

1. General Information:			
Sr. NO	General Information	Particulars to be submitted	Remarks
	Name of Hospital		
	Hospital Owner's Name and Address		
	Telephone Nos:		
	Email id		
	Hospital type- Private/Govt/Municipal/Trustee/ Charity		
	Hospital In-charge/ Dean's Name		
	Name of The Contact Person in Emergency (Mobile No.)	Day Night	
	No of total operating staff shift wise	General 1st shift 2nd shift 3rd shift	
	No. of doctors shift- wise		
	No. of other staff	General 1st shift 2nd shift 3rd shift	
	No. of security staff shiftwise		
	Hospital beds capacity		
	Hospital Specialty if any		
	Building height in Mtrs		
	No. of floors (Eg. Basement + Ground + Stilt+ 3 Upper Floor)		
	Total built up area in Sq. Mtrs.		
	Total built up area of each Floor Sq. Mtrs. (incl. Basement)		Please submit the civil drawing
	No. of Basement		
	Use of Basement, if any		
	Approach Road in Mtrs	East west north south	Please submit the civil drawing

	Building Side Margins in Mtrs	front rear side	Please submit the civil drawing
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	General Information	Particulars to be submitted	Remarks
	No. of Internal Staircase		
	Width of Internal Staircase		
	No. of External Staircase		
	Width of External Staircase		
	No. of Ramp		
	Width of Ramp		
	No of wards		Please submit the Interio Drawings
	Location of Toilet Blocks on each floor		
	No. of Lifts with capacity-	Passen9er Lift: Stretcher Lift: Fire Lift:	
	Incinerator location-		
	Canteen/pantry/kitchen location and area		
	Burn ward if any- capacity		
	ICU Location and Capacity		
	OT Location and Capacity		
	Storeroom location , Area and Nature of Store		
	Type/details of material stored in storeroom (acids/alkalis/toxic/inflammable/ etc)		
	Spirit Storage details		
	Lpg / cng /oxygen etc. gas storage details- gas name, qty, etc. Gas utility —		
	Radiological material /machinery, if any- name, qty, storing place, etc.		
	No. of max. patients accommodated in building		
	No. of beds w.r.t. wards		
	No. of visitors and relatives(floating popultion	Day: Night	
	Type of Pressurization System and No. of Change Cycle		
	Transformer/generator	location with capacity & type	
	Air-conditioning Location (if central A/c		
	Air-conditioning Location & No. for		
	Window & Split A/c Air- Air- Air-		

	conditioning Location (if central A/c)	
	conditioning Location (if central	
	A/c)conditioning Location (if central	
	Location of Meter Room	

Sr. No.	General Information	Particulars to besubmitted	YES	NO	Remarks
	Age of the Hospital	i} British Ear Period			Category A
	Did Hospital Face				if Yes Plese Submit the Plan of Action
	any Disaster in the Past (Fire, Flood, Earthquack) Age of the Hospital				
	Did Hospital Face				if yes submit the entre Record
	any Disaster in the Past (Fire, Flood, Earthquack) Age of the Hospital				
	Whether building				
	plans sanctioned				if yes plese submit the approved plan
	from any Planning				
	Authority				
	Whether Final Fire				If Yes,
	NOC obtained from Fire Department				Please submit the same.
	Whether	Building			if Yes,please submit the same
	Completion certificate obtained,				same
	Is Six Ivlonth ly Fire				
	Fighting System Installation certificate in "Form B" obtained from License Agency as per Ivlaharashtra Fire Prevention & Life Safety				
	Measure Act-2006				
	Is at any time				
	Notice Issued as per Maharashtra Fire Prevention & Life Safety				
	Measure Act-2006 regarding Non- Compliance of Fire Fighting System				

sr.no	General Information	Yes	No	NA	Remarks
	Whether the Staircase Enclosure is having 2 h rating (Clause No 3.3				
	width of street abutting the Hospital Building for Building above 15 Mtr Whether is 12 Mtrs. (3.4.6.1				
	Is every wall opening protected with fire-resisting doors having the fire rating of not less than 2 h (IS 3614-Part I)				
	Is openings in walls or floors which are necessary to be provided to allow passages of all building services like cables, electrical wirings, telephone cables, plumbing pipes, etc, protected by enclosure in the form of ducts/shafts having a fire resistance not less than 2 h.(3.4.8.2)				
	is the space between the conduits pipes and the walls/ slabs is filled in by a filler material having fire resistance rating of not less than 1 h. (3.4.8.2)				
	is all Electrical Installation carried out in accordance with Part 8 — Section 2 of NBC-2005 & IS 1646				Certificate to be issued by Electrical Inspector
	Is the electrical duct sealed at every floor with non-combustible materials having the same fire resistance as that of the duct. (C1.12 a)				
	Is any services other than electrical purpose laid in the electrical duct (C-1.12. b)				
	Is separate circuits for fire fighting and blowers for pressurizing system shall BE PROVIDED DIRECTLY FROM THE main switch gear panel and these circuits shall be laid in separate conduit pipes so that fire in one circuit will not affect the other -1.12.c				
	Is the inspection panel doors and any other opening in the electrical shaft shall be provided with air-tight fire doors having fire resistance of not less than 2h (C-1.12.d)				

Is suitable circuit breakers provided at the appropriate points. (C-1.12. h)				
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sr, no					
	Is Air-conditioning and ventilating systems circulating air to more than one floor or fire area is provided with dampers designed to close automatically in case of fire and thereby preventing spread of fire or smoke and shall be in accordance with IS 659				
	Is the finishing materials used for various surfaces and decor is such that it will not generate toxic smoke/fumes. (3.4.15)				
	If the Louvers wherever provided is of minimum half hour fire resistance rating (3.4.18)				
	Glass of facade, if provided is of minimum 1 h fire resistance rating (3.4.19)				
	Is every exit, exit access or exit discharge is continuously maintained free of all obstructions (4.2.3)				
	Is exits clearly visible and the route to reach the exits shall be clearly marked in green colour and signs posted to guide the occupants of the floor concerned as per IS 9457				
	Is Signs illuminated and wired to an independent electrical circuit on an alternative source of supply. (4.2.7)				
	Is the travel distance of 22.5 Mtrs is maintained for Exits 6 mtrs from the Dead End, if any. Does the Exit is more than two as per Clause No. 4.6.2. Are these placed as remote front each other as possible as per Clause No. 4.5.3				
	Is the width of the Exit (door) not less than 2.0 Mtrs and Height not less than 2.0 Mtrs. (4.7.2 & 6.3.3.6)				
	Is the exit door opening immediately upon a flight of stairs (4.7.4)				
	Is Mirrors placed in Exits 4.7.4/				
	Is width of the Corridor & Passage of 2.4 M (6.3.3.3)				
	Is Corridor and passage height more than 2.4 Mtrs (4.8.2)				
	Is Staircase arranged around the Lift Shaft (4.9.3)				
	Is any Electrical or Gas Piping passing through the Stairway (4.9.5)				
	Is the Stairways of 2.0 Mtrs provided Is Fire Resistance Door of 2 h provided in the staircase (4.9.10. b)				

	Is any combustible material used for decoration/wall paneling in the staircase. (4.9.10.g)					
	If the second staircase is leading to basement levels then whether it is provided and separated at ground					

SR NO	GENERAL INFORMATION					
	level by ventilated lobby with discharge points to two different ends through enclosures. (4.9.10. m)					
	1s the Staircases provided with pressurization system (4.10)					
	Is the Pressurization System integrated with Automatic/Manual Fire Alarm System (4.10.5)					
	Is External Staircase provided and is directly connected to ground					
	Is Refuge Area of 15 m ² or an area equivalent to 0.3 m ² per person to accommodate the occupants of two consecutive floors, whichever is higher, for building more than 24 m in height provided. Is the Refuge area provided on the periphery of the floor and open to air at least on one side protected with suitable railings. (4.12.3)					
	Is Fire Tower provided for building with over 8 storeys or more than 24 mtrs in height. (4.13)					
	Is Fire Lift provided (4.15)					
	Is Lift terminating to Basement. If yes, does the lift lobby is protected with self closing door. Is Lift lobby pressurized (C-1.5 j)					
	Is alternate source of power supply provided for a fire lift through a automatic change over switch (C-1.5. q, 5)					
	Is each fire lift shall be equipped with suitable inter-communication equipment for communicating with the control room on the ground floor of the building. (4.15.3)					
	Is the Fire lift is integrated with Smoke detection System					
	Is the Fire lift is integrated with Sprinkler protection System Is emergency lighting powered from a source independent of that supplying the normal Lighting as per IS 9583					
	Is the emergency lighting provided to be put on within 1 s of the failure of the normal lighting supply. (4.16.3)					

SR NO	GENERAL INFORMATION					
	Is all materials of constructions in load bearing elements, stairways and corridors and facades of non- combustible material (C-1.1)					
	Is Basement separately Ventilated					
	Is vents with cross-sectional area (aggregate) not less than 2.5 percent of the floor area spread evenly round the perimeter of the basement provided in the form of grills, or breakable stallboard lights or pavement lights oi by way of shafts. (C-1.6.1)					
	1s system of air inlets provided at basement floor level and smoke outlets at basement ceiling level and Are these clearly marked 'SMOKE OUTLET' or 'AIR INLET' with an indication of area served at or near the opening. (C-1.6.1)					
	Is Refuse Chutes provided., if yes are these located within the staircase enclosure, service shafts or near the exits					
	Refuse Chutes, if provided, have an enclosure wall of non-combustible material with fire resistance of not less than 2 h.					
	Is LPG / CNG laid I Pipeline					

SRN	General information					
	Is Dry Riser Provided as per IS 3844					
	Is Wet Riser provided as per IS 3844					
	Is Down Comer provided as per IS 3844					
	Is Courtyard Hydrant per IS 13039					Submit the fire extinguisher Layout Drawing prepared by License Agency approved in accordance with Maharashtra Fire Prevention & Life Safety Measure Act- 2006
	Is Sprinkler System Provided as per IS 15105 (clause No. 5.1.7 j & Annex C, Clause No. C-1.6.5)					Submit the Fire Extinguisher Layout Drawing prepared by License Agency approved in accordance with Maharashtra Fire Prevention & Life Safety Measure Act- 2006
	Is manually operated Electrical Fire Alarm installed on each floor.					
	Is Automatic detection & Alarm System installed as per IS 2189 Capacity of underground Fire Fighting Tank					
	Capacity of Terrace Tank on each wing					
	Nos. & Capacity of Fire Pump	a) Electrical Pump for Hydrant system				

	installed as per Ltr/min on Underground Fire Fighting Tank	B) Jockey Pump for Hydrant System C) Electrical Pump for Sprinkler System d) Jockey Pump for Sprinkler System e) Diesel Pump				
	Nos &. Capacity of Booster Pump installed as per Ltr/min on Terrace Tank for fire fighting.					
	Is the capacity of the covering slab of Underground Tank capable to hold 45 Ton					
	Is Static tank Provided with Fire Brigade Collecting Head					
	Is Fire Service Inlet provided at the main Gate					
	Is the Fire Detection System an Addressable One.					
	Is Public Address System Provided					

sr no	genrel information					
	Fire fighting installation details					
	A) Active fire protection —					
	Whether fixed fire fighting system (riser down comer) installed- yes/no.					
	Fire smoke detectors/sprinklers/mcp/pa system installed-					
	Special public address system installed if any-					
	If yes, is it in operating Dworkin condition-					
	Fire fighting pump details- electric/diesel, output, hp/ head, etc.					
	<u>If yes</u> , date of last testing- Emergency backup arrangement-					
	Whether fire system and emergency lighting attached to eme ency backup-					
	Fire fighting water tank capacity - ltrs.					
	No. And location of fire extinguishers					
	B Passive fire <u>pro</u> tection —					
	Whether automatic fire dampers provided in central ac ducts					
	Fire staircase provided — width, if pressurized					
	Fire lift if <u>any</u> . Capacity					
	Electrical mcb/acb/elcb provided —					
	Fire stop/ Fire resisting doors provided -					
	If yes, fire rating of doors – hrs					
	Whether fire plans installed in each ward —					
	Whether fire emergency instructions board installed on every floor —					

sn no	genreal information					
	Whether mechanical smoke extractors installed in basements — C) Fire prevention and awareness measures -					
	Fire mock drill conducted if any- yes/no.					
	If yes, date of recent drill - submit report.					
	Whether evacuation drill conducted if any — yes/no.					
	If yes, date of recent drill — submit report.					
	On site emergency plan- attach copy					
	Emergency responsible person — name, address, mob. No					
	Fire officer employed if any- name, address, mob. No. Qualification, experience.					
	Safety officer/security officer-					
	Refupe area if any- location, area, etc.					
	Assembly point identified on ground – location					
	List of doctors and other staff trained fo handling fire or related emergencies-					
	Whether adequate fire and safety directional signage's /boards installed- yes/no					
	No Of ambulances with capacity-					
	No. And type of smoke masks —					
	Whether assembly point marked clearly — yes/no.					
	No Of professional fire staff if any-					
	Hospital in-charge					
	Name, post, sign & seal					

sr no	genreal information					
	Fire fighting installation details					
	A) Active fire protection —					
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	If yes, fire rating of doors – hrs					
	Whether fire plans installed in each ward —					
	Whether fire emergency instructions board installed on every floor —					

	Whether mechanical smoke extractors installed in basements —		
	C) Fire prevention and awareness measures -		
	Fire mock drill conducted if any- yes/no.		
	If yes, date of recent drill - submit report.		
	Whether evacuation drill conducted if any — yes/no.		
	If yes, date of recent drill — submit report.		
	On site emergency plan- attach copy		
	Emergency responsible person —		
	name, address, mob. No		
	Fire officer employed if any- name, address, mob. No. Qualification, experience.		
	Safety officer/security officer-		
	Refuge area if any- location, area, etc.		
	Assembly point identified on ground - location		
	List of doctors and other staff trained fo handling fire or related emergencies-		
	Whether adequate fire and safety		
	directional signage's /boards installed-yes/no		
	No Of ambulances with capacity-		
	No. And type of smoke masks —		
	Whether assembly point marked clearly — yes/no.		
	No Of professional fire staff if any-		
	Hospital in-charge		
	Name, post, sign & seal		

CHECK LIST FOR HOSPITAL BUILDING FIRE SAFETY

1.

1. NAME OF COLLEGE _____

2. ADDRESS _____

3. TELEPHONE NO. _____

4. EMAIL ID _____

5. WEBSITE ADDRESS _____

6. NAME OF THE CHAIRMAN / C.E.O. AND TEL. NO. _____

7. NAME OF ADMINISTRATIVE HEAD AND TEL. NO. _____

8. COLLEGE INCHARGE/DEAN NAME & TEL. NO. _____

9. COLLEGE OWNER/OCCUPIERS NAME & ADDRESS _____

10. COLLEGE TYPE-PRIVATE/MUNICIPAL/TRUSTEE/CHARITY

11. COLLEGE SPECIALTY IN ANY

12. COLLEGE BED CAPACITY

13. BUILDING STRUCTURAL DETAILS

a. BUILDING HEIGHT _____ MTR

b. NO OF FLOORS _____

c. TOTAL BUILT-UP AREA _____ SQ MTR

d. APPROACH ROAD _____ MTRS ON _____ SIDE

e. BUILDING OPEN SPACES —

1. EAST _____ MTS.

2. WEST _____ MTS.

3. SOUTH _____ MTS.

4. NORTH _____ MTS.

f. NO. OF EXITS (GATE/DOORS/TERRACE ETC) _____

- 1 AREA OF BASEMENT _____ sq mtr
14. BASEMENT UTILITY _____
15. MATERIAL STORED IF ANY IN BASEMENT _____
16. NO OF WARD _____
17. NO OF TOILET BLOCKS PER FLOOR _____
18. EXTERIOR FACAOING/CLADDING OF BUILD NG-GLASS,
19. ACP FACADING ETC. _____
20. OVER HEAD WATER TANK CAPACITY _____ ltr
21. UNDE RGROUND WATER TANK CAPACIT _____ LTR
22. BUILDING INTERIOR NATURE _____
23. NO.OF LIFTS WITH CAPACITY _____
1. PASSANG ER LIFTS _____
2. STRATCHE R LIFTS _____
3. FIRE LIFTS _____
4. ANY OTHER LISTS _____
24. ELECTRICAL WIRI NG /!NSTALLATION AUDIO /ELECTRICAL INSPECTOR _____
25. ANNUAL TEST REPORT-COPY _____
26. INTERIOR LOCATION _____
27. CANTEEN/PANTRY/KITCHEN LOCATION & .AREA _____
28. FUEL USED _____ NO OF CLYLINDERS _____ LOCATION _____
29. BURN WARD IF ANY-CAPACITY _____
30. ICU WARD —CAPACITY _____
31. LOCATION OF OPERATION THEATRE _____
32. LOCATION OF LAUNDRY _____
33. LOCATION OF A.C.PLANT _____
34. ANY OTHER ASSEMBLY AREAS LOCATION _____
35. STORE ROOM LOCATION _____
36. STORE ROOM AREA _____ STORAGE TYPE _____
-
37. TRANSFORMER/GENERATOR LOCATJON TYPE _____
38. AIR-CONDITIONING TYPE-WINDOW/SPLT BE NTRAL AC ETC _____
39. BUILDING UTILITIES - _____
40. LAUNDRY DEPARTMENT IF ANY LOCA*ION & AREA _____
41. TAILORING/UNIFORM DEPARTMENT IF AI Y LOCATION & AREA _____
-
42. NO. OF OPERATION THEATRES _____
43. TYPE OF WARDS _____

44. TOTAL NO OF BEDS _____
45. TO.OF MAX PATIENTS ACCOMMODATED N BUILDING _____
46. TO. OF BEOS W.R.T WARDS _____

46. NO.OF VISITORS & RELATIVES (FLOATING OPULAION) _____
47. BIOLOGICAL WASTE DISPOSAL METHOD _____
48. RADIOLOGICAL MATERIAL /MACH) NERY IF ANY NAM E, QTY, SKOR ING .PLACE ETC

49. TYPE/DETAILS OF MATERIAL STORED IN ST ORERROOM _____

50. SPIRIT STORAGE DETAILS _____

51. LPG/CNG ETC GAS STORAGE DETAI LS GAS NAM E QTY ETC _____

52. GAS UTILITY _____

53. TOTAL NO OF EMPLOYEES _____

54. NO OF TOTAL OPERA*IN G STAF F SHIFT WI SE _____

55. NO.OF DOCTORS SHIFT WISE _____

56. NO. OF SECURITY STAFF SHIFTWISE _____

57. PERMISSIONS & APPROVALS _____

58. WHETHER BUILDING PLANS SANCTIONED *ROM COMPENTENT AUTHORITY/GOVT

59. WITHER FINAL NOC OB*AtNE D —I F YES SUI MIT COPY _____

60. BUILDING COMPLETION CERTIFICATE OBT.INED _____

61. FIRE FIGHTING INSTALLATION DETAILS _____

62. ACTIVE FIRE PROTECTION _____

1. WHETHER FIXED FIRE FIGHTING SYSTEM (RISER - DOWN COM ER) INSTALLED — YES/NO _____

2. FIRE SMOKE DETECTORS /SPRI NKLERS MCP/PA SYSTEM NSTALLED _____

3. SPECIAL PUBLIC ADRESS SYSTEM INT FALLED IF ANY _____

4. IF YFS IS IT IN OPERATING /W0RKING CONDITION _____

5. FIRE FIGHTING PUMP DETAILS ELECTR C/DISEL, OUTPUT, HP, I+EAD ETC _____

1. MAIN PUMP- _____

2. JOCKEY PUM P _____

3. SPRINKLER PU MP _____

4. STAND BY PUMP _____

EMERGENCY BACKUP ARRANGEME NI _____

6. WHETHER WIRE SYSTEM & E MERG C NCY LIGHTING ATTACHED TO _____

7. EMERGENCY BACKUP _____

8. FIRE FIGHTING WATER TANK CAPACIT _____

9. IF YES OATE OF LAST" TESTING _____

10. NO.OF LOCATION OF FIRE EXTINGUISH IRS

TYPE OF EXTI NGUISHERS _____ LAST INSPECTED _____

64. WHETHER AUTOMATIC FIRE DAMPERS PROVIDED IN CENTRAL AI. DUCTS

1. CON NECTED TO DETECTION SYSTEM _____

2. LAST INSPE CTED / MAINTENANCE CAR F I ED OU+ _____

65. OTHER INFORMATION

1. FIRE LIFT IN ANY CAPACITY _____
2. ELECTRICAL MCB/ACB/ELCB PROVIDED _____
3. FIRE STOP /RESISTING DOORS PROVIDED _____
4. IF YES RATING OF DOORS HRS _____
5. WHETHER FIRE PLANS INSTALLED IN EACH WARD _____
6. WHETHER FIRE EMERGENCY INSTRUCTIONS BOARD INSTALLED ON _____
7. EVERY FLOOR _____
8. VERTICAL SHAFTS SEALED _____
9. FIRE STAFF PROVIDED _____
10. NO. OF STAFF TRAINED FOR BASIC FIRE FIGHTING _____
11. SECURITY STAFF TRAINED _____

64. FIRE PREVENTION & AWARENESS MEASURES _____

1. FIRE MOCK DRILL CONDUCTED IF ANY - YES/NO _____
2. IF YES, DATE OF RECENT DRILL-SUBMIT REPORT. _____
3. WHETHER EVACUATION DRILL CONDUCTED IF ANY- YES/NO _____
4. IF YES DATE OF RECENT DRILL-SUBMIT REPORTS _____

6. EMERGENCY RESPONSIBLE PERSON-NAME,

1. ADDRESS _____
2. MOB NO _____
7. IS THE FIRE OFFICER EMPLOYER? _____

DETAIL ABOUT FIRE OFFICER NAME

- 1 NAME _____
- 2, ADDRESS _____
3. MOB NO _____
4. QUALIFICATION EXPERIENCE _____
8. SAFETY OFFICER/SECURITY OFFICER NAME, _____
1. ADDRESS _____
2. MOB NO _____
3. QUALIFICATION EXPERIENCE _____
9. REFUGE AREA IF AND LOCATION AREA ETC. _____
10. ASSEMBLY POINT IDENTIFIED ON GROUND —LOCATION _____
11. LIST OF DOCTORS & OTHER STAFF TRAINED FOR HANDLING FIRE
OR _____
12. RELATED EMERGENCIES _____
13. WHETHER ADEQUATE FIRE & SAFETY DIRECTIONAL SIGMAGIUS BOARDS INSTALLED
YES/N _____
14. NO. OF AMBULANCES WITH CAPACITY _____
15. NO. OF TYPE OF SMOKE MASKS _____
16. WHETHER ASSEMBLY POINT MARKED CLEARL* - YES/NO _____
17. NO. OF PROFESSIONAL FIRE STAFF IF ANY. _____

COLLAGE INCHARGE

NAME, POST, SIGN AND SEAL