

**Common Place Data Information**  
**Town of Pittsfield, NH Fire Department**

Business/Organization Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Property Owner and Phone: \_\_\_\_\_

\_\_\_\_\_

# of Employees: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Contact Information in case of emergency: *Please list at least 2 names with phone numbers*

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Please list any special hazards that may be unique to this location:

\_\_\_\_\_

Do you have or need to maintain Material Safety Data Sheets on file? Yes / No  
*(If so, please remember to submit copies regularly to the Fire Dept., as required by law)*

Do you have a Fire Alarm System? Yes / No

If so, location of control panel: \_\_\_\_\_

Name and phone number of monitoring company:

\_\_\_\_\_

Do you have a Sprinkler Alarm System? Yes / No

If so, fire connection and sprinkler room location:

\_\_\_\_\_

Do you have a Knox-Box Rapid Entry System? Yes / No

If so, location of Knox-Box:

\_\_\_\_\_

Are there currently any employees who may have difficulty evacuating the building in the event of an emergency? Yes / No

If yes, please provide an approximate location of the individual's work area:

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Comments:

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Your FAX #: \_\_\_\_\_

Please return by fax at 435-6983 or by mail to:  
Pittsfield Fire Department and Ambulance Service  
33 Catamount Road  
Pittsfield, NH 03263

*Thank you for your assistance!*

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