open: Y/N Open Vents: Y/N
Fence: Y/N Wood: Y/N
Propane: Y/N Location: Side A B C D

Hazards

Power Overhead: Y/N Natural Gas: Y/N
Aspect: N-S-E-W Fire Wood by House: Y/N
Zone 1: _____ Zone 2: _____

Additional: _____
_____
_____
_____
_____

Water Supply

Hydrants: Y/N Pool: Y/N River: Y/N
Creek: Y/N Lake: Y/N Cistern: Y/N
Distance from location

Notes:

Actions Taken

Gel: □ Qty: _____ Time: _____

House Wrap: □ Foam: □ Qty: _____ Time: _____

Sprinklers: □

1½" Hose: _____ 5/8" Hose: _____

S: _____ L: _____ BF: _____

3 Ways: _____ Thieves: _____

Pump Kit: _____ Bladder: _____

S/N: _____

Notes: _____
_____
_____
_____
_____
_____
_____
_____

Tactic: _____

SITE MAP