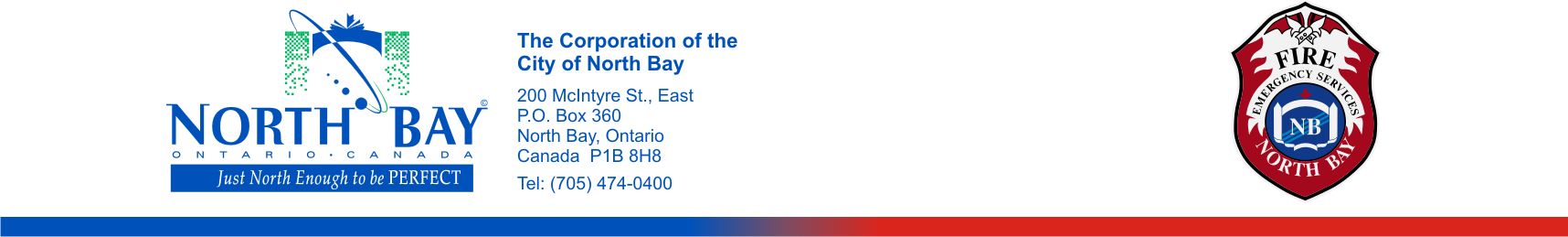
|  |  |  |
| --- | --- | --- |
| **Building Name:** | |  |
| **Address:** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PREPARED BY:** |  | | | |
| **EMAIL AND PHONE NUMBER:** | | |  | |
| **DATE PREPARED:** | |  | | |
| **REVISION DATES:** | |  | | |
| **SIGNATURE OF CHIEF FIRE OFFICIAL:** | | | |  |

****

**North Bay Fire &**

**Emergency Services**

**Fire Prevention & Life Safety Division**

**119 Princess Street West**

**North Bay, Ontario**

**Canada P1B 6C2**

**Tel: 705-474-0626 Ext. 4800**

**Specific Instructions**

**Please do not unlock/unprotect this document**

This document shall be completed and submitted to the North Bay Fire & Emergency Services Fire Prevention & Life Safety Division **via email**.

1. If there are fields that do not apply to your building please indicate with **N/A**.
2. When the template has been reviewed by the Fire Prevention Officer, it may be returned to you via e-mail with an attached “checklist” outlining any required additions/corrections.
3. If you require any information or clarification regarding any of these fields contact the Fire Inspector assigned to your case or click on this web site to view the *Ontario Fire Code*. [Ontario Fire Code](http://www.e-laws.gov.on.ca/html/source/regs/english/2007/elaws_src_regs_r07213_e.htm)
4. If the floor plan drawing(s) is not completed with a computer it shall be scanned and submitted by email to the Fire Inspector assigned to your case.
5. Due to time restraints, it is important that you follow these instructions and liaison with the Fire Prevention Officer via email.
6. The contacts for all Fire Prevention staff are:
   1. Captain of Fire Prevention Sheri Korn

705-474-0400 ext. 4806

sheri.korn@cityofnorthbay.ca

* 1. Fire Prevention Officer Joe Gardiner

705-474-0400 ext. 4841

joe.gardiner@cityofnorthbay.ca

* 1. Public Education Officer Chris Nichol

705-474-0400 ext. 4829

chris.nichol@cityofnorthbay.ca

**Table of Contents**

**Topic**  **Page Number**

Part 1 Introduction

Part 2(a) Building Resources Audit

Part 2(b) Human Resources Audit

Part 3 Emergency Procedures — Occupants Single Stage Alarm

Part 4 Emergency Procedures — Supervisors

Part 5 Responsibilities of the Owner/Occupant

Part 6(a) Fire Hazards – Residential

Part 6(b) Fire Hazards – Commercial

Part 7 Fire Extinguishment/Control/Confinement

Part 8 Alternative Measures

Part 9 Fire Drills

Part 10 Maintenance Requirements of Building Fire   
and Life Safety Systems

Part 11 Building Schematics

**Part 1**

**Introduction**

The Ontario Fire Code, Section 2.8 requires the implementation of a FIRE SAFETY PLAN for this building/occupancy. The plan is to be kept in the building in an approved location.

The implementation of the Fire Safety Plan helps to ensure effective utilization of life safety features in a building to protect people from fire. The required Fire Safety Plan should be designed to suit the resources of each individual building or complex of buildings. It is the responsibility of the owner to ensure that the information contained within the Fire Safety Plan is accurate and complete. The Fire Code defines “**OWNER**” as “any person, firm or corporation controlling the property under consideration”. Consequently, owners may be managers, maintenance staff and tenant groups.

The Fire Protection and Prevention Act Part VII, Section 28, states that in the case of an offence for contravention of the fire code, a corporation is liable to a fine of not more than $100,000 and an individual is liable to a fine of not more than $50,000 or imprisonment for a term of not more than one year or both.

This official document is to be kept readily available at all times for use by staff and fire officials in the event of an emergency.

|  |
| --- |
|  |

***The fire safety plan approved location is:***

**SUBMISSION PROCEDURES**

When the fire safety plan and floor plan drawings have been completed please **submit by e-mail only** to Fire Inspector assigned to your case. The FPO may return the plan and drawing(s) to you via e-mail with an attached “checklist” with required additions/corrections. When additions/corrections are complete, re-submit to the FPO **via e-mail** and when approved a signed copy will be returned to the author via Canada Post and one copy will be retained by the North Bay Fire & Emergency Services.

The Fire Prevention Officer is to be notified regarding any subsequent changes in the approved Fire Safety Plan.

***The Fire Safety Plan shall be reviewed as often as is necessary, but at intervals not greater than 12 months, to ensure that it takes into account changes in the use and other characteristics of the building***

**Part 2(a)**

**Resources Audit**

You are required to place an ‘X’ in the check boxes provided. Place the ‘X’ inside the box, not on the outside. If you experience a problem, simply right-click on the box, left-click *properties*, and then left-click the circle marked *checked.*

*Any box (or shaded area) that is not applicable to your building must be**marked* ***N/A***

**BUILDING PROFILE AND FIRE SAFETY SYSTEMS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Building Information** | | | | | | | | | | | | | |
| Common Name of Bldg: | | | | | | | | | | Building Type Construction: | | | |
| Address: | | | | | | | | | | | | | |
| City: North Bay | | | | | | Postal Code: | | | | | | | |
| Number of Stories: | | | | | | Number of Units: | | | | | Building Area:       meters square | | |
| Indicate the Primary Use of your Building: | | | | | | | | | | | | | |
| **Building Facilities** | | | | | | | | | | | | | |
| Do you have a parking garage?  Yes  No | | | | | | | | | Do you have an elevator?  Yes  No  Automatic Recall Yes  No  Manual Recall Yes  No | | | Is there a firefighter elevator?  Yes  No | |
| Do you have smoke control devices?  \* Only buildings over 6 storeys Yes  No  Magnetic hold open devices on doors? YesNo | | | | | | | | | Do you have pressurized stairwells?  Yes  No | | | Is there interior roof access?  Yes  No  Where? | |
| Do all stairwells exit to the exterior?  Yes  No  If no explain? | | | | | | | | | | | | | |
| Do you have hazardous materials stored on site?  Yes  No  If yes, list the materials and there quantities: | | | | | | | | | | | | | |
| **Building Access** | | | | | | | | | | | | | |
| Lock Box | | | CHUBB | | | | Location: | | | | | | |
| Entry Code | | | Other Type | | |  | | | | | | | |
|  | | | | | | | |  | | | | | |
| **Onsite Building Information** | | | | | | | | | | | | | |
| Fire Safety Plan | | | | | | | Location: | | | | | | |
| WHMIS Information | | | | | | | Location: | | | | | | |
| Other | | | | | | | Location: | | | | | | |
|  | | | | | | |  | | | | | | |
| **Occupant Load** | | | | | | | | | | | | | |
| Residents/Occupants | | | Total Number: | | | Daytime approx. Number: | | | | | | |
|  | | | |  | | | Evenings approx. Number: | | | | | | | |

**ALARMS & EVACUATION SYSTEMS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Alarm Systems** | | | | |
| Main Fire Alarm Control Panel | | | Location: | |
| Annunciator Panel Location | | | Location(s): | |
| **Type of Alarm (Check the appropriate box below.)** | | | | |
| Two Stage Fire Alarm System  Make:  Model: | | | Interconnected Smoke Alarms | |
| Security/Intrusion | Partial System | | Sprinkler System used as Fire Alarm | |
| **Fire Protection Devices** (Check any that are present in your building) | | | | |
| Smoke Alarms (Battery or hardwired units) | | | | Emergency Lighting (Battery powered) |
| Smoke Detectors (Alarm System) | | | | Carbon Monoxide Detectors |
| Heat Detectors | | | | Fire Extinguishers |
| Evacuation Communications System (PA) | | | | Voice Communication System |
| Commercial Kitchen Hood Suppression System | | | | Exit Signs (internally illuminated) |
| **Evacuation Information** | | | | |
| Meeting Place (Location occupants assemble immediately after leaving building during evacuation.)  Location: | | | | |
| Areas of Refuge: (Shelter if necessary) | |  | | |
| Re-Entry Procedures: (**Wait for approval from Fire Official**) | | | | |

**FIRE PROTECTION**

|  |  |  |
| --- | --- | --- |
| **Water Supply** | | |
| Is there a fire hydrant within 90 meters of your buildings front door? Yes  No | | |
| If you answered no, is there another year round source of water on your property (swimming pool, reservoir,  pond, etc…)? Yes  No | | |
| If you answered no to both questions, immediately contact Fire Prevention at 474-0400 | | |
| **Sprinkler System** | | |
| Do you have a sprinkler system in your building? Yes  No  (If no, go to next entry.) | | |
| If yes, does it cover your whole building? Yes  No | | |
| If no, what areas are sprinklered? | | |
| If you have a sprinkler system in your building, the following devices **must be indicated** on the diagram of your building: Fire Department Connection (Siamese) Connection, Sprinkler Control Room, Fire Pump(s), Main Control Valve, Isolation Control Valve(s), and Post Indicator Valve(s). | | |
| Is your sprinkler connected to the Fire Alarm? Yes  No | | |
| If no, is there a water gong or other alerting device to indicate water flow? Yes  No | | |
| If no, immediately contact Fire Prevention at 474-5662 | | |
| **Standpipe System** | | |
| Do you have a standpipe system in your building? (Fire hose cabinets) Yes  No  (If no, go to next entry.) | | |
| If yes, does it cover your whole building? Yes  No | | |
| If no, what areas are covered? | | |
| Do your fire hose cabinets have fire extinguishers? Yes  No | | |
| How are the hose cabinet doors opened if they are locked or fastened? | | |
| If you have a standpipe system in your building, the following devices **must be indicated** on the diagram of your building: Fire Department Connection (Siamese) Connection, Hose Cabinets, and Main Shut Off Valve. | | |
| **Fixed Extinguishing Systems** | | |
| Area Protected | Type | Specify Details |
| Kitchen/Commercial (NFPA 96) |  |  |
| Spray Booth |  |  |
| Other |  |  |
| Extinguishing System connected to Fire Alarm Yes  : No | | |

**UTILITY PROVISIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Electrical, Utility & Fuel Supplies** | | | | | |
| Water Main Shut off | | | Main Electrical Shut off | | |
| Natural Gas Shut off | | | Fuel Oil/Diesel Shut off | | |
| Emergency Generator | Location: | | | | |
| **All the above items must be indicated on your building diagram**. | | | | | |
| **Refuse** | | | | | |
|  | | | | Sprinkler Coverage | |
| Garbage Room | | Location: | | | Yes |
| Garbage Chute | | Location: | | | Yes |
| Garbage Compactor | | Location: | | | Yes |
| Garbage Exterior Storage | | Location: | | |  |
| **All the above items must be indicated on your building diagram**. | | | | | |

**Part 2(b)**

**HUMAN RESOURCES AUDIT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ownership** | | | | | | | | | |
| Building Owner: | | |  | | Res: | | Cell: | | |
| Address: | | | | | Bus :(   ) | | Ext: | | |
| City: | Postal Code: | | | | Fax : | | Pager : | | |
| Email: | | | | |
| **Keyholders**  **Enter keyholder information in the order of priority for contacting** | | | | | | | | | |
| 1. Same as 1  or 2  listed above. (If the same, check the appropriate box.) | | | | | | | | | |
| Name: | | | | Phone: | Res: | | | Cell : | |
| Position: | | | | | Bus : | | | Ext: | |
| Address: | | | | | Fax : | | | Pager : | |
| 2. Same as 1  or 2  listed above. (If the same, check the appropriate box.) | | | | | | | | | |
| Name: | | | | Phone: | Res: | | | Cell : | |
| Position: | | | | | Bus : | | | Ext: | |
| Address: | | | | | Fax : | | | Pager : | |
| 3. Same as 1  or 2  listed above. (If the same check the appropriate box.) | | | | | | | | | |
| Name: | | | | Phone: | Res: | | | Cell : | |
| Position: | | | | | Bus: | | | Ext: | |
| Address: | | | | | Fax: | | | Pager : | |
|  | | | | | | | | | |
| FIRE ALARM MONITORING Co. | |  | | | | Phone No. | | |  |
| SPRINKER MONITORING Co. | |  | | | | Phone No. | | |  |

**Important reminder – if there is any change to personnel you must make the change on this page immediately and ensure the change is reflected in your document that is located in your Fire Safety Plan box at the entrance of the building. Also, please forward the change to the Fire Inspector assigned to your case.**

**Part 3**

**Emergency Procedures**

EMERGENCY PROCEDURES SIGNAGE SHALL BE POSTED AT ALL FIRE ALARM SYSTEM PULL STATIONS AND EXITS. THE INSTRUCTIONS SHALL READ AS FOLLOWS:

**IN CASE OF FIRE**

**UPON DISCOVERY OF FIRE**

* LEAVE FIRE AREA IMMEDIATELY
* CLOSE DOORS
* SOUND FIRE ALARM
* LEAVE BUILDING VIA NEAREST EXIT AND PROCEED TO MEETING AREA
* CALL 911 FROM SAFE LOCATION

**UPON HEARING FIRE ALARM – TWO STAGE FIRE ALARM SYSTEM**

**If Continuous Signal:**

1. Leave building via nearest Exit and proceed to meeting area.
2. Close doors behind you.
3. Do not use elevator.

**If Intermittent Signal:**

1. Prepare to leave the building.
2. Listen to announcements/instructions.

**C A** **U T I O N**

**IF YOU ENCOUNTER SMOKE – USE AN ALTERNATE EXIT**

**IF SMOKE IS HEAVY IN THE CORRIDOR IT MAY BE**

**SAFER TO STAY IN YOUR AREA. CLOSE DOOR AND**

**ATTEMPT TO SEAL OFF ANY CRACKS. DIAL 911 AND INFORM FIRE DISPATCH YOUR EXACT LOCATION**

*Decals with this information can be purchased from the ‘Fire Marshal’s*

*Public Fire Safety Council’s Distribution Centre.’ toll free: 866-379 6668*

**Part 4**

**Page 5**

**Emergency Procedures for Supervisory Staff**

**Upon Discovery of Fire**

* Leave fire area immediately and close doors. Alert occupants.
* Sound Fire Alarm and follow the fire alarm supervisory procedures.
* Call 9-1-1 from a safe location.
* Exit the building via the nearest exit.
* Await the arrival of Fire Department at the main entrance.

**Upon Hearing of a Fire Condition**

* Ensure that the other occupants have been notified of the emergency conditions.
* Notify North Bay Fire and Emergency Services of the emergency condition. Dial 9-1-1 and ask for North Bay Fire and Emergency Services.
* If it is safe to do so, supervise the evacuation of all occupants, including those requiring assistance.
* Upon the arrival of the firefighters, inform the Fire Officer of the conditions in the building and co-ordinate the efforts of the Supervisory staff with those of the Fire Department.
* Provide access and vital information to the firefighters as to location of persons, names and room numbers of occupants who are unable to use stairs to evacuate, master keys for this occupancy and service rooms, etc.

**Related Duties**

**In General**

* Keep the doors in fire separations closed at all times.
* Keep access to exits and EXITS, inside and outside, clear of any obstructions at all times.
* Do not permit combustible materials to accumulate in quantities or locations that would constitute a fire hazard.
* Promptly remove all combustible waste from areas where waste is placed for disposal, if applicable.
* Keep access roadways, fire routes and fire department connections clear and accessible for fire department use.
* Maintain the fire protection equipment in good operating condition at all times.
* Participate in fire drills. Occupants' participation should be encouraged.
* Have a working knowledge of the building fire and life safety systems.
* Ensure the building fire and life safety systems are in operating condition.
* Arrange for a substitute in your absence.
* Comply with the Ontario Fire Code.
* In the event of any shutdown of fire and life safety systems, notify North Bay Fire and Emergency Services and initiate alternative measures.
* Only those persons who are ‘trained’ may re-set or silence the fire alarm system.
* **Firefighters are prohibited from silencing or re-setting fire alarm systems.**

**Emergency Procedures Instructions/Guidelines**

|  |  |  |
| --- | --- | --- |
| ***Please pay special attention to the following instructions:***  **Are there persons on site with disabilities** (or is there potential for persons to be on site with disabilities) which may hinder their evacuation. **If so, you must plan for their evacuation and state that plan in writing**. Disabilities may include but not limited to loss of (or limited) sight, mobility issues, cognitive issues. If any person requires assistance in evacuating Supervisory Staff may have to seek assistance from any responsible, able-bodied person to move the person outside and a responsible person must remain with that person at the designated meeting area. Whenever possible, persons requiring assistance must be moved to an exit with their assertive devices, i.e. wheelchairs, crutches, scooters, as they will require these devices once outside the building. The device may have to be left in the building if it is too heavy or too large to be safely, quickly and easily transported, or if it is likely to block the emergency exit.  **You are required to establish procedures for conducting a fire drill**. The purpose of conducting fire drills is to ensure that all Supervisory Staff are totally familiar with the emergency evacuation procedures. Example procedures may read as follows; Primary Supervisory Staff will notify *Fire Dispatch* by dialing 472-1221 prior to and after the drill to ensure that Fire Crews do not respond to a drill and also contact the fire alarm monitoring service to ensure that they did receive an alarm signal. All Supervisory Staff should meet 30 min. prior to the drill to be briefed and decide what alarm activation (pull station) station will be activated. Designated Supervisory Staff would activate the alarm and immediately implement the emergency procedures. After completion of the drill Supervisory Staff will reset the pull station and immediately meet again to discuss any deficiencies and complete a **Fire Drill Record** report.  **Please describe in writing precisely (by Position, not by name) who is the lead Supervisory Staff** and who are the subordinate Supervisory Staff (by Position) and what their duties are in the event of a fire. Various duties are listed commencing on page 9. **Also describe (by Position) who is actually responsible** for training other Supervisory Staff as per the requirements found (commencing page 9) in this Fire Safety Plan. **Also describe (by position) how and how often the trainer** will train other occupants of the building, i.e. a notice will be posted advising all occupants that a meeting will be held at a specific location within the building so that all occupants receive instruction on fundamental emergency evacuation procedures and fundamental fire safety practices as noted in this Fire Safety Plan. **Document dates, times, places, attendee’s etc. of each training session.** | | |
| **Emergency Procedures** | | |
| **Emergency Procedures**    **Emergency Procedures**    **Emergency Procedures** |

**Part 5**

**Responsibilities of the Owner / Occupant**

The building owner/occupant has numerous responsibilities related to fire safety and must ensure that the following measures are enacted:

* Establishment of emergency procedures to be followed at the time of an emergency.
* Appointment and organization of designated supervisory staff to carry out safety duties.
* Instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety, including the procedures for use of elevators.
* Holding of fire drills in accordance with the Fire Code, incorporating Emergency Procedures appropriate to the building.
* Control of fire hazards in the building.
* Maintenance of building facilities provided for safety of the occupants.
* Provisions of alternate measures for safety of occupants during shut down of fire protection equipment.
* Assuring that checks, tests and inspections as required by the Ontario Fire Code are completed on schedule and that records are retained for a minimum period of two (2) years.
* Post and maintain at least one (1) copy of the fire emergency procedures on each level.
* ***Where a Fire Alarm System has been installed with no provisions to transmit a signal to the fire Department, a legible notice that is not easily removed, shall be affixed to the wall near each manual pull station with the wording that the Fire Department is to be notified in the event of a fire emergency and including the emergency number, 911.***
* Keep a copy of the approved Fire Safety Plan on the premises in an approved location.
* Notification of the Chief Fire Official regarding changes in the Fire Safety Plan and review annually.
* Ensure that the information in the Fire Safety Plan is current.
* Designate and train sufficient alternates to replace supervisory staff during any absence.

**Part 6(a)**

**Fire Hazards**

Residential Properties

To avoid fire hazards in the building, occupants must:

* Never put burning materials such as cigarettes and ashes into the garbage chute.
* Never dispose of flammable liquids or aerosol cans in these chutes.
* Never force cartons, coat hangers, bundles of paper into the chute because it may become blocked.
* Avoid unsafe cooking practices: deep fat frying, too much heat, unattended stoves, loosely hanging sleeves.
* Avoid careless smoking. Never smoke in bed.
* Never leave anything that may burn or cause a trip hazard in the halls, corridors and/or stairways.
* Always clean out clothes dryer lint collector before and after use. Ensure dryer hose is an **approved** metal hose.
* Do not use unsafe electrical appliances, frayed extension cords, over-loaded outlets or extension cords as a permanent source of wiring.

In general, occupants should:

* Know how to alarm occupants of building, know where all exits are located.
* Call North Bay Fire and Emergency Services immediately (9-1-1) whenever you need assistance.
* Know the correct address of the building.
* Notify the building owner/property management if special assistance is required in the event of an emergency.
* Know the fire alarm signals and the procedures established to implement safe evacuation. Read and follow the manufacturers smoke alarm (and CO detector if applicable) instructions, available from building owner/property management.
* Know the supervisory staff in your building.
* Report any fire hazard to supervisory staff.

**Part 6(b)**

**Fire Hazards**

Commercial, Retail and Industrial Properties:

A high standard of housekeeping and building maintenance is probably the most important single factor in the prevention of fire. Listed below are some specific hazards.

* Combustible material stored in non-approved areas.
* Fire and smoke barrier door not operating properly or wedged open.
* Improper storage of flammable liquids and gases.
* Defective electrical wiring and appliances, over-fusing, and the use of extension cords as permanent wiring.
* Clothes dryer lint collector full or improperly vented. Dryer hose is an approved metal hose.
* Careless use of smoking materials.
* Kitchen hoods and filters not cleaned properly/grease laden.
* Improper disposal of oily rags.

In general, occupants should:

* Know how to alarm occupants of building, know where exits are located.
* Call North Bay Fire & Emergency Services immediately (9-1-1) whenever you need assistance.
* Know the correct address of the building.
* Notify the building/property management if special assistance is required in the event of an emergency.
* Know the fire alarm signals and the procedures established to implement safe evacuation.
* Know the supervisory staff in your building.
* Report any fire hazard to supervisory staff.

**Part 7**

**Fire Extinguishment, Control or Confinement**

In the event a small fire cannot be extinguished with the use of a portable fire extinguisher or the smoke presents a hazard for the operator, the door to the area must be closed to confine and contain the fire. Leave the fire area. Ensure that the Fire Alarm System has been activated and that North Bay Fire and Emergency Services have been notified prior to an attempt to extinguish the fire. Only those persons who are trained and familiar with extinguisher operation may attempt to fight the fire.

**Suggested Operation of Portable Fire Extinguishers**

Remember the (PASS)

P - Pull the safety pin

A - Aim the nozzle

S - Squeeze the trigger handle

S - Sweep from side to side aiming at base of fire (watch for fire restarting)

Never re-hang extinguishers after use. Ensure they are properly recharged by a person that is qualified to service portable fire extinguishers and that a replacement extinguisher is provided.

Mount extinguishers in a visible area without obstructions around them.

NOTE: Prior to using a K-type extinguisher, activate the kitchen extinguishing system.

**Part 8**

**Alternative Measures for Occupant Fire Safety**

In the event of any shut-down of fire protection equipment systems or part thereof, in excess of 24 hours, the fire department shall be notified in writing. Occupants will be notified and instructions will be posted as to alternative provisions or actions to be taken in case of emergency. These provisions and actions must be acceptable to the Chief Fire Official.

All attempts to minimize the impact of malfunctioning equipment will be initiated. Where portions of a sprinkler or fire alarm system are placed out of service, service to remaining portions must be maintained, and where necessary, the use of watchmen, bull-horns, walkie talkies, etc. will be employed to notify concerned parties of emergencies. Assistance and direction for specific situations will be sought from North Bay Fire & Emergency Services.

Procedures to be followed in the event of shutdown of any part of a fire protection system are as follows:

1. Notify North Bay Fire & Emergency Services, dial **(705) 472-1221** (DO NOT USE 911). Give your name, address and a description of the problem and when you expect it to be corrected. North Bay Fire and Emergency Services are to be notified in writing of shutdowns longer than 24 hours.
2. Post notices at all exits and the main entrance, stating the problem and when it is expected to be corrected.
3. Have staff or other reliable person(s) patrol the affected area(s) at least once every hour.
4. Notify North Bay Fire & Emergency Services and the building occupants when repairs have been completed and systems are operational

**Note:** All shutdowns will be confined to as limited an area and duration as possible.

Cooking operations shall be suspended until the commercial cooking fixed extinguishing system is restored.

**Part 9**

**Fire Drills**

Fire drills will be held at least once every       month(s) to ensure efficient execution of the Emergency Procedures. Refer to the Ontario Fire Code (Subsection 2.8.3) for the required number of fire drills. Fire drill records are required to be retained for a period of one year.

FIRE DRILL RECORD (Sample)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Time: |  |

|  |  |
| --- | --- |
| Manager/Supervisor On-Duty: |  |

|  |  |
| --- | --- |
| Staff Present: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Deficiencies Noted: |  |

|  |  |
| --- | --- |
| General Comments: |  |

**Part 10**

**Maintenance Requirements of Building Fire & Life Safety Systems**

Check/test/inspect requirements of the Ontario Fire Code:

• To assist you in fulfilling your obligations, included is a list of the portions of the Fire Code that requires checks, inspections and/or tests to be conducted of the facilities. It is suggested that you read over this list and perform or have performed the necessary checks, inspections and/or tests for the items which may apply to your property.

• Fire Prevention Officers may check to ensure that the necessary checks, inspections and/or tests are being done, when conducting their inspections.

• This list has been prepared for your convenience only. For accurate reference, the Fire Code should be consulted.

Definitions for key words are as follows:

**Check** means visual observation to ensure the device or system is in place and is not obviously damaged or obstructed

**Inspect** means physical examination to determine that the device or system will apparently perform in accordance with its intended function

**Test** means the operation of a device or system to ensure that it will perform in accordance with its intended operation or function

It is stated in the Fire Code that records of all tests and corrective measures are required to be retained for a period of two years after they are made.

**General Fire Protection Systems/Equipment**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Doors in fire separations shall be **checked** as frequently as necessary to ensure that they remain closed. |  |
| Exit signs shall be clearly visible and maintained in clean and legible condition. |  |
| Internally illuminated exit signs shall be kept clearly illuminated at all times, when the building is occupied. |  |

**Weekly**

|  |  |
| --- | --- |
| When subject to accumulation of combustible deposits, hoods, filters and ducts shall be **checked** weekly and be cleaned when such deposits create an undue fire hazard. |  |

**Monthly**

|  |  |
| --- | --- |
| Doors in fire separations shall be **inspected** monthly for  proper operation. |  |

**Yearly**

|  |  |
| --- | --- |
| Fire dampers and fire-stop flaps shall be **inspected** annually, or based on a schedule via contractor acceptable to the Chief Fire Official. |  |
| Every chimney, flue and flue pipe shall be **inspected** annually and cleaned as often as necessary to keep them free from accumulations of combustible deposits. |  |
| Disconnect switches for mechanical air-conditioning and ventilating systems shall be **inspected** annually to establish that the system can be shut down. |  |
| Spark arresters shall be cleaned annually or more frequently where accumulations of debris will adversely affect operations. Burnt-out arresters shall be repaired or replaced. |  |

**Portable Fire Extinguishers**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Each portable extinguisher shall have a tag securely attached to it showing the maintenance or recharge date, the servicing agency and the signature of the person who performed the service. |  |
| A permanent record containing the maintenance date, the examiner’s name and a description of any work or hydrostatic **testing** carried out shall be prepared and maintained for each portable extinguisher. |  |
| All extinguishers shall be recharged after use or as indicated by an inspection or when performing maintenance. When recharging is performed, the recommendations of the manufacturer shall be followed. |  |

**Monthly**

|  |  |
| --- | --- |
| Portable extinguishers shall be **inspected** monthly. |  |

**Yearly**

|  |  |
| --- | --- |
| Extinguishers shall be subject to maintenance not more than one year apart or when specifically indicated by an inspection. |  |
| Maintenance procedures shall include a thorough examination of the three basic elements of an extinguisher:  a) mechanical parts  b) extinguishing agent  c) expelling means |  |
| Every twelve months, pump tank water, and pump tank calcium chloride base antifreeze types of extinguishers shall be recharged with new chemicals or water, as applicable |  |

**Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| **5 Years**  Every five years, pressurized water and carbon dioxide fire extinguishers shall be hydrostatically **tested**. |  |
| **6 Years**  Every six years, stored pressure extinguishers that require a 12 year hydrostatic test shall be emptied and subjected to the applicablemaintenance procedures**.** |  |

**Fire Alarm**

**General** **Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Fire alarm and voice communication system components shall be kept unobstructed. |  |
| Fire alarm shall be kept unobstructed. |  |
| Fire alarm system power supply disconnect switches shall be locked on in an approved manner. |  |

**Daily**

|  |  |
| --- | --- |
| The following daily checks shall be conducted if a fault is  established, appropriate corrective action shall be taken.  a) **Check** the principle and remote trouble lights for  trouble indication;  b) **Inspection** of the AC power-on light shall be done  to ensure its normal operation. |  |

**Monthly**

|  |  |
| --- | --- |
| Every month the following **tests** shall be conducted under battery back up power and if a fault is established, appropriate corrective action shall be taken:  a) one manual fire alarm initiating device shall be operated, on a rotating basis, and shall initiate an alarm condition  b) function of all signal devices shall be ensured  c) the annunciator panel shall be checked to ensure correct annunciation  d) intended function of the audible and visual trouble signals shall be ensured  e) fire alarm batteries shall be checked to ensure that:  i) terminals are clean and lubricated where necessary;  ii) terminal clamps are clean and tight;   1. electrolyte level and specific gravity, where applicable, meet manufacturer’s specifications |  |

**Monthly (cont.) Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Voice paging capability to one zone shall be **tested** monthly on a rotational basis. |  |
| One emergency telephone shall be **tested** monthly on a rotational basis for operation and correct indication at control unit. |  |
| Loudspeakers shall be **tested** monthly as an all-call signal to ensure they function as intended. |  |
| At least one firefighter’s emergency telephone shall be **tested** monthly on a rotational basis to ensure communication with the control unit. All telephones shall be **tested** each year. |  |

**Yearly**

|  |  |
| --- | --- |
| Yearly **tests** conducted by a certified alarm contractor as  required by The Ontario Fire Code, Section 1.1.5.3. **Tests**  shall be in conformance with CAN/ULC S536, “Inspection  and Testing of Fire Alarm Systems”. |  |
| Voice communications between floor areas and the central alarm control facility shall be **tested** annually, as required for fire alarm initiating and signally devices. |  |

**Smoke Alarms**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Ensure dwelling unit smoke alarms are maintained in operating condition. |  |
| Ensure a copy of the smoke alarm manufacturer’s Maintenance instructions or approved alternative has been provided. |  |
| Maintain records (logbook) of tenant’s signatures (if tenant will provide signature) and date that smoke alarms are in working condition. Update at least twice a year. |  |

**Carbon Monoxide Alarms**

**Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Ensure dwelling unit carbon monoxide alarms are maintained in operating condition. |  |
| Ensure a copy of the carbon monoxide alarm manufacturer’s maintenance instructions or approved alternative has been provided. |  |
| Maintain records (logbook) of tenant’s signatures (if tenant will provide signature) and date that carbon monoxide alarms are in working condition. Update at least twice a year. |  |

**Standpipe Systems**

**Monthly Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Hose cabinets shall be **inspected** monthly to ensure that the hose and equipment are in the proper position and appear to be operable. |  |

**Yearly**

|  |  |
| --- | --- |
| Plugs or caps on Fire Department connections shall be removed annually and the threads **inspected** for wear, rust or obstruction. Re-secure plugs or caps, wrench tight. |  |
| If plugs or caps are missing, examine the Fire Department  connections for obstructions, back flush if necessary, and replace plugs or caps. |  |
| Hose valves shall be **inspected** annually to ensure that  they are tight and that there is no water leakage into  the hose. |  |
| Standpipe hose shall be removed and re-racked annually and after use. Any worn gaskets in the couplings, at the hose valve and at the nozzle shall be replaced. |  |

**Sprinkler Systems (Wet)**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Auxiliary drains shall be **inspected** as required to  prevent freezing. |  |

**Weekly**

|  |  |
| --- | --- |
| Except for electrically supervised valves, all valves controlling water supplies to sprinklers and alarm connections shall be **checked** weekly to ensure that they are sealed or locked in the open position. |  |
| Water supply pressure and system air or water pressure shall be **checked** weekly by using gauges to ensure that the system is maintained at the required operating pressure. |  |

**Monthly**

|  |  |
| --- | --- |
| On all sprinkler systems, an alarm **test**, using the alarm test connection located at the sprinkler valve, shall be performed monthly. |  |

**Two Months**

|  |  |
| --- | --- |
| All transmitters and water flow devices shall be **tested** at two month intervals. |  |

**Six Months**

|  |  |
| --- | --- |
| Gate-valve supervisory switches and other sprinkler system  supervisory devices shall be **tested** at six month intervals. |  |

**Yearly Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Exposed sprinkler piping hangers shall be **checked** yearly to ensure that they are kept in good repair. |  |
| Sprinkler heads shall be **checked** at least once per year to ensure that they are kept in good repair. |  |
| Sprinkler heads shall be **checked** at least once per year to ensure that they are free from damage, corrosion, grease, dust, paint, or whitewash. They shall be replaced where necessary as a result of such conditions. |  |
| On wet sprinkler systems, water-flow alarm **test** using the most hydraulically remote test connection, shall be performed annually. |  |
| Sprinkler system water pressure shall be **tested** annually or after any sprinkler system control valve has been operated, with the main drain valve fully open, to ensure that there are no obstructions or deterioration of the main water supply. |  |
| Plugs or caps on Fire Department connections shall be removed annually and the threads inspected of wear, rust or obstruction. Re-secure plugs or caps, wrench tight. If plugs or caps are missing, examine the Fire Department connection for obstructions, back flush if necessary and replace plugs or caps. |  |

**Sprinkler Systems (Dry)**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Auxiliary drains shall be **inspected** as required to prevent freezing. |  |
| Dry-pipe valve rooms or enclosures in unheated buildings shall be **checked** as often as necessary when the outside temperature falls below 0o Celsius to ensure that the system does not freeze. |  |

**Weekly**

|  |  |
| --- | --- |
| Except for electrically supervised valves, all valves controlling water supplies to sprinklers and alarm connections shall be **checked** weekly to ensure that they are sealed or locked in the open position. |  |
| Water supply pressure and system air or water pressure shall be **checked** weekly by using gauges to ensure that the system is maintained at the required operating pressure. |  |
| System pressure gauges shall be **checked** weekly. The system shall be maintained at the required operating pressure. |  |

**Monthly**

|  |  |
| --- | --- |
| On all sprinkler systems, an alarm **test**, using the alarm  test connection located at the sprinkler valve, shall be  performed monthly. |  |

**2 Months**

|  |  |
| --- | --- |
| All transmitters and water flow devices shall be **tested**  at two month intervals. |  |

**3 Months Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| The priming water supply for dry pipe systems shall be **inspected** every three months to ensure that the proper level above the dry pipe valve is maintained. |  |

**6 Months**

|  |  |
| --- | --- |
| **Gate-valve supervisory switches and other sprinkler system supervisory devices shall be tested at six month intervals.** |  |

**Yearly**

|  |  |
| --- | --- |
| Exposed sprinkler piping hangers shall be **checked** yearly to ensure that they are kept in good repair. |  |
| Sprinkler heads shall be **checked** at least once per year to ensure that they are free from damage, corrosion, grease dust, paint, or whitewash. They shall be replaced where necessary as a result of such conditions. |  |
| Sprinkler system water pressure shall be **tested** annually or after any sprinkler system control valve has been operated, with the main drain valve fully open, to ensure that there are no obstructions or deterioration of the main water supply. |  |
| Plugs or caps on Fire Department connections shall be removed annually and the threads inspected for wear, rust or obstruction. Re-secure plugs or caps wrench tight. If plugs or caps are missing, examine the Fire Department connection for obstructions, back flush if necessary and replace plugs or caps. |  |
| Dry pipe valves shall be tripped annually by means of the system test pipe, to ensure that they operate satisfactorily and that the sprinkler alarms are in operating condition. A full flow trip test, with the control valve fully open, shall be conducted at least every three years. |  |

**15 Years**

|  |  |
| --- | --- |
| Every fifteen years, dry pipe systems shall be **inspected** for obstructions in the sprinkler piping and if necessary, the entire system shall be flushed of foreign material. |  |

**Water Supplies for Firefighting (Fire Pumps)**

**Daily Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| The temperature of pump rooms shall be **checked** daily during freezing weather. |  |

**Weekly**

|  |  |
| --- | --- |
| Valves controlling water supplies exclusively for fire protection systems shall be **inspected** weekly to ensure that they are fully open and sealed or locked in that position. |  |
| Fire pumps shall be started once per week at rated speed. The fire pump discharge pressure, suction pressure, lubricating oil level, operative condition of relief valves, priming water level and general operating conditions shall be **inspected.** |  |
| Internal combustion engine fire pumps shall be operated once per week for a sufficient time to bring the engine up to normal operating temperature. The storage batteries, lubrication systems and fuel supplies shall be **inspected**. |  |

**Yearly**

|  |  |
| --- | --- |
| Fire pumps shall be **tested** annually at full rated capacity to ensure that they are capable of delivering the rated flow. |  |

**Private Fire Hydrants**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Hydrants shall be readily available and unobstructed for  use at all times. |  |

**Yearly**

|  |  |
| --- | --- |
| Hydrants shall be **inspected** annually after each use. |  |
| Ensure hydrants are equipped with port caps secured wrench tight. The port caps shall be removed annually and **inspected** for wear, rust or obstructions. |  |
| The hydrant barrel shall be **inspected** annually to ensure that no water has accumulated. |  |
| The drain valve shall be **inspected** for operation if water is found in the hydrant barrel when main valve is closed. |  |
| Hydrant waterflow shall be **inspected** annually and a record shall be kept. |  |

**Water Supplies for Firefighting (Water Tanks)**

**Daily Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Water tank heat equipment, tank enclosure and/or water temperature shall be **checked** daily during freezing weather. |  |

**Weekly**

|  |  |
| --- | --- |
| Water levels and air pressure in pressure tanks shall be **checked** weekly and the relief valves on the air and the water lines shall be **inspected** weekly. |  |

**Monthly**

|  |  |
| --- | --- |
| Water level in gravity tanks shall be **inspected** monthly. |  |

**Yearly**

|  |  |
| --- | --- |
| An annual **inspection** shall be made of water tanks for fire protection, tank supporting structures and water supply systems including piping, control valves, check valves, heating systems, mercury gauges and expansion joints to ensure that they are in operating condition. |  |
| Cathodic protection equipment in water tanks shall be  **inspected** annually. |  |

**2 Years**

|  |  |
| --- | --- |
| Water tanks shall be **checked** every two years for corrosion. |  |

**5 Years**

|  |  |
| --- | --- |
| Water tanks shall be **inspected** every five years and scraped  and repainted as required. |  |

**Smoke Shafts and Venting Equipment**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Access to windows and panels required for venting floor areas and vents to vestibules permitted to be manually openable shall be kept free of obstructions, openable without keys and operable at times. |  |

**6 Months**

|  |  |
| --- | --- |
| All elevators in an elevator shaft, that is intended for use as a smoke shaft, be **inspected** semi-annually to ensure that on activation of the fire alarm system, the elevators will return to the street floor and remain inoperative. |  |

**Yearly**

|  |  |
| --- | --- |
| A closure in an opening to the outdoors at the top of a  smoke shaft, shall be **inspected** annually to ensure that it will open:  a) manually, outside from the building  b) on a signal from the smoke/heat actuated device in the smoke shaft, and;  c) when a closure in an opening between a floor area and the smoke shaft opens |  |
| Controls for air-handling systems for venting in the event of a fire, shall be **inspected** annually to ensure that air is exhausted from each floor area to the outdoors. |  |

**5 Years**

|  |  |
| --- | --- |
| Closures in vent openings into smoke shafts from each floor shall be **inspected** sequentially over a period not to exceed 5 years. |  |

**Smoke Control Measures**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Where smoke control measures contained in the supplement to the National Building Code of Canada 1995, Chapter 3, “Measures for Fire Safety in High Buildings” are used, the **inspections** and **tests** shall be as outlined in Section 7.3 of the National Fire Code of Canada. |  |
| Where a smoke control system is designed to meet the requirements of The Ontario Building Code, the **inspections** and **tests** shall be in accordance with procedures established by the designer of the system. |  |

**Commercial Cooking Equipment**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Commercial cooking equipment exhaust and fire  protection systems shall be installed and maintained in  conformance with NFPA 96, “Ventilation Control and Fire  Protection of Commercial Cooking Operations”. |  |
| Ensure wet chemical or alkali based dry chemical portable  fire extinguishers are provided to protect commercial  cooking equipment and are readily available for use in  an emergency. |  |

**Weekly**

|  |  |
| --- | --- |
| Hoods, grease removal devices, fans, ducts, and other equipment shall be **checked** weekly and cleaned at frequent intervals, prior to surfaces becoming heavily contaminated with grease or oily sludge. |  |

**6 Months**

|  |  |
| --- | --- |
| **Inspection** and servicing of the fire extinguishing system shall be made at least every six months by properly trained and qualified persons in conformance with Ontario Fire Code, Section 6.8.1.1. |  |

**Emergency Lighting System**

**Daily Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Check pilot lights for indication of proper operation. |  |

**Monthly**

|  |  |
| --- | --- |
| Batteries shall be **inspected** monthly and maintained as per manufacturer’s specifications. |  |
| Ensure that battery surface is clean and dry. |  |
| Ensure that terminal connections are clean, free of corrosion and lubricated. |  |
| Ensure that the terminal clamps are clean and tight as per manufacturer’s specifications. |  |
| Emergency lighting equipment shall be **tested** monthly to ensure that the emergency lighting will function upon failure of the primary power supply. |  |

**Yearly**

|  |  |
| --- | --- |
| Emergency lighting equipment shall be **tested** annually to  ensure that the units will provide emergency lighting for a  duration equal to the design criteria under simulated power  failure conditions. |  |
| After completion, the charging conditions for voltage and  current and the recovery period will be **tested** annually to  ensure that he charging system is in accordance with the  manufacturer’s specifications. |  |

**Elevators (High Buildings over 6 storey’s)**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Ensure keys required to recall elevators and to permit independent operations are in their approved location. |  |
| Maintain correct signage for fire fighters’ elevator. |  |

**3 Months**

|  |  |
| --- | --- |
| Every three months the elevator door opening devices operated by means of photo-electric cells shall be **tested** to ensure that the devices become inoperative after the door has been held open for more than 20 seconds with the photo-electric cell covered. |  |
| The key operated switch located outside an elevator shaft shall be **tested** to ensure that the actuation of the switch will render the emergency stop button in each car inoperative and bring all cars to the street floor or transfer lobby by cancelling all other calls after the car has stopped at the next floor at which it can make a normal stop. |  |
| Key operated switches in each elevator car shall be **tested** to ensure that the actuation of the switch will:  a) enable the elevators to be operable independently of other elevators  b) allow operation of the elevator without interference from floor call buttons  c) render door re-opening devices inoperative  d) control the opening of power operated doors only by the continuous pressure on the “door open” button to ensure that if the button is released while the door is opening, the doors will automatically close |  |

**Emergency Power System (High buildings over 6 storeys)**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Emergency power systems shall be **inspected**, **tested** and maintained in conformance with CSA C282, “Emergency Electrical Power Supply for Buildings”. |  |
| To ensure continued reliable operation, the emergency power supply equipment shall be operated and maintained in accordance with manufacturer’s instructions. |  |
| At least two copies of the instruction manual shall be maintained. |  |

**Monthly**

|  |  |
| --- | --- |
| The emergency electrical power shall be completely **tested** monthly as follows:  a) Simulate a failure of the normal power supply.  b) Arrange so that:  i) an engine generator set operates under at least 30% of the rated load for 60 minutes and;  ii) all automatic transfer switches are operated under load.  c) Include an inspection for correct function of all auxiliary equipment such as radiator shutter control, coolant pumps, fuel transfer pumps, oil coolers and engine room ventilation controls.  d) Record all instrument readings associated with the prime mover and generator and verification that they are normal.  e) Log and report as further prescribed in the manual of instruction for operation and maintenance.   1. Check fuel supply for sufficient quantity. |  |

**Annually**

|  |  |
| --- | --- |
| Test the generator, control panel, and transfer switch in conformance with CSA C282, “Emergency Electrical Power Supply for Buildings”. |  |

**Maintenance**

**Additional Comments**

|  |
| --- |
| For example, if applicable, include information on spray booths, dip tanks, welding and cutting operations, dust collections systems, use and storage of flammable/combustible liquids/gases, etc… |

**Part 11**

**Floor Plan Drawing – Symbols and Description**

***all symbols that are applicable to your building must be indicated***

|  |  |
| --- | --- |
|  | Pull Pin For Kitchen Fire Suppression System |
|  | Entrance / Exit |
|  | Hydrant |
|  | Siamese Fire Department Connection |
|  | Free Standing Siamese Fire Department Connection |
|  | Valves (General) Identify The Type Of Valve (I.e. Shut Off Valve For Natural Gas, Sprinklers, Etc.) |
|  | Fire Alarm Control Panel |
|  | Fire Alarm Annunciator |
|  | Pull Station |
|  | Fire Extinguisher - ABC Type |
| **H** | Hose Cabinet |
|  | Sprinkler Riser, indicate whether Wet or Dry System |
| MMAG00162_0000[1] | Indicate “North” on each page of the building schematic |

**FLOOR PLAN DRAWINGS**

**Floor plan drawings need not be Professional drawings, you may use a pen and ruler and it need not be to scale - only neat and legible**

Please attach each floor plan drawing to your email. Drawing and legend must include the location of all fire protection systems and devices, main utility shut-offs ***(natural gas, water, electrical etc)***hydrants, furnace and electrical rooms. Clearly indicate main entrance and all exits as well as the location of potentially hazardous areas i.e. spray booths, dip tanks, welding and cutting operations, dust collection systems, use and storage of flammable/combustible liquids/gases.

**Please submit your completed Fire Safety Plan and floor drawings *by e-mail only*** **so that we may review same and if required, we will email the documents back to you and include our “Checklist” that will contain all necessary additions and corrections. When re-submitting the Fire Safety Plan, do so *via e-mail only*, at which time we will review it a second time and if all is in order we will print off a hard copy, sign it and mail it to you via Canada Post and upon receipt you must please place it in the approved location in the building. If you do not have access to a computer and e-mail, please contact the Fire Inspector assigned to your case to make other arrangements.**