

Fire Safety Audit: Part A – Basic Data

(Form Devised By Mr. R.R.Nair)

Name of the Building / Institution :		
Plot No / Survey No:		
Address		
Owned by : Name of the Society / Institution Address		
Tel :		
Fax:		
E-mail:		
Key Personal : President / Chairman / M.D. Secretary Manager Safety Officer / Manager		Name : Mobile No / Telephone No.

Landmark and Approach Roads :

Landmark :	East :		West :	
	North		South :	
Approach Roads (width in meters)	Left :		Right :	
	Front :		Back :	
Nearest Fire Station		Name :	Distance:	
Nearest police station		Name :	Distance:	
Nearest Hospital		Name :	Distance:	

PARTICULARS OF ARCHITECT / BUILDER :

Name and Address of the Architect :			
Name and Address of the Builder / Developer :			
Date of NOC from Municipal Corpn.		Year of Construction Started :	
Date of NOC from Fire Brigade :		Year of Completion :	

SECURITY:

	No of Guards	Supervisors	Manager	Total
First Shift (Time :)				
Second Shift (Time :)				

Persons Exposed:

	Day Time	Night Time
Average Number of Persons normally employed in the building		
Average Number of handicapped persons in the building		
Average Number of persons normally visiting the building		
Average Number of persons normally found in the building		

TYPES OF BUILDING / STRUCTURE:

	Yes	No		Yes	No
Residential			Warehouses / Storage		
Educational / Training			Hotels		
Scientific / Research			Theatres		
Commercial / Business			Malls		
Factory / Industry			Place of Worship		
Museums / Libraries			Others		

CONSTRUCTION DETAILS:

Size of the Plot					
Built up Area					
No. of Floors of the Building / Structure					
Height of the Buildings / Structure					
Number of flats on each floor					
Ceiling Height					
Width of the Staircase Lobby					
Width of the Lift Lobby					
Balcony	Open	<input type="checkbox"/>	Closed	<input type="checkbox"/>	
Earthquake Protected Construction Provided	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Lightning Protection Provided	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Rain water harvesting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Location and size of Community Hall, if any					
Location and size of the Gymnasium, if any					
Location & Size of Library, if any					
Location and size of childrens park, if any					
Location and size of Swimming Pool, if any					
Location and size of Sports Room, if any					
Location and size of Canteen, if any					
Location and size of Common Kitchen, if any					
Location and size of Dinning Hall, if any					
Location and size of Laundry, if any					

GATES:

	Front	Back	Right	Left	Total
Width of the Gate					
Sliding / Single / Double Doors					

COURTYARDS:

	Front	Back	Right	Left	Total
Size (Width)					

BASEMENTS:

Size	Used for	Entrance	Exit	Ramp	Ventilation	Remarks

CAR PARKING (NUMBER OF CARS, CAN BE PARKED):

Open Parking	<input type="checkbox"/>	Stilt Parking	<input type="checkbox"/>	Podium Parking	<input type="checkbox"/>	Basement Parking	<input type="checkbox"/>	Total	<input type="checkbox"/>	<input type="checkbox"/>
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ELEVATORS:

	Domestic	Service/Goods	Fire	Total
No. of Lifts				
Max. Capacity of Persons				
Max. Capacity of Weights				
Make / Brand				

FIRE ESCAPE:**FIRE PROTECTION SYSTEM:**

Fire Exit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Fire Alarm System	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fire Doors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sprinkler System	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fire Chute	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Fire Detection System	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Refuge Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Fire Duct	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Assembly Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Fire Control Room	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fire Escape Staircase	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sirens	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

WATER TANKS:

	Number	Size of Tank	Capacity (in liters)
Underground static water storage tank for domestic use			
Underground static water storage tank for fire fighting			
Terrace Tank for domestic use			
Terrace Tank for fire fighting			
Others			

COURTYARD HYDRANTS:

Location	Inlet	Outlet	Dia	Remarks

RISERS:

	Location	Inlet	Outlet	Dia	Remarks
Dry Riser					
Wet Riser					
Down Comer					

PUMPS:

	Capacity	HP	LPM	RPM	Auto	Manual
Main Fire Pump (Elec.)						
Domestic Pump (Elec.)						
Stand by Pump (Diesel)						
Jockey Pump						
Booster Pump						
Sprinkler Pump						

POWER SUPPLY TO:

	Fire Elevators	Jockey Pump	Main Fire Pump	Booster Pump	Fire Alarm System	C. C. TV
General						
Standby						

GENERAL POWER SUPPLY FROM WHOM:

	BEST	MSEB	TATA	RELIANCE	OTHERS
Substation (Capacity)					
Transformer (Capacity)					

STANDBY POWER SUPPLY:

	Capacity	Make / Brand	Remarks
Generator			
Inverter			
Solar			

AIR CONDITIONING:

	Location	Capacity	Make	Number	Remarks
Window					
Split					
Centralized					
Pedestal Fans					
Exhaust Fans					

ELECTRICAL INSTALLATIONS:**WIRING:**

	Aluminum	Copper	Remarks
Concealed			
Open			
Date of Wiring			

SWITCHES:

	Location	Ampere	Make	Number
D P Switches				
Cut off / Trip				
Other Switches				

ELECTRICAL GADGETS

	Location	Capacity	Make	Number	Remarks
Freezers					
Coolers					
Heaters / Ovens					
Tube Lights					
Halogenated Lights					

METER ROOMS:

Common		Separate		Location	
		Provided	Not Provided	Remarks	
Fire Extinguishers					
Fire Buckets					
Ventilation / Exhaust Fans					
Storage of Unwanted Materials`					
Earthing					

DUCTS:

	Provided	Not Provided	Location	Condition	Remarks
Electric Cables					
Telephone Wires					
Cable TV (DTH)					
Piped Gas					
Domestic Water Pipes					
Water Pipes					
Sewage Pipes					
Waste/Refuse /Chutes					

COMMUNICATIONS:

	Provided	Not Provided	Location	Condition	Remarks
Intercom Services					
C.C.TV					
Fire Alarm					
Loud Speakers					
Siren					
Warning Labels					

FIRST AID & RESCUE:

	Provided	Not Provided	Location	Condition	Remarks
First Aid Boxes					
Stretchers					
Wheel Chairs					

FIRE EXTINGUISHERS (IF NECESSARY USE ADDITIONAL SHEETS OR LISTS):

Location	Type	Capacity	Tested On	Total	Remarks
Lift Room					
Meter Room					
Pump Room					
Security Desk					

FIRE BUCKETS (IF NECESSARY USE ADDITIONAL SHEETS OR LISTS):

Location	Type	Capacity	Tested On	Total	Remarks

SPRINKLERS (IF NECESSARY USE ADDITIONAL SHEETS OR LISTS):

Location	Type	Capacity	Tested On	Total	Remarks

SMOKE DETECTORS (IF NECESSARY USE ADDITIONAL SHEETS OR LISTS):

Location	Type	Capacity	Tested On	Total	Remarks

FIRE ALARMS (IF NECESSARY USE ADDITIONAL SHEETS OR LISTS):

Location	Type	Capacity	Tested On	Total	Remarks

HOSE REELS (IF NECESSARY USE ADDITIONAL SHEETS OR LISTS):

Location	Installation Date	Make	Remarks

PUMP HOUSE:

	Provided	Not Provided	Description
Main Fire Pump			
Main Domestic Pump			
Fire Extinguishers			
Fire Buckets			
Ventilation / Exhaust			
Combustible Materials			
House Keeping			

SOLID WASTE DISPOSAL:

Available		Not Available		Remarks :

SCRAP YARD:

Location	Size	Remarks

STORAGE ROOMS:

Location	Size	Remarks

VENTILATION:

	Location	Size	Make	Remarks
Smoke Extractor				
Auto Air Ventilator				
Exhaust Fan				

LIGHTING:

Location	Provided	Not Provided	Throughout Night	General Supply	Stand by Supply
Lifts /Elevators					
Lift Lobby					
Corridors					
Staircase					
Courtyards					
Pump House					
Gates					
Internal Roads					

DRAWINGS FOR VERIFICATION:

	Available	Not Available	Remarks
Fire Route			
Fire Hydrants			
Main Entrance			
Fire Department Connections			
All Buildings / Structures			
Gas Shut off (if not on floor plan)			
Street Name			
North Arrow			
Storage Sites / Locations			
Hazardous Areas			
Smoking Area			
Designated Assembly Areas			
Exists			
All Floors			
Roof Plan			
Water Tanks			
Lift Room			
Electrical Rooms			
Mechanical Rooms			
Sprinkler Control Room			
Fire Alarm Control Room			
Smoke Control Measures			
Fire Extinguishers			
Emergency Generators			
Sprinkler Control Valves			
Standpipe Control Valves			
Water Shut off			
Gas Shut off			
Kitchen Suppression System			
Other Special Extinguishing systems			
Stairwell Identification			

RECORDS & DOCUMENTS FOR VERIFICATION:

	Available	Not Available	Remarks
NOC from Municipal Corporation			
Conditional NOC from Fire Brigade			
Final NOC from Fire Brigade			
Lift Certificates			
Repair & Maintenance Register for Building			
Maintenance Register for Fire Hydrants			
Filling & Servicing Register for Fire Extinguishers			
Maintenance Register for Sprinklers			
Maintenance Register for Hose Reels			
Register for Fire Fighting Training			
Register for First Aid Training			
Register for Emergency Plan Training			

PAST INCIDENTS OF FIRE / ACCIDENTS:

Date	Location	Injury / Death / Property Loss	Possible Causes	Action Taken

ANY OTHER INFORMATION YOU WOULD LIKE TO GIVE: