



Somers Fire & Rescue Department  
Captain Joe Scruggs, Fire Inspector  
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(262)620-3285

## **EMERGENCY CONTACT AND BUILDING INFORMATION**

### **Contacts**

Business name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business owner (name): \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Building owner: \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Building**

Number of stories: \_\_\_\_\_ Basement: Y / N Sq Ft: \_\_\_\_\_ 1<sup>st</sup> Fl: \_\_\_\_\_ 2<sup>nd</sup> Fl: \_\_\_\_\_

KNOX Box: Y / N Location: \_\_\_\_\_ Keys checked: Y / N

Sprinkler location: \_\_\_\_\_ FDC location: \_\_\_\_\_

Last tested date: \_\_\_\_\_ Copy of test report received: Y/N

Fire alarm panel tested: Y / N Location: \_\_\_\_\_ Code: \_\_\_\_\_

Last tested date: \_\_\_\_\_ Copy of test report received: Y/N

Kitchen hood system: Y / N Last tested: \_\_\_\_\_ K Class: \_\_\_\_\_

Copy of test report received: Y/N

Electric meter location: \_\_\_\_\_

Electric service panel location: \_\_\_\_\_

Gas meter location: \_\_\_\_\_

CO detector: Y / N Type: Hardwire \_\_\_\_\_ Battery \_\_\_\_\_ Smoke Detector: Y / N

Special Hazards/Notes:  
\_\_\_\_\_