

परिशिष्ट - एक

FIRE SAFETY CHECK LIST FOR BUILDINGS

1. NAME OF THE BUILDING-_____
2. USE OF BUILDING _____
3. ADDRESS _____

4. TELEPHONE NO. _____
5. E-MAIL -ID _____
6. WEBSITE ADDRESS _____
7. NAME OF THE BUILDING IN-CHARGE AND TEL. NO. _____

8. NAME OF ADMINISTRATIVE HEAD AND TEL.NO. _____
9. BUILDING INCHARGE NAME & TEL NO. _____
10. BUILDING OWNER/OCCUPIERS NAME & ADDRESS _____

11. BUILDING TYPE-GOVT/ SEMI GOVT/PRIVATE/MUNICIPAL/TRUSTEE/CHARITY _____
12. BUILDING SPECIALTY IN ANY _____
13. BUILDING OCCUPANCY TOTAL NOS. _____
14. **BUILDING STRUCTURAL DETAILS**
 - a. BUILDING HEIGHT _____ MTRS
 - b. NO OF FLOORS _____
 - c. TOTAL BUILT-UP AREA _____ SQ.MTRS
 - d. APPROACH ROAD _____ MTRS ON _____ SIDE
 - e. BUILDING OPEN SPACES – 1. EAST _____ MTS.
2. WEST _____ MT
3. SOUTH _____ MTS
4. NORTH _____ MTS
 - f. NO.OF EXITS (GATE /DOORS/TERRACE ECT.) _____
 - g. EXIT WIDTH _____ MTRS.
 - h. NO. OF STAIRCASE _____
 - i. STAIRCASE WIDTH _____ MTRS.
 - j. NATURE OF FLOORING ON EXIT ROUTES _____
 - k. PARTITIONS IF ANY:- _____
 - l. MATERIAL USED FOR PARTITIONS _____
 - m. BASEMENT IF ANY _____

n. NO. OF BASEMENTS _____

o. AREA OF BASEMENT _____ SQ.MTRS.

15. BASEMENT UTILITY _____
16. MATERIAL STORED IF ANY IN BASEMENT _____
17. TOTAL NO OF ROOMS/FLOORS _____
18. TOTAL NO. OF ROOMS IN BUILDING _____
19. NO OF TOILETS PER FLOOR _____
20. EXTERIOR FACADING/CLADDING OF BUILDING-GLASS, _____
21. OVER HEAD WATER TANK CAPACITY _____ LTRS.
22. UNDERGROUND WATER TANK CAPACITY _____ LTRS
23. BUILDING INTERIOR NATURE _____
24. NO.OF LIFTS WITH CAPACITY _____
 1. PASSANGER LIFTS _____
 2. FIRE LIFTS _____
 3. STRETCHER LIFTS IF ANY _____
 4. ANY OTHER LIFTS _____
25. ELECTRICAL WIRING /INSTALLATION AUDIT/ELECTRICAL INSPECTORS - _____
26. ANNUAL TEST REPORT-COPY _____
27. INTERIOR LOCATION _____
28. CANTEEN/PANTRY/KITCHEN LOCATION & AREA _____ -
29. FUEL USED _____ NO. OF CYLINDERS _____ LOCATION _____
30. ANY OTHER ASSEMBLY AREAS/LOCATION _____
31. STORE ROOM LOCATION _____
32. STORE ROOM AREA _____ STORAGE TYPE _____
33. TRANSFORMER/GENERATOR LOCATION WITH CAPACITY & TYPE _____
34. AIR-CONDITIONING TYPE-WINDOW/SPILT/CENTRAL AC ETC _____
35. BUILDING UTILITIES - _____
36. NO. OF CINEMA THEATRES /HALLS/OPERATION THEATRES _____
37. TOTAL NO OF SEATING ARRANGEMENT /BEDS _____
38. NO.OF MAX OCCUPANCIES IN BUILDING _____
39. NO.OF VISITORS (FLOATING POPULATION) _____
40. MACHINERY IF ANY (NAME, QTY, STORAGE .PLACE ETC) _____
41. TYPE/DETAILS OF MATERIAL STORED IN STOREROOM _____
(ACIDS/ALAKALIS/TOXIC/INFLAMMABLE ETC)
42. LPG/CNG ETC GAS STORAGE DETAILS (GAS NAME QTY ETC) _____
43. GAS UTILITY _____
44. TOTAL NO OF EMPLOYEES _____
45. NO OF TOTAL STAFF SHIFT WISE _____
46. NO. OF SECURITY STAFF SHIFTWISE _____

47. PERMISSIONS & APPROVALS _____
48. WHETHER BUILDING PLANS SANCTIONED BY COMPENTENT AUTHORITY/GOVT
_____ (COPY OF SANCTIONED PLAN)

49. WHETHER FINAL NOC OBTAINED –IF YES SUBMIT COPY _____

50. BUILDING COMPLETION CERTIFICATE OBTAINED (YES/NO), IF YES, SUBMIT
COPY _____

51. FIRE FIGHTING INSTALLATION DETAILS _____

52. ACTIVE FIRE PROTECTION

1. WHETHER FIXED FIRE FIGHTING SYSTEM (RISER - DOWN COMER) INSTALLED –
YES/NO _____

2. FIRE SMOKE DETECTORS /SPRINKLERS/MANNUAL CALL POINTS/PA SYSTEM
INSTALLED _____

3. SPECIAL PUBLIC ADDRESS SYSTEM INSTALLED IF ANY _____

4. IF YES, IS IT IN OPERATING /WORKING CONDITION _____

5. FIRE FIGHTING PUMP DETAILS (ELECTRIC/DIESEL, OUTPUT, HP, HEAD, ETC) _____

1. MAIN PUMP- _____

2. JOCKEY PUMP _____

3. SPRINKLER PUMP _____

4. STAND BY PUMP _____

6. DIESEL PUMP _____

5. EMERGENCY BACKUP ARRANGEMENT _____

6. WHETHER FIRE SYSTEM & EMERGENCY LIGHTING ATTACHED TO EMERGENCY BACKUP _____

7. FIRE FIGHTING WATER TANK CAPACITY _____ LTRS

8. IF YES, DATE OF LAST TESTING _____

9. NO.OF LOCATION OF FIRE EXTINGUISHERS _____

TYPE OF EXTINGUISHERS _____ LAST INSPECTED _____

53. WHETHER AUTOMATIC FIRE DAMPERS PROVIDED IN CENTRAL AC DUCTS

1. CONNECTED TO DETECTION SYSTEM _____

2. LAST INSPECTED / MAINTENANCE CARRIED OUT _____

54. OTHER INFORMATION

1. FIRE LIFT, IF ANY _____

2. ELECTRICAL MCB/ACB/ELCB PROVIDED _____

3. FIRE STOP /RESISTING DOORS PROVIDED _____

4. IF YES, RATING OF DOORS HRS _____

5. WHETHER FIRE PLANS INSTALLED IN EACH WARD _____

6. WHETHER FIRE EMERGENCY INSTRUCTIONS BOARD INSTALLED ON EVERY FLOOR _____

7. VERTICAL SHAFTS SEALED _____

8. FIRE STAFF PROVIDED _____ IF YES, NOS. _____

9. NO. OF STAFF TRAINED FOR BASIC FIRE FIGHTING _____

10. SECURITY STAFF TRAINED _____

55. FIRE PREVENTION & AWARENESS MEASURES

1. FIRE MOCK DRILL CONDUCTED IF ANY - YES/NO _____

2. IF YES, DATE OF RECENT DRILL-SUBMIT REPORT. _____

3. WHETHER EVACUATION DRILL CONDUCTED, YES/NO _____ IF YES, INDICATE PERIODICITY.
4. IF YES, DATE OF RECENT DRILL-SUBMIT REPORT _____
5. ON SITE EMERGENCY PLAN-ATTACH COPY _____
6. RESPONSIBLE PERSON IN CASE OF EMERGENCY
 1. NAME, _____
 2. ADDRESS _____
 3. MOB NO _____
7. IS THE FIRE OFFICER EMPLOYED?, _____

DETAILS ABOUT FIRE OFFICER

 1. NAME _____
 2. ADDRESS _____
 3. MOB NO _____
 4. QUALIFICATION & EXPERIENCE _____
8. SAFETY OFFICER/SECURITY OFFICER
 1. NAME, _____
 2. ADDRESS _____
 3. MOB NO _____
 4. QUALIFICATION EXPERIENCE _____
9. REFUGE AREA, IF ANY LOCATION AREA ETC. _____
10. ASSEMBLY POINT IDENTIFIED ON GROUND –LOCATION _____
11. LIST OF OTHER STAFF TRAINED FOR HANDLING FIRE RELATED EMERGENCIES _____
12. WHETHER ADEQUATE FIRE & SAFETY DIRECTIONAL SIGNAGES BOARDS INSTALLED – (YES/NO) _____
13. NO. OF AMBULANCES IF ANY WITH CAPACITY _____
14. NO. OF OTHER VEHICLES, THAT CAN BE UTILIZED IN CASE OF EMERGENCY _____
15. NO.OF TYPES OF SMOKE MASKS _____
16. WHETHER ASSEMBLY POINT IS MARKED CLEARLY-YES/NO _____
17. IS LICENSED AGENCY APPOINTED FOR SIX MONTHLY INSPECTION--YES/NO.
18. NAME AND DETAILS OF LICENSED AGENCY _____
19. ADDITIONAL OBSERVATIONS, IF ANY _____
20. RECOMMENDATIONS IF ANY _____

(NOTE: - FOR DETAILED OBSERVATIONS AND RECOMMANDATIONS SEPARATE SHEET SHOULD BE ATTACHED IF NECESSARY)

INSPECTING AUTHORITY
NAME, POST, SIGN & SEAL

BUILDING INCHARGE