

NEWARK FIRE DEPARTMENT

BUSINESS QUESTIONNAIRE

Please Type or Print: 0 New Entry 0 Update Only

Name of Business: _____

Address: _____

Business Telephone: _____

Normal Business Hours: _____

Building and Grounds Hours: _____

Person in Charge: _____

Please list, in order to be called, after hour contacts below. Indicate if contact is a Manager, Owner, Employee, etc. Also indicate if phone number listed, is a (H)ome, (C)ell, (P)ager, or (W)ork number.

Please Type or Print:

#1 Name: _____ Phone # _____

Title: _____

#2 Name: _____ Phone # _____

Title: _____

#3 Name: _____ Phone # _____

Title: _____

#4 Name: _____ Phone # _____

Title: _____

Phone # 1: _____ Phone # _____

Does your company have a fire alarm system? 0 Yes 0 No

If Yes, Name of Alarm Co: _

Alarm Co Phone #: _

Type of Alarm: 0 Phone Dialer 0 City Tie 0 Local

Who does it call? 0 Fire Dept. 0 Alarm Company 0 911 Center

Is there a Knox Box installed? 0 Yes 0 No

Does the building have a sprinkler system? 0 Yes 0 No

Does the building have confined spaces? 0 Yes 0 No

If Yes, List: _

Does the building have hazardous materials? 0 Yes 0 NO

If Yes, List: _

SIGNED: _____ DATE: ___/___/___

FOR DEPARTMENT USE ONLY

Date Received: ___/___/___ Date Entered: ___/___/___