

**Structure Site Plan / Triage** \_\_\_\_\_ **Incident**

**Prepared By:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Owners Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Occupied:**  Yes  No      **Pets:**  Yes  No      **Locked:**  Yes  No

**Structures:** **House Size:** \_\_\_\_\_ **Roof Type:** \_\_\_\_\_ **Siding:** \_\_\_\_\_

**Adjacent Structures:** \_\_\_\_\_

**Site Hazards:** \_\_\_\_\_ **Electrical:** \_\_\_\_\_ **Fuel:** \_\_\_\_\_  
**Other:** \_\_\_\_\_

**Prep & Setup:** Site needs: \_\_\_\_\_

**Trigger point:** \_\_\_\_\_ **Tactics:** \_\_\_\_\_

**SITE MAP**

**Triage:**  Easy  OK with work  Difficult