

### Occupancy Information

<p>Organization: <input style="width: 100%;" type="text"/></p> <p>Address: <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 10%;" type="text"/></p> <p>(House #, Street # or Name Apt/Ste, Street Type, zip) <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/></p> <p>Phone: <input style="width: 100%;" type="text"/></p> <p>Station: <input style="width: 100%;" type="text"/></p> <p>Route Number: <input style="width: 100%;" type="text"/></p> <p>Card Number: <input style="width: 100%;" type="text"/></p> <p>Status: <input style="width: 100%;" type="text"/></p> <p>Type of Occupancy: <input style="width: 100%;" type="text"/></p> <p>Weekday Hours (open/close): <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input type="checkbox"/> 24-7</p> <p># Weekday Occupants: <input style="width: 100%;" type="text"/></p> <p>Weekend Hours (open/close): <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/></p> <p># Weekend Occupants: <input style="width: 100%;" type="text"/></p> <p>Fire Alarm? <input type="radio"/> None <input type="radio"/> Local <input type="radio"/> Monitored</p>	<p>Fire Alarm Panel Location: <input style="width: 100%;" type="text"/></p> <p>Cooking Hood Extinguisher? <input type="radio"/> Yes <input type="radio"/> No</p> <p>HazMat? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Emergency Contact #1: <input style="width: 100%;" type="text"/></p> <p>Emergency Contact #1 Phone: <input style="width: 100%;" type="text"/></p> <p>Emergency Contact #2: <input style="width: 100%;" type="text"/></p> <p>Emergency Contact #2 Phone: <input style="width: 100%;" type="text"/></p> <p>Emergency Contact #3: <input style="width: 100%;" type="text"/></p> <p>Emergency Contact #3 Phone: <input style="width: 100%;" type="text"/></p> <p>Special Hazards: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p>Knox Box? <input type="radio"/> None <input type="radio"/> A <input type="radio"/> BOC <input type="radio"/> D</p> <p>Licensed? <input type="radio"/> Yes <input type="radio"/> No</p>
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### Building Information

<p>Owner Name: <input style="width: 100%;" type="text"/></p> <p>Owner Address: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> <p>Owner Phone: <input style="width: 100%;" type="text"/></p> <p>Type: <input style="width: 100%;" type="text"/></p> <p># Stories: <input style="width: 100%;" type="text"/></p>	<p>Fire Department Connection? <input type="radio"/> None <input type="radio"/> A <input type="radio"/> BOC <input type="radio"/> D</p> <p>Sprinkler System? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Last Sprinkler Test: <input style="width: 100%;" type="text"/></p> <p>Fuel Tank (UGT/AGT)? <input style="width: 100%;" type="text"/></p> <p>Stand Pipe? <input type="radio"/> None <input type="radio"/> A <input type="radio"/> BOC <input type="radio"/> D</p>
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### Inspection Information

<p>Inspection Cycle: <input style="width: 100%;" type="text"/></p> <p>Unit Doing Inspection: <input style="width: 100%;" type="text"/></p> <p>Platoon: <input style="width: 100%;" type="text"/></p> <p>Status: <input style="width: 100%;" type="text"/></p>	<p>Inspector Name: <input style="width: 100%;" type="text"/></p> <p>Inspector Number: <input style="width: 100%;" type="text"/></p> <p>Date of Inspection: <input style="width: 100%;" type="text"/></p> <p>Remarks: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>
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