



FIRE-FIGHTERS COPY

FIRE SAFETY PLAN FOR (ADDRESS)

(NOTE: IDENTIFY ALL ON SCHEMATICS)

FSP Staff Copy Location: _____

Lock Box: YES NO

EXTRA HAZARDOUS AREA YES NO
SEE APPENDIX LAST PAGE

BUILDING DESCRIPTION

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	Building Height _____ Storesys	Number of Units _____
<input type="checkbox"/> Assembly	<input type="checkbox"/> Vulnerable Occupancy		
Description of Occupancy/ what occupancy operates as: (i.e. licensed restaurant with dine in and take out sections, or automobile part manufacturing)			
Heating System Fuel Type:		Type of Construction:	Year of Construction
Name of Owner		Telephone - Business	
Address		Telephone - Home	
Property Management Company		Telephone	
Address		Pager	
Property Manager		Telephone	
Superintendent (or Fire Safety Coordinator)		Telephone	
Address		Pager	
Ass't Superintendent		Telephone	
Address		Pager	

When a manager or employee turnover occurs, all Fire Safety Plans will be revised to reflect the current change. The Amherstburg Fire Department shall be notified of the change immediately.

FIRE PROTECTION EQUIPMENT SUMMARY	Yes	No	See Page
Firefighter Elevators			
Generator			
Sprinkler System			
Smoke Control			
Fire Alarm System			
Standpipe System			

ELEVATORS

Firefighter Elevator <input type="checkbox"/> Yes <input type="checkbox"/> No	Firefighter Service <input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic Recall <input type="checkbox"/> Yes <input type="checkbox"/> No	Auxiliary Power? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY SERVICE MAINTENANCE:	
Name of Company: _____	
Phone: _____	
Total Number of Elevators: _____	
Total Number of Firefighter Elevators: _____	
Location of Fire Fighter Elevator(s): _____	
(Show on Schematics) _____ _____	
Operating Instructions: _____ _____ _____ _____ _____ _____ _____	

EMERGENCY LIGHTING / GENERATOR / HYDRO VAULT

EMERGENCY LIGHTING:

Type(s)

Battery Pack

Generator Powered

Coverage:

Battery Pack Location

GENERATOR:

Location

Fuelled By

If Natural Gas, Does it Have A Separate Supply Line?

Yes

No

Location of Manual Starting Instructions

Equipment Powered By Generator

HYDRO VAULT:

Location of the Electrical Vault: _____

Location of all secondary Electrical / switching rooms: _____

Location of vents that come from any Electrical rooms or Electrical Vaults: _____

SPRINKLER SYSTEM

Type(s): ___ Wet ___ Dry ___ Other

Coverage:

VALVES	No.	LOCATION	COVERAGE

Location of Fire Department Connection
(Show on schematic)

Fire Pump?	Location
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Operating Instructions

SPECIAL FEATURES

	YES	NO
1. <u>SMOKE CONTROL</u>		
- Pressurization	_____	_____
- Smoke Exhaust	_____	
Details		

VENTILATION FAN AUTOMATICALLY SHUTS-OFF WITH ACTIVATION OF FIRE ALARM ___ Yes ___ No		
Location of Fan Shut-off		

2. FIXED EXTINGUISHING SYSTEM(S) ___ Yes ___ No		
Location of Storage Tank		

Type of Extinguishing Agent		

Special Instructions for Firefighters		

Lock Box: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Keys: _____		
Areas they Access:		

FIRE ALARM SYSTEM

Manufacturer		Model	
Type: ___ Single Stage ___ Two Stage Addressable: ___ Yes ___ No		Voice Evacuation ___ Yes ___ No	
Monitored ___ Yes ___ No	Company		Telephone
Primary Power		Secondary Power	
Control Panel Location (Show on Schematic)			
Annunciator Panel Location (Show on Schematic)			
DEVICES		YES	NO
Pull Stations			
Heat Detectors			
Smoke Detectors			
Horns/Strobes			
Bells			
Interconnected Smoke Alarm System			
<u>ANCILLARY DEVICES (AUTOMATIC)</u>			
FAN SHUT-DOWN		___ YES	___ NO
ELEVATORS RETURN TO GRADE		___ YES	___ NO
CLOSING OF FIRE DOORS		___ YES	___ NO
GAS SHUT-OFF	___ Kitchen	___ Laundry	___ Other

SCHEMATICS