



Local Business Information
for the Savoy Fire
Department



The Savoy Fire Department requests the information below to help us better identify hazards in our community and better serve your business in the case of an emergency. Thank you.

Business Name: _____

Address: _____

Business Phone: _____ Business Email: _____

Type of Business (Property Use): _____

Does your business have smoke detectors? _____

If so: How many? _____ Type of detector? _____

Does your business have an automatic extinguishment system (sprinkler system)? _____

If so: How many sprinkler heads? _____

List the average amount of occupants in the building during normal business operations? _____

Owner's Information:

Name: _____

Contact Phone Number: _____

Is this person a key holder? _____ Or an emergency contact? _____

List any other emergency contacts (in order of response or closest responder):

Name, title, and after hours phone number: _____

Do you store any hazardous chemicals on site?

If so, please list: _____

Do you have any underground or above ground storage tanks on your property?

If so: How many? _____ Location (s)? _____

What are your normal business hours of operation? _____

Does your business have a Knox Box installed? _____

Do you have any people in the building on a regular basis after hours?

If so: How many? _____

Does your business have a basement? _____

Please list the locations in your business for the following utilities:

Electric Panel: _____

Water Heater: _____

Furnace: _____

AC Unit(s): _____

Electric Service Meter: _____

Gas Service Meter/Shut-Off: _____

Fire Alarm Panel (if present): _____

Sprinkler Room (if present): _____

Person Authorized to complete this form: Title: _____

Name: _____ Signature: _____

Thank you for taking the time to complete our online survey. Please click the "submit form" button located in the top right corner of this form and follow the instructions.