

Building Name:		Date: (mm / dd / yyyy)	
Address:		Cross Street:	
ACCESS			
Weight Restricted Parking/ Access/ Areas <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide a Site Plan Drawing Showing the Restrictions			
FIRE ALARM			
Fire Alarm Panel at Main Entrance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:		Evacuation Signs Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Annunciator Location <input type="checkbox"/> Main Entrance <input type="checkbox"/> FCC <input type="checkbox"/> Other:		Signal Silence Location	
Reset Switch Location	Fire Alarm <input type="checkbox"/> Monitored <input type="checkbox"/> Local	Monitoring Company	
Voice Communication <input type="checkbox"/> Yes <input type="checkbox"/> No	Speakers in Stairways <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Phones <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Responder Radio Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation Method: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Relocation Number of floors in alarm:			
BUILDING INFORMATION			
Below Grade Floors #: Use:		Total # of Stories	Dimensions X
Boiler Room Location		Type of Heat	
Is there a 13 th Floor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Occupancy	# of Res. Units	Type of Construction <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Fire Resistance Rating <input type="checkbox"/> A <input type="checkbox"/> B
Roof Construction (check all that apply) <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Truss <input type="checkbox"/> Other:		Floor Construction (check all that apply) <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Truss <input type="checkbox"/> Other:	
Stairways Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No	Stairways Pressurized <input type="checkbox"/> Yes <input type="checkbox"/> No	Unenclosed Stairways <input type="checkbox"/> Yes <input type="checkbox"/> No	Between which Floors?
ELEVATORS			
Recall Key Switch Location		Elevator Recall <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	Location of Elevator Recall Keys <input type="checkbox"/> FCC <input type="checkbox"/> Lockbox <input type="checkbox"/> Other:
Is there a Designated Fire Elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, What is the location of the designated elevator? (per CBC 403.6.1)		Number of Designated Fire Elevators <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Do you have phase 1 and phase 2 elevator recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an Occupant evacuation elevator? (per CBC 403.6.2) <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where is this elevator located?
Are the elevators connected to emergency power? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phones in Elevators <input type="checkbox"/> Yes <input type="checkbox"/> No	Elevator Service Company	Phone
HAZARDOUS MATERIALS OR PROCESSES			
What? (add additional sheets if necessary)		Where? (add drawing if necessary)	
Location of MSDS			
Swimming Pool <input type="checkbox"/> Yes <input type="checkbox"/> No	Location	Hot Tub <input type="checkbox"/> Yes <input type="checkbox"/> No	Location
FIRE SUPPRESSION			
Sprinklers <input type="checkbox"/> None <input type="checkbox"/> Total <input type="checkbox"/> Partial		Partial where?	Location of Main Sprinkler Shut off
Provide location(s) of FDC inlets		Location of spare sprinklers	
Standpipes: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Combination		Sprinkler Isolation Valves <input type="checkbox"/> Yes <input type="checkbox"/> No	Locations
Standpipes: 3" Outlets <input type="checkbox"/> Yes <input type="checkbox"/> No Location:		Riser Isolation Valves <input type="checkbox"/> Yes <input type="checkbox"/> No	Locations
Standpipes: with 1 1/2 inch hose lines attached <input type="checkbox"/> Yes <input type="checkbox"/> No Locations:		Each Zone Clearly Identified at Fire Department Connection <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Pump (check all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diesel <input type="checkbox"/> Electric	Fire Pump Location	GPM FP#1:	FP#2: FP#3:
Sprinkler Design Information Hazard Classification:		Design Area Sq Ft:	Density:

RESCUE AIR SYSTEM					
Location: (define location by stair and floors)					
SMOKE REMOVAL AND VENTILATION					
<input type="checkbox"/> Operable Windows <input type="checkbox"/> Breakout Windows <input type="checkbox"/> Smoke Control System <input type="checkbox"/> Smoke Shaft					
Location of Smoke Control Panel				Exhaust Fan If yes: <input type="checkbox"/> Automatic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Manual	
Type of Damper Control <input type="checkbox"/> Toggle <input type="checkbox"/> Knob type					
List any Specific Instructions if Necessary					
Pressurized Stairways <input type="checkbox"/> Yes <input type="checkbox"/> No		Stairway Fan Activation <input type="checkbox"/> Manual <input type="checkbox"/> Automatic		Number of Stairways From 1 to	Stairway Identification
Location of Pressurization Control Switch		Cross Over Floors <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Floors		Stairs to Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
GARBAGE					
Bin Location		Compactor <input type="checkbox"/> Yes <input type="checkbox"/> No	Chute Location	Chute Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler Isolation Valve Location
KEYS					
Lock Box Type (only Trac-Vault is approved for exterior locations) <input type="checkbox"/> Trac-Vault <input type="checkbox"/> Other <input type="checkbox"/> None				Location	
List of Keys in Lock Box					
ROOF					
Microwave/Cellular Antennae <input type="checkbox"/> Yes <input type="checkbox"/> No Quantity:			Strongest Wattage Watts		Roof Locked <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Guard Rail <input type="checkbox"/> Parapet <input type="checkbox"/> Unprotected			Standpipe on Roof <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Access <input type="checkbox"/> Door <input type="checkbox"/> Hatch <input type="checkbox"/> No Interior Access	
Solar Panels <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire Department Access Paths <input type="checkbox"/> Yes <input type="checkbox"/> No	Batteries Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut offs provided (include locations and instructions)	
Other roof top hazards (describe and provide locations):					
SHUT OFF LOCATIONS					
Gas			Main Electrical		
Domestic Water			Other (specify type and procedure)		
EMERGENCY POWER AND LIGHTING					
Generator Location <input type="checkbox"/> NA			Fuel		Capacity K.W.:
Day Tank <input type="checkbox"/> Yes <input type="checkbox"/> No	Location and capacity:		Feeder Tank <input type="checkbox"/> Yes <input type="checkbox"/> No	Location and capacity:	
UPS Power <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery location and size:		Battery Powered Emergency Lights & Exit Signs <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will Operate (check all that apply): <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Voice Communications <input type="checkbox"/> Elevators <input type="checkbox"/> Fire phones <input type="checkbox"/> Fire Pump <input type="checkbox"/> Lights <input type="checkbox"/> Smoke Control <input type="checkbox"/> Other:					
Are there privately Owned Generators in the Building? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, powering what?				Hours on Building Generator : Hrs	
Leak detection provided for generator fuel? (all generators) <input type="checkbox"/> Yes <input type="checkbox"/> No		Reporting location of leak detection system, if provided:			

CHILLERS/REFRIGERANTS

Location:

Type of refrigerant and quantity:

Leak detection system provided?
 Yes No If yes include reporting location:

Shut down controls, location and procedure:

ADDITIONAL INFORMATION (PROVIDE ADDITIONAL INFORMATION TO ASSIST EMERGENCY RESPONDERS)

Multiple empty rows for providing additional information.