



Instructions for Fire Safety Plan, NYC Fire Department Office Buildings pursuant to NYC- DOB (TTPN # 1 / 03) HIGH RISE BULLETIN # XI Updated 9/28/09

The following information should be used while preparing or revising a Fire Safety Plan: Prepare Fire Safety Plan exactly as set by the guidelines with all information as requested.

Attach to the Fire Safety Plan:

1. Copy of the most recent Certificate of Occupancy or Temporary Certificate of Occupancy or Schedule A if building is under construction.
2. Copies of the representative floor plans including basement(s) meeting criteria as listed below.
3. Copy of riser diagram for standpipe and/or sprinkler system for the building (see requirements on p.2)
4. Copies of any other supporting documents like request for variance(s).

The following are the requirements for the acceptable representative floor plans:

Submit **architectural** type of representative floor plans including basement and sub-basement **not larger** than 11x17. Plans must be of good print quality and show the entire floor areas. **Include a site plan of the building.** Indicate northerly direction along with surrounding buildings and streets, cross streets and F.D. apparatus access roads. Additionally, indicate the premise foot print and Standpipe and Sprinkler Siamese Connection locations and location of building occupant assembly areas.

Locate the following on floor plans:

- a. Exits.
- b. Evacuation routes (the route must be shown by displaying the permanent partitions which create the corridors* used for exit access**. Additionally, provide hatching or a red line throughout the route.)
- c. Fire barriers***.
- d. Areas of refuge****.
- e. Stairs with letter designation.
- f. Access and convenience stairways
- g. Elevator bank letter and car number designations same as listed in Building Information Form.
- h. Fire Command Station.
- i. Fire warden phones.
- j. Manual fire alarm boxes (pull stations)
- k. Standpipe hose outlets.
- l. Sprinkler and standpipe system control valves.
- m. Any part of the building not protected by sprinkler system.
- n. Emergency power generator and fuel supply
- o. Show legend for all symbols and abbreviations used.
- p. Indicate Northerly direction.
- q. In-Building Relocation Areas: where applicable (optional)

Submit Fire Safety Plan or revised Fire Safety Plan, complete with all attachments, for review by Fire Department. Do not submit individual sheets.

*This cover sheet and Instruction Sheet Numbers 2 and 3 of the guide **MUST NOT** be included in the plan.*

* New 2008 NYC Building Code Sec. BC 1002 Definitions.

** New 2008 NYC Building Code Sec. BC 1002 Definitions.

*** New 2008 NYC Building Code sec. BC 706.

**** New 2008 NYC Building Code Sec. BC 1002 Definitions.

Disapproved and Conditionally Accepted Fire Safety Plans must be resubmitted within **30 days** from the date of the letter disapproving or conditionally accepting them. Any disapproved plan not resubmitted within six months is considered abandoned and will require a new filing fee.

The following are the requirements for acceptable Standpipe and /or Sprinkler System Riser Diagram:

Locate the following:

- a. Gravity Tanks, indicating the total capacity and fire reserve.
- b. Pressure Tanks, indicating the capacity.
- c. Risers, indicating the size and locations.
- d. Siamese connections, indicating locations.
- e. Fire Pump, (if applicable) indicating output (gpm) and automatic or manual.
- f. Booster Pump (special service pump), indicating output (gpm).
- g. All cross connections.
- h. City water main supply.
- i. Fill line and house pump.
- j. You may show legend to indicate all symbols used, for example
 - Check valves (upper and lower) and control valves
 - Pressure reducing valves (PRV)
 - All riser sectional valves
 - Dry pipe valves
 - Pre-action sprinkler valves
 - Roof manifold
 - Fire hose racks on all floors.
 - Sprinkler floor control valves

Note: Diagram must be of good print quality showing the entire system and professionally standard and not larger than 11x 17 inches.

INSTRUCTION FOR PROCESSING



FORM NAME: FIRE SAFETY PLAN AND GUIDELINES

FORM NUMBER: INTDOC 9/09

PURPOSE OF FORM

To provide Class E Office Buildings with the forms which must be submitted and be accepted by the FDNY.

WHO SHOULD USE THIS DOCUMENT

Property Owners, Fire Safety Directors and other management staff required to file Fire Safety plans.

TO SUBMIT COMPLETE APPLICATION, BY MAIL:

FDNY
Bureau of Fire Prevention
9 Metrotech Center
Brooklyn, NY 11201
Attn: RM 3W - 6

OR WALK IN
9 METROTECH CTR – 1ST FLR.
At rear of FDNY HQ building.
Ask for Window 8
**Business hours are Monday through Friday
9:00AM - 12:00PM & 1:00PM - 3:00PM.**

PAYMENT INFORMATION

Is payment required? Yes \$210
If so, when? With submission

FOR FURTHER QUESTIONS, CONTACT:

FDNY- BFP
ATTN: Emergency Planning and
Preparedness Group
718-999-1512

SPECIAL INSTRUCTIONS

All plan submittals must be accompanied by a form TM-1 available at:
http://nyc.gov/html/fdny/pdf/cof_study_material/tm_1.pdf

FIRE SAFETY PLAN AND GUIDELINES - OFFICE BUILDINGS

(TTPN# 1 / 03)

Purpose

- To establish a method of systematic, safe and orderly evacuation of an area or building by and of its occupants in case of fire or other emergency, in the least possible time, to a safe area or by the nearest safe means of egress; also the use of such available fire appliances (including sounding of alarms) as may have been provided for the controlling or extinguishing of fire and the safeguarding of human life.
- Objective

To provide proper education as part of continuing employee indoctrination and through a continuing written program for all occupants, to assure the prompt reporting of fire, the response to fire alarms as designated, and the immediate initiation of fire safety procedures to safeguard life and contain fire until the arrival of the Fire Department.

1. **Building Address:** _____ **Name of Building** _____
Borough and Zip Code: _____ **Telephone Number:** _____

2. Maintenance of Interior Fire Alarm System

- 2.1 Name/Job Title: _____
2.2 Certificate of Fitness # _____ Expiration date: _____
2.3 Regularly assigned location (If Applicable). _____
2.4 How is he/she notified when at regular location - include business or cell phone #s if applicable: _____
2.5 Normal working days and hours: _____

3. Fire Drill Conductor

- 3.1 Name/Job Title: _____
3.2 Certificate of Fitness # _____ Expiration date: _____

4. Evacuation Drills

- 4.1 Frequency of drills- indicate start date and frequency: _____
4.2 How announced: _____
4.3 Participation. Who participated? _____
How?: _____
4.4 Controls and supervision: _____
4.5 Where is current record of drills kept: _____

5. Fire Alarm Control Panel

- 5.1 Location (also show location on Floor plan): _____
5.2 Requirements:
5.2.1 Adequate Illumination (Yes/No): _____
5.2.2 Indicate location of Fire Safety Plan : _____
5.2.3 Copy of Building Information Form (Yes/No): _____
5.2.4 Representative floor plans (Yes/No): _____
Plans must include all aspects as listed on instruction sheet (a-h).

6. Signs

- 6.1 Signs at elevator landing with Floor diagrams (Yes/No): _____
- 6.2 Floor numbering in stair enclosure (Yes/No): _____
- 6.3 Stairway identification on occupancy side of stair door (Yes/No): _____
- 6.4 Elevator identification- (where posted): _____

7. Occupant Instructions

- 7.1 Distribution of instructions to all tenants, tenants employees and building employees- See Appendix A

8. Fire Prevention and Fire Protection Program for the building – See Appendix B

9. Building Information Form – See Appendix C

10. Representative Floor Plans (architectural type, 11x17 max) – See Appendix D

11. Prepared/revised by (**provide contact information**): _____

11.1 Date prepared: _____

11.2 Date revised: _____

Appendix

- A. Occupant Instructions
- B. Fire Prevention and Fire Protection Program
- C. Building Information Form
- D. Representative Floor Plan
- E. Evacuation Procedure
- F. Fire Safety Plan

APPENDIX

A. Occupants Instructions

Have available an updated listing of all personnel with physical disabilities who cannot use the stairs unaided. Building tenants shall make arrangements to have these occupants assisted in evacuating the building.

- (a) The applicable parts of the approved Fire Safety Plan shall be distributed to all tenants of the building by the building management when the Fire Commissioner has approved the Fire Safety Plan
- (b) Have available a list of occupants requiring assistants to evacuate in the event of an emergency. Have this list available for review by the Fire Department upon request.
- (c) The applicable parts of the approved Fire Safety Plan shall then be distributed by the tenants to all their employees and by the building management to all there building employees.
- (d) All occupants of the building shall participate and cooperate in carrying out the provisions of the Fire Safety Plan.
- (e) Any person discovering fire or smoke should without delay cause the transmission of an alarm of fire by any of the following.
 1. Telephone (call 911 to report a fire)
 2. Activate the building fire alarm system by pulling the manual pull station upon evacuating the building.

B. Fire Prevention and Fire Protection Program (see note)

1. A plan for periodical formal inspections of each floor area, including exit facilities, fire extinguishers and housekeeping shall be developed and implemented by personal in charge of the building.

A copy of such plan shall be submitted

Information that can be included is as follow:

- (a) At the start of the day a check of each exit shall be required to determine that self-closing doors are in the closed position but are not illegally locked in any manner.
- (b) No obstructions shall be permitted in corridors or aisle spaces
- (c) Necessary exit signs and lights where required, shall be lighted and in good condition.
- (d) All personnel shall know the location and operation of fire extinguishers. The Maintenance shall be controlled by the Fire Drill Conductor.
- (e) Poor housekeeping is a fire breeder. All establishments shall avoid accumulation of combustibile debris.

Note: This is a guideline only. Plan must be specific to applicable building

C. **Building Information Form**

Building Address: _____ **Zip Code:** _____

1. **Owner or person in charge of the building.**

Company: _____ **Name of representative:** _____

Address including ZIP Code: _____

Business telephone No.: _____

2. **Certificate of Occupancy:** Attach copy of current C of O or temporary C of O or

Letter of No Objection from Buildings Department or Affidavit of No C of O issued

By Building Department If under construction attach copy of Schedule A.

Location where C of O is posted in the building: _____

3. **General description of the building:**

Building Height in feet: _____ **No. of stories:** _____ **No. of basements:** _____

Area (Length X Width) at ground level: _____ X _____ = _____ (sf)

Class of construction as listed on current C of O: _____

4. **Stairs Information:** Number, type and location of **fire stairs** and/or **fire towers**,

and/or **fire escapes** and/or **utility/access stairs**. Include alphabetical letter

identification, location, and floors served.

Letter designation	Type	Location	Levels (floors) served
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. **Number of, type and location of Horizontal exits or other Areas of Refuge.**

6. Elevator and/or escalator information:

Number of elevator banks **and** elevators: _____ --- _____

Elev. Bank Designation	No. of Cars	Pass. or Freight	Operation (Man/Auto)	Levels (floors) served
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Elev. Bank Designation	Firemen Service (Yes/No)	Elevator Machine Room Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of escalators: _____

Escalator	Levels (floors) served
_____	_____
_____	_____

7. Fire Alarms System and central station Information.

Type : _____ (as per letter of Approval)

Brand: _____ Model: _____

Name of Central Station: _____

8. Standpipe system information:

Location of riser: _____ Size of riser: _____

Location of riser: _____ Size of riser: _____

No. of **gravity** tanks: _____ Location(s): _____

Capacity of gravity tank(s) (gals): _____ Fire Reserve (gals): _____

No. of **pressure** tanks: _____ Location(s): _____

Capacity of pressure tank(s) (gals): _____

No. of fire pumps: _____ Location/output(s) (gpm): _____

Type(s) of pump(s) (automatic or manual): _____

Number and Location(s) of Siamese connection(s):

Name of Certificate of Fitness holder: _____

Certificate No.: _____ Expiration date: _____

9. **Sprinkler system information:**

Primary water supply: _____ Secondary water supply: _____

Is this a combination of Standpipe/Sprinkles system? (Yes/No): _____

Areas protected: _____

No. of **gravity** tanks: _____ Location(s): _____

Capacity of gravity tank(s) (gals): _____

No. of **pressure** tanks: _____ Location(s): _____

Capacity of pressure tank(s) (gals): _____

No. of fire pumps: _____ Location/output(s) (gpm): _____

Type(s) of pump(s) (automatic or manual): _____

Number and Location(s) of Siamese connection(s):

Name of Certificate of Fitness holder: _____

Certificate No.: _____ Expiration date: _____

10. **Special Extinguishing systems information. Example-** Halon, Pre-Action , Range hood (Ansul), Deluge – **Include Location(s)**. Confirm if tied into fire alarm system.

11. **Average number of persons normally employed in building.**

DAYTIME: _____ NIGHTTIME: _____

12. **Number of Persons normally visiting building.**

DAYTIME: _____ NIGHTTIME: _____

13. **Service Equipment such as:**

(a) **Electric Power:**

Primary – Street name where power enters the building: _____

Auxiliary -Auxiliary Generator (Yes/No): _____

Location of generator: _____ Type of fuel: _____

List capacity and location of the tank in Item 16

(b) **Emergency Lighting:**

Type

Locations.

Add sheets if necessary

(c) **Heating:**
 Type: _____
 Fuel: _____
 Location of heating unit: _____

Add sheets if necessary

(d) **Ventilation:**
 Emergency means of exhausting heat and smoke (Yes/No): _____
 If yes specify.
 Do the windows open on any floors? (Yes/No): _____
 If YES, list locations where windows open: _____

 Are keys required? (Yes/No): _____ If YES, list where located: _____
 Type of key (1620 or 2642) if required: _____

(e) **Air Conditioning System – Be specific:**
 Central A/C (Yes/No): _____ If YES, Size and Locations of Units

 Through floor duct work (Yes/No): _____
 If YES, list floors: _____

Location of Supply Fan	Area Served
_____	_____
_____	_____

Add sheets if necessary

Package units on each floor (Yes/No): _____

Unit ID if Available	Compressor HP or Ton.	Location	Area Served
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Add sheets if necessary

(f) **Refuse storage and disposal (Yes/No):** _____
 If Yes, list type and location: _____

(g) **Firefighting equipment and appliances**, OTHER than standpipe and sprinkler systems.

(h) **Other pertinent building information and the locations.**

Example – roof set-back, utility shafts, cross bridges, tunnels etc.

14. **Alterations and repair operations**

If any and the protective and preventive measures necessary to safeguard such operations with attention to torch operations. (Torch operator must have valid Certificate of Fitness).

15. **Storage and use of flammable solids, liquids and/or gases**
(including Fuel storage tanks). Be specific-Type/quantity and location.

16. **Special Occupancies in the building:**

Example: Place of Public Assembly-studios, cafeterias, retail stores, auditoriums, theaters, etc.(**include listing of locations**)

17. **Number and location of electrical transformers containing liquid poly-chlorinated biphenyles (PCB).**

D. Representative Floor Plans.

Submit copy of floor plans for ALL floors, INCLUDING Basements and roof meeting requirements listed on the instruction sheet.

E. Evacuation Procedure (if deemed necessary)

In the event of a fire or fire alarm, building occupants shall take immediate action, use good judgment as to the safest course of action taking the minimum requirements into consideration:

- Alert the people on the floor by knocking on their doors on your way out to the exit.
- Use the nearest uncontaminated stairwell to leave the building.
- Occupants shall try to avoid stairs being used by the Fire Department. If this is not possible, occupants shall try to attract the attention of the Fire Department personnel before such personnel open the door to the fire floor.
- **DO NOT USE THE ELEVATOR.**
- Call 911 once you reach a safe location. Do not assume the fire has been reported.
- Notify the Fire Department if anyone is unaccounted for.

F. Fire Safety Plan

In planning evaluate the individual floor layouts, the population of floors, the number and kinds of exits the zoning of the floor by area and occupants.

** This format for Fire Safety Plan is to be used in the preparation of the Fire Safety Plan**

Nothing contained in the Fire Safety Plan format is to be construed as all-inclusive. All rules and other requirements are to be fully complied with.

Attach additional pages if necessary, have pages numbered.