

FIRE SAFETY PLAN

PART I -- BUILDING INFORMATION SECTION

BUILDING ADDRESS: _____

BUILDING OWNER/REPRESENTATIVE:

Name: _____

Address: _____

Telephone: _____

BUILDING INFORMATION:

Year of Construction: _____

Type of Construction: Combustible Non-Combustible

Number of Floors: _____ Above ground _____ Below ground

Sprinkler System: Yes No

Sprinkler System Coverage: Entire Building Partial (*complete all that apply*):

- Dwelling Units: _____
- Hallways: _____
- Stairwells: _____
- Compactor Chute: _____
- Other: _____

Fire Alarm: Yes Transmits Alarm to Fire Dept/Fire Alarm Co No

Location of Manual Pull Stations: _____

Public Address System: Yes No

Location of Speakers: Stairwell Hallway Dwelling Unit Other: _____

Means of Egress (e.g., Unenclosed/Enclosed Interior Stairs, Exterior Stairs, Fire Tower Stairs, Fire Escapes, Exits):

Type of Egress	Identification	Location	Leads to

Other Information: _____

DATE PREPARED: _____