



## FIRE-FIGHTERS COPY

# FIRE SAFETY PLAN

FOR  
(ADDRESS)

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

**When a manager or employee turnover occurs, all Fire Safety Plans will be revised to reflect the current change. Windsor Fire & Rescue Services shall be notified of the change immediately.**

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

**ELEVATORS**

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

**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)

<b>Fire Pump?</b>	<b>Location</b>
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**Operating Instructions**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL FEATURES**

	YES	NO
<b>1. <u>SMOKE CONTROL</u></b>		
- Pressurization	_____	_____
- Smoke Exhaust	_____	
<b>Details</b>		
_____		
_____		
_____		
<b>VENTILATION FAN AUTOMATICALLY SHUTS-OFF WITH ACTIVATION OF FIRE ALARM</b> ___ Yes    ___ No		
<b>Location of Fan Shut-off</b>		
_____		
<b>2. FIXED EXTINGUISHING SYSTEM(S)</b> ___ Yes    ___ No		
<b>Location of Storage Tank</b>		
_____		
_____		
_____		
<b>Type of Extinguishing Agent</b>		
_____		
_____		
_____		
<b>Special Instructions for Firefighters</b>		
_____		
_____		
_____		
<b>Lock Box:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of Keys:</b> _____		
Areas they Access:		
_____		
_____		
_____		

**FIRE ALARM SYSTEM**

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

**STANDPIPE SYSTEM**

<b>Number of Risers</b>		<b>Size of Risers</b>	
<b>Size of Hose Outlets</b>			
<b>Location of Hose Stations</b>			
<b>Length of Hose</b>		<b>Type of Nozzle</b>	
<b>Location of Fire Department Connection</b> (Show on Schematic)			
<b>VALVE No.</b>	<b>LOCATION</b>	<b>COVERAGE</b>	
<b>Fire Pump?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Location</b>	
<b>Operating Instructions</b>			
_____			
_____			
_____			



## SCHEMATICS