Annexure -I(3)

INSPECTION FORMAT FOR INSTITUTINAL BUILDIING (HOSPITALS, CUSTODIAL, PENAL AND MENTAL BUILDING)

A. General requirements

1) Name of the building: -
2) Address of the building: -
3) Date of Inspection: -
4) Name of the Company/Owner/Occupier: -
5) Type of occupancy: -
6) Sub division of the occupancy: -
7) Telephone or Mobile No: -
8) Email ID: -
9) Details of Surrounding: - North.....South.....
   East..... .....West.....
10) Details of setback area: - North.....South.....
    East .....West.....
11) Height of the Building (in meters): -
12) Plot area (in meters):-
13) With beds or No Beds (Applicable for C-1 buildings):-
14) Up to 300 or more than 300 persons (Applicable for C-2 and C-3 building):-
15) No. of Floors (eg, basement+ stilt+ ground + upper floor) .....
16) Total area of the building (in sq. mts): -.....
17) Year and type of construction (CI sheet roofing with wall/RCC/Internal load bearing wall construction etc.): -.....
18) Name and designation of Fire Officer from building site (As per NBC 2016 part-IV clause 4.10 building with height 15m and above fire officer is required): -.....
19) Firefighting training: - Yes/No.....
20) Copy of the approval plan of the building: -.....
21) Access to the building:
    i) Approach road width : - .....
    ii) No. of entrance: -.....
    iii) Gate width /height: -.....
    iv) Width of the internal road: -.....

22) Staircase:

a) Internal staircase:

i) No. of internal staircase and width: -.....

ii) Height of the internal staircase handrail: .....

b) External Staircase:

i) Width of external staircase: .....

ii) Height of the external staircase handrail: -.....

c) Width of the corridor: -

d) Width of the exit doors: -

23) Ramp (Yes/No): -

.....

24) Electrical:

a) Type of wiring (conceal/conduit/aluminium/copper) .....

b) MCB/RCCB/ELCB: -.....

c) Type of main wiring (over ground/ underground).....

B	Minimum standard on fire prevention and fire safety	compliance	MR/NMR	Recommendation
1)	EXTINGUISHERS			
	PORTABLE FIRE EXTINGUISHERS			
	I) Total no. in each floor.			
	II) Types of Extinguishers & capacity.			
	III) Year of manufacture & expiry.			
	IV) IS marking			
	TROLLEY FIRE EXTINGUISHERS			
	I) Total no. in each floor.			
	II) Types of Extinguishers & capacity.			
	III) Year of manufacture & expiry.			
	IV) IS marking.			
2)	AUTOMATIC FIRE DETECTION AND ALARM SYSTEM			

	I)	Types of detectors.			
	II)	Location of main panel.			
	III)	Alternate Source of lighting.			
	IV)	Hooter's Location.			
	V)	Manual Call Points.			
3)		PUPLIC ADDRESS SYSTEM MANUALLY OPERATED ELECTRONIC FIRE ALARM SYSTEM (MOEFA).			
4)		AUTOMATIC SPRINKLER SYSTEM.			
	I)	As per provision of NBC.			
	II)	Upper floors.			
	III)	Spacing (IS:15105)			
5)		FIRE HYDRANT SYSTEM			
	I)	Yard Hydrant			
	II)	Internal Hydrant			
	III)	Size of riser/Down comer			
	IV)	Landing Valve			
	V)	Fire service inlet			
	VI)	Hose box			
	VII)	First aid hose reel hose with dischar nozzle.			
6)		PUMP ARRANGEMENT			
	I)	Discharge capacity (3.5 kg/cm2 At remotest location)			
	II)	Number of main pumps near Underground Static Tank			
	III)	Pump near terrace Tank (minimum Pressure of 3.5 kg/cm2)			
	IV)	Jockey pump			
	V)	Standby pump			
	VI)	Auto starting/manual stopping			
	VII)	Pump house access			
7)		Water Storage capacity for Fire Fighting			
	I)	Underground tank capacity			

	II) Overhead tank capacity			
	III) Whether concrete/syntax			
8)	Exit signage			
9)	**Provision of Lift**			
	I) **NO. OF LIFT.**			
	II) **CAPACITY IN KG.**			
	III) **CERTIFIED BY CHIEF INSPECTOR OF LIFT AND ESCALATORS (IF Y ENCLOSED COPY).**			
	IV) Fireman's grounding Switch			
	V) Lift Signage			
	VI) Alternate source of power supply			
10)	Gas bank supply (If yes, specify its protected Measures).			
11)	**Standby/Alternate Power Source**			
12)	**Fire Control Room at ground floor**			
13)	**Escape route/fire order**			
14)	**Building emergency lay out plan**			
15)	**Special Fire Protection System for protectior Of special risk, if any.**			

Note: 1) MR: (Meeting Requirements).

2) NMR (Not Meeting Requirements).

3) Inspection shallcarry out as per National Building Code of India, 2016 and IS specification.

4) In case required, use additional sheet for recommendation column.

- Name and designation of Inspection Officer with signature:

- Name and designation of Asst. Inspection Officer with signature:

- Name of the Fire Station: