

Office of the Fire Commissioner Triage Form

Assessment #:

Picture #:

Triage #: 1 2 3 4

1- Prep & Hold Safe Zone Pres. 2- Standalone Safe Zone Pres. 3-Prep & Leave No Safe Zone Pres. 4-Rescue Drive-by No Safe Zone Pres.

Fire #:	Crew:	Date:	GPS: Lat /Long
Name:		Contact #:	
Street Address:			
Structures:	Primary:	Out Building:	
Roof:		Siding:	
Skylight: Yes No		Access Length: _____ Width: _____ Type: _____	
Decks #: _____ Open: Yes No		Power Overhead: Yes No Natural Gas: Yes No	
Fence: Yes No Wood: Yes No		Fire Wood by House: Yes No	
Propane: Yes No Location: Side A B C D		Aspect: N – S – E – W	
		Zone 1: _____	
		Zone 2: _____	
<u>Water Supply</u>		<u>Special Hazards</u>	
Hydrants: Yes No Pool: Yes No Creek: Yes No			
River: Yes No Lake: Yes No Cistern: Yes No			
Distance from location: _____			
Notes:			
<u>Equipment – Used / Required</u>		<u>Site Diagram</u>	
Sprinklers: <input type="checkbox"/>			
S: _____ L: _____ BF: _____			
1½" Hose: _____ 5/8" Hose: _____			
3 Ways: _____ Thieves: _____			
Pump: _____: S/N: _____			
Bladder _____			
Notes: _____			

