



City of Seattle

ACQUIRED STRUCTURE TRAINING – INTAKE FORM

SEATTLE FIRE DEPARTMENT ACQUIRED STRUCTURE TRAINING (AST)

A. BUILDING ADDRESS:

B. PROPERTY INFORMATION:

1. OWNER _____

2. PHONE _____

3. EMAIL _____

4. DEMO PERMIT NUMBER (IF AVAILABLE) _____

5. DATE OF DEMOLITION (IF KNOWN) _____

C. BUILDING TYPE:

SINGLE-FAMILY RESIDENCE

COMMERCIAL

MIXED-USE

MULTI-FAMILY RESIDENCE

HIGH-RISE

OTHER _____

BELOW TO BE FILLED OUT BY SFD TRAINING DIVISION

D. OTHER BUILDING INFORMATION:

1. DIMENSIONS _____

2. TYPE OF TRAINING POSSIBLE

NON-DESTRUCTIVE

DESTRUCTIVE

LIVE-FIRE

3. PROBLEMS _____

4. COMMENTS _____

E. OPERATIONS MEMBER INFO:

BATTALION _____ COMPANY _____ SHIFT _____ NAME/CONTACT _____