



**VISICAD SYSTEM
PROPERTY & RESPONSE INFORMATION
FORM**

Fire Department _____

Property Address _____

Building Name _____

Pre-Plans

Pre-plan File type _____ File name _____

Critical Response Information/Caution Note (select one)

- | | |
|---|--|
| Automatic Aid <input type="checkbox"/> | Scene Safety <input type="checkbox"/> |
| Automatic Aid & Pre-Plan <input type="checkbox"/> | Universal Precautions <input type="checkbox"/> |
| Response Information <input type="checkbox"/> | Police to Attend <input type="checkbox"/> |
| Access/Codes/Keys <input type="checkbox"/> | Wait for Police <input type="checkbox"/> |
| Non-Hydranted Area <input type="checkbox"/> | |

Description of

Start Date _____ dd/mm/yyyy End Date _____ dd/mm/yyyy

Never Expire

Print Name _____

Signature _____ Date _____ dd/mm/yyyy

Completed forms to be faxed to 250-286-4701 or files emailed to firedispatch@ni911.ca