

<u>GOVERNMENT OF GOA</u> <u>DIRECTORATE OF FIRE & EMERGENCY SERVICES</u> <u>ST. INEZ, PANAJI – GOA</u> <u>FIRE PREVENTION INSPECTION REPORT</u>

FORM R FOR ISSUE / RENEWAL OF NO OBJECTION CERTIFICATE INSTRUCTIONS FOR FILLING THE CHECK LIST

- 1. Read carefully before filling the form.
- 2. The requirements listed need to be fulfilled to comply with Rules & Regulations.
- 3. Applicant shall submit documents to establish that Active Fire Protection & Fire Fighting Systems are Audited by In-house Facility Management Team and Active Maintenance Contract is maintained.
- 4. If an item in the checklist is complied with, mark 'Yes' and if an item is not complied with, mark 'No'. If an item is Not Applicable to the particular building, mark 'NA' (NA).

| Sr. No. | Particulars | Details |
|---------|--|----------------------------------|
| 1. | Name of the Premises | |
| 2. | Address of the Premises | |
| 3. | Name of the Owner of the premises | |
| | and address for correspondence | |
| | [Provide Telephone Number, Fax, Email ID] | |
| 4. | Alternative Contact Name | |
| | [Provide Telephone Number, Fax, Email ID] | |
| 5. | Number of the Floors + Blocks + Wings | |
| 6. | Total built up Area | Sq. mtrs |
| 7. | Open Area | Sq. mtrs |
| 8. | Type of Building Occupancy/Business | |
| 9. | Trade/Process | |
| 10. | Surrounding of the Premises | North- |
| | | South- |
| | | East- |
| | | West- |
| 11. | Commodities already licensed together | |
| | with quantities (by Municipalities, State or | |
| | Central Govt.). State/ Trade License | |
| | Number | |
| 12. | Nearest Fire Station | [Fire Station + Zone] |
| 13. | Adequate passageway clearance of Not less | |
| | than 4.5 mtrs provided for Fire Fighting | $Y \square N \square NA \square$ |
| | Vehicles to enter the premises | |
| 14. | Alternate Source of Power Supply | |
| | provided. | |

FORM R (To be filled by the Applicant)

| Sr. No. | Particulars | Details | Compliance of Fire Inspector |
|---------|--|--|---------------------------------|
| 15. | MEANS OF ESCAPE | | ^ |
| | (a) Internal Staircases : | [Number] | Y N D |
| | (b) External/ Fire Escape Staircases: | [Number] | Y N N |
| 16. | Fire Lift (with 8 Passengers) is provided. | Y 🗆 N 🗆 NA 🗆 | Y N N |
| 17. | Fire Lift operates on alternate Power supply. | Y 🗆 N 🗆 NA 🗆 | Y N N |
| 18. | Basement Floor is Separately Ventilated and Mechanical Extraction and Smoke Venting system is provided. | | Y N N |
| 19. | Solvents stored in the premises | Y N N NA Type- Quantity- | Y N |
| 20. | Explosives stored in the premises | Y N N NA Type- Quantity- | Y N |
| | | | |
| 21. | Flammable Gases stored in the premises | Y IN N NA I Type- | Y N |
| | | Quantity- | |
| 22. | Chemicals stored in the premises | Y IN N NA I Type- | Y N |
| | | Quantity- | |
| | | MSDS- | |
| 23. | Hazards/ Vulnerable areas on site. | Y IN NA I Type- | Y N N |
| | | Details- | |
| 24. | FIRE FIGHTING INSTALLATIONS | | |
| 24.1 | Wet Riser of 100 mm of minimum internal diameter is provided. | Y 🗆 N 🗆 NA 🗆 | Y N |
| 24.2 | Down Comer of 100 mm of minimum internal diameter is provided | Y 🗆 N 🗆 NA 🗆 | Y N |
| 24.3 | Wet Riser Cum Down Comer of 100 mm of minimum internal diameter is provided. | Y 🗆 N 🗆 NA 🗆 | Y N N |
| 24.4 | Internal Hydrant / Landing Valves of 63 mm internal diameter provided on each floor with Hose Box having Reinforced Rubber Lined Hose (RRL) Type 'B' confirming to IS. 636/1988 and Hand Controlled Branch Pipe to cover each floor in the building. | Y □ N □ NA □ Quantity- | Y N D |
| 24.5 | Hose Reel Hose confirming to IS: 884/1985 of Not less than 19 mm diameter provided on the Riser/ Down Comer on every floor | $\begin{array}{c c} Y \square & N \square & NA \square \\ Quantity- \end{array}$ | Y N N |
| 24.6 | Courtyard Fire Hydrants / External Hydrants of 150 mm are provided. | $Y \square N \square NA \square$ Quantity- | Y N |

| 25. | Capacity of Water Tanks | | |
|------|---|--|-------|
| 25.1 | Underground Water Tank. | Y N N NA Capacity in Litters- | Y N N |
| 25.2 | Overhead Water Tank. | Y N N NA Capacity in Litters- | Y N N |
| 26. | Fire Pump Details | Details Capacity Litters/M | |
| 26.1 | Jockey Pump. | Y 🗆 N 🗆 NA 🖂 | Y N N |
| 26.2 | Electric Main Pump. | Y 🗆 N 🗆 NA 🖂 | |
| 26.3 | Sprinkler Pump. | Y 🗆 N 🗆 NA 🗆 | Y N N |
| 26.4 | Stand-by Diesel Pump. | Y 🗆 N 🗆 NA 🗆 | Y N |
| 27. | Fire Brigade inlet are provided | Y N N NA | Y N |
| 28. | Fire Alarm Warning System conforming to BIS : 2189 / 2008 is being provided in the building | | |
| 29. | Alarm System provided in the Control Room or Other conspicuous place on the Ground Floor and connected to both main and alternate power supply | Y 🗆 N 🗆 NA 🗖 | Y N D |
| 30. | Manual Call Point of Break Glass Type and Hooter is being provided near each staircase landing on every floor | Y 🗆 N 🗆 NA 🗖 | Y N N |
| 31. | Detectors provided and connected to the Fire Alarm System based on the class of occupancy and risk in the building. | Y □ N □ NA □ Type: SD □ HD □ Beam □ | Y N D |
| 32. | Automatic Sprinkler System is provided wherever required as per class of occupancy and risk in the building. | Y 🗆 N 🗆 NA 🖂 | Y N N |
| 33. | Automatic Fire Suppression system installed in the premises | Y N N NA Type- Location- | Y N N |
| 34. | LPG Gas Leak Detectors | $Y \square N \square NA \square$ Location- | Y N N |
| 35. | Means of Escape is marked with Fire Safety Signage's having Colour & Size confirming to IS:12349/1988. | Y 🗆 N 🗆 NA 🗆 | Y N N |
| 36. | First Aid Fire Extinguishers is provided on each floor confirming to IS:15683/2006. | Y N N NA Type- Capacity- Quantity- | Y N D |
| 37. | Security on Site | Y N N NA | Y N |
| 38. | Evacuation Fire Plan | Y N N NA | Y N |

| 39. | Evacuation Drill Conducted | Annually 🗌 Half yearly 🗌 Quarterly | Y N |
|-----|---|------------------------------------|-------|
| 40. | Safety Devices + PPE available on site | Y □ N □ NA □ Type- | Y N N |

I hereby undertake that all the information provided in the form is correct to the best of my knowledge and that if any information is later found to be intentionally misleading I may be liable for the same.

| | (Signature of Applicant) |
|---------------------|--------------------------|
| Name of Applicant | |
| Designation | |
| Mobile phone number | |
| Email address | |
| Signature | |

| PARTICULAR OF INSPECTING OFFICER | | |
|----------------------------------|--|--|
| Name of Inspecting officer | | |
| Designation | | |
| Fire Station | | |
| Date of Inspection: | | |
| Sub:- GENERAL/LPG/HTL/EXP/TEMP/ | | |
| Case No. | | |
| Observations/ Shortcomings | | |
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| Recommendation:- | | |
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| Signature: | | |
| | | |
| Remark/Decision of the Authority | | |
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| Signature: | | |