

**Talbot County Department of Emergency Services
Business Pre-Plan Information Sheet**

Date Completed: _____ Completed By: _____

Name of Business: _____ Type of Business: _____

Address: _____

Hours of Operation: _____ # of employees: _____

After Hours Contact Person and Phone #: _____

of Stories: _____ Type of Construction: _____

Knox Box on Premises? (circle one) **YES** **NO**

Location of Knox Box: _____

Sprinkler Present? (circle one) **YES** **NO**

Location of Sprinkler Connection: _____

Stand Pipe Present? (circle one) **YES** **NO**

Location of Stand Pipe Connection: _____

Hazardous Materials On Site? (circle one) **YES** **NO**

Utility Types (circle those that apply): **ELECTRIC** **GAS** **OIL** **OTHER**

Utility Shut off Locations: _____

Alarm System Present? (circle one) **YES** **NO**

Name of Alarm Company and Contact Information: _____
