



City of
SURREY
Fire Service

VITAL BUILDING INFORMATION
Fire Safety Plan

Building Name		Date	
Address			
ACCESS			
Weight Restricted Parking/Access/Areas <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Site Drawings Showing the Restrictions			
FIRE ALARM			
Fire Alarm Panel at Main Entrance <input type="checkbox"/> Yes <input type="checkbox"/> No		Local Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	
Annunciator Location		911 Signs Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reset Switch Location		Signal Silence Location	
Voice Communication <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire Phones <input type="checkbox"/> Yes <input type="checkbox"/> No	
In Stairways <input type="checkbox"/> Yes <input type="checkbox"/> No		Location	
BUILDING INFORMATION			
Below Grade Floors # Use:		Above Grade Floors # Use:	
Boiler Room Location		Building Height (ft)	
Is there a 13 th Floor <input type="checkbox"/> Yes <input type="checkbox"/> No		Dimensions X	
Major Occupancy		Type of Heat	
Roof Construction <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other _____		# of Suites	
Private Stairway <input type="checkbox"/> Yes <input type="checkbox"/> No		Upper Floor Construction <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other _____	
Between which Floors			
ELEVATORS			
Recall Key Switch Location		Elevator Recall <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	
Elevator Keys in Lockbox or on Site with Security			
Is there a designated Fire Elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, What is the location of the Designated Elevator	
Do you have Firefighter Service or Independent service? <input type="checkbox"/> FF Service <input type="checkbox"/> Independent			
Which Elevator runs on emergency Power? <input type="checkbox"/> Yes <input type="checkbox"/> No		Elevator Service Company	
Phones in Elevators? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone	
DANGEROUS GOODS / HAZARDOUS PROCESSES			
Describe (add additional sheets if necessary)		Location? (add drawing if necessary)	
Location of M.S.D.S.			
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?	
Sprinkler Main Valve Location			
Standpipes: 2 1/2" Valves <input type="checkbox"/> Yes <input type="checkbox"/> No		Sprinkler Zone Isolation Valve Location	
Standpipes: 1 1/2" Valves <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire Department Connection Locations	
Rise Isolation Valves <input type="checkbox"/> Yes <input type="checkbox"/> No		Zones Clearly Indicated at Fire Department Location	
Fire Pump <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire Pump Location	
GPM/LPM FP#1		FP#2	
		FP#3	

<input type="checkbox"/> OPENABLE WINDOWS <input type="checkbox"/> STAIRWAY TO ROOF <input type="checkbox"/> SMOKE SHAFT <input type="checkbox"/> BUILDING EXHAUST SYSTEM				
Location of Smoke Damper Control			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"/> Electric toggle <input type="checkbox"/> Manual Pull				
Do Parkade Fans Shut Down <input type="checkbox"/> Yes		If Yes, where are the manual override switches located?		
On Fire Alarm Activation? <input type="checkbox"/> No		<input type="checkbox"/> Fire Alarm Panel <input type="checkbox"/> Other Location _____		
List Specific Instructions if Necessary				
STAIRWAY INFORMATION				
Pressurized Stairways <input type="checkbox"/> Yes <input type="checkbox"/> No	Stairway Fan Activation <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	Numbered Stairways From 1 to _____	Colored Stairways <input type="checkbox"/> Yes <input type="checkbox"/> No	Stairway Number/Color Direct to Roof
Location of Pressurization Control Switches		Cross-over Floors <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Floors?	Scissor Stairs <input type="checkbox"/> Yes <input type="checkbox"/> No
GARBAGE				
Bin Location	Chute Location	Chute Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler Isolation Valve Location	Compactor <input type="checkbox"/> Yes <input type="checkbox"/> No
KEYS				
Building Keys available on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES , List keys available and where keys are located? (Lock box, Manager, Security)			
ROOF				
Microwave 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	Roof Hydrant <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Access <input type="checkbox"/> Door <input type="checkbox"/> Hatch <input type="checkbox"/> No Interior Access
SHUT OFFS				
Sprinkler Location		Gas Location		
Water Location		Electric Location		
EMERGENCY POWER / LIGHTING				
Generator Location		Fuel	Capacity K.W.	
		<input type="checkbox"/> N/A		
Will Operate: <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 Ventilation <input type="checkbox"/> Other _____				
Batter Powered Emergency lights <input type="checkbox"/> Yes <input type="checkbox"/> No		UPS Power <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROPERTY CONTACT / GENERAL INFORMATION				
Building Owner			Telephone Number	
Address				
Manager / Mgmt Company			Telephone Number	
Address				
Caretaker			Telephone Number	
24 / 7 Contact Person with knowledge of Building/Contents/Processes			Telephone Number	
Alternate 24 / 7 Contact Person with knowledge of Building/Contents/Processes			Telephone Number	
Additional Contact Information				