

BC WILDFIRE SERVICE STRUCTURE PROTECTION SPECIALIST TRIAGE FORM

Assessment #: _____

Triage #: 1 2 3 4

1 - Prep and Hold Safe Zone Pres. 2 - Standalone Safe Zone Pres. 3 - Prep and Leave No Safe Zone Pres. 4 - Rescue Drive-by No Safe Zone Pres.

Fire #:	Crew(s) /SPS Name:	Date:
Homeowner Name:		Homeowner Contact #:
Street Address:		GPS: Lat/Long:
City / Town:		Photo Numbers: _____
Structures:	Primary: Outbuildings	Access Length: Width: Type:
Roof:	Siding:	Power Overhead: Yes No Natural Gas: Yes No
Skylight: Yes No # of Decks: ____ Open: Yes No		Firewood by House: Yes No Aspect: N - S - E - W
Fence: Yes No Wood: Yes No		Zone 1: _____
Propane: Yes No Location: Side A B C D		Zone 2: _____
<u>Water Supply</u>		<u>Special Hazards:</u>
Hydrants: Yes No Pool: Yes No Creek: Yes No		
River: Yes No Lake: Yes No Cistern: Yes No		
Distance from Location: _____		
Notes: _____		
<u>Equipment Used / Required:</u>		Site Diagram
# of Sprinklers Used: _____		
S: _____ L: _____ BF: _____		
1½" Hose: _____ 5/8" Hose: _____		
3 Ways: _____ Thieves: _____		
Pumps: _____ S/N: _____		
Bladder(s): Yes No # of Bladders used: _____		