

BHAVNAGAR MUNICIPAL CORPORATION
FIRE AND EMERGENCY SERVICES
INSPECTION REPORT FOR FIRE SAFETY CERTIFICATE

Inspection Date :

1	Name of Owner/ Developer/ Builder -	
2	Name of Chairman/ Owner/ Occupier/ Secretary Mobile no - Email id -	
3	Name of Fire Agency/ Equipment supplier - Name of Consultant/ Contractor - Mobile no -	
4	House/ Office/ Shop No. - Name of Building/ Apartment/ Company -	
5	Landmark - Area/ City/ Pin Code	
6	Architect on Record (AoR)/ Engineer on Record (EoR) Name & Registration no.	
7	Fire Safety Certificate Approval No or Existing Fire Safety Certificate (NOC) number	
8	Date of Issuance (Old FSC) - Due Date (Old FSC) -	
9	Zone.....	Ward.....
10	TP Number.....FP Number.....	Survey Number..... Sub Plot Number.....
11	Type of Occupancy	Residential - () Educational - () Institutional - () Assembly - () Business - () Mercantile - () Industries - () Storage - () Hazardous - () Mixed Occupancy - ()
12	Site Area/ Plot Area of Building/ Project/ Scheme (In Sq. Mtrs)	
13	Approach to proposed building, width of the road and connecting roads, if any (In Mtrs)	
14	Number of Blocks - Building Height (in Mtrs) -	
15	Width of the main entrance gate of the building block (in Mtrs)	
16	Height of the main Entrance gate of the building block (in Mtrs)	
17	Total Floor Area (In Sq. Mtrs)	
18	Built up area (in Sq. Mtrs)	
19	No. of floors (including basement floors)	
20	Minimum margin between the building block and adjacent building block (in Mtrs)	
21	Road side (Front Side) margin of building block (in Mtrs)	
22	Rear & side margin of building block (in Mtrs)	

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23	Maximum width of clear motorable open space in the front and side of the building block Mention Obstructions if any in brief - mtrs
24	Type of Hazard	Low: () Moderate: () High: ()
25	Are there any service ducts in this building block?	Yes : () No: ()
26	Have internal service ducts and shafts been properly enclosed by fire resistant walls and doors, and fire stopped at all floor levels?	Yes : () No: ()
24	All internal service ducts and shafts have a vent opening at the top?	Yes : () No: ()
25	Electric Sub station - Transformer for this building block -	Yes : () No: () Yes : () No: ()
26	Number of Transformers	
27	Type & capacity of transformers	Oil: () Dry: () Capacity: KVA
28	Location of transformers	Inside: () Outside: ()
29	Type of fire protection systems provided for transformers, if any	
30	Is there any substation also in this building block?	Yes : () No: ()
31	Is there any type of stand by power supply or generator etc provided for the building block?	Yes : () No: ()
32	Is generator or power supply automatic in action? Location -	Yes : () No: () Inside: () Outside: ()
33	How many lifts have been installed in the building, and how many are designated fire lifts?	No of Passanger Lifts - No of Fire Lifts - Total -
34	Whether natural ventilation or mechanical ventilation is provided for building?	Natural: () Mechanical: ()
35	Whether any compartmentation has been done in the building?	Yes : () No: ()
36	Whether a lightning arrestor has been installed?	Yes : () No: ()
37	Are any other building systems such as boiler room, gas supply, refuse chutes provided for the building?	
38	Number of internal staircases that have been provided in the building block	Number : Width(Mtrs)
39	Number of external staircases that have been provided in the building	Number :
40	Have fire exit doors been provided in building?	Yes : () No: ()
41	Are there any basements in the building?	Yes : () No: ()
42	How many basements provided?	Number :
43	Are basements sprinklered?	Yes : () No: ()
44	Type of ventilation provided for basements	Natural: () Mechanical: ()
45	Whether adequate illumination with alternate power supply is provided for safe movement of persons towards and through the exits?	Yes : () No: ()
46	Whether proper exit signage has been provided in exit access area to provide clear directions to people moving towards exits? *	Yes : () No: ()

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47	Is the building provided with Automatic Fire Detection and Alarm system (AFDA)/ Manually Operated Fire Alarm system (MOEFA)? *	AFDA: () MOEFA: ()					
48	Have portable fire extinguishers (as per IS:15683) been provided? Yes : () No: ()						
	Type of F.E	Capacity & Quantity					Total
	CO2 (kg)	2 ()	3 ()	4.5()	6.5()	9 ()	22.5
	Foam (ltr)	1 ()	2 ()	4 ()	6 ()	9 ()	25
	ABC (kg)	1 ()	2 ()	4 ()	6 ()	9 ()	25
	Water CO2 (ltr)	9 ()	()	()	()	()	()
	DCP (kg)	4 ()	6 ()	9 ()	25 ()	()	()
	Clean Agent (kg)	2 ()	4 ()	5 ()	10 ()	()	()
	K type (ltr)	2 ()	3 ()	6 ()	9 ()	()	()
Modular (kg)	2 ()	5 ()	10 ()	15 ()	()	()	
49	Has first aid hose reel (25mm) been provided?	Yes : () Number -					
50	Has the wet riser/ downcomer system, been provided?	Yes : () No: () Number of risers -					
51	Have yard /internal hydrants been provided?	Yes : () No: () Number of hydrants -					
52	Has automatic sprinkler system been provided? Yes : () No: ()	Basements-Yes:() No:() Qty : Ground floor-Yes:() No:() Qty : Hollow plinth-Yes:() No:() Qty : Floors - Yes () No:() Qty :					
53	Type of fire water storage tank provided Under Ground Tank () Over Head Tank ()	Capacity.....liters					
54	Provide capacity of fire fighting pumps, if available (No. of fire fighting pumps and type) Submersible: () Mono block: ()	Main Pump (No.) LPM: Jockey Pump (No.) LPM: Diesel Pump (No.) LPM: Sprinkler Pump LPM:					
55	Special fire protection system provided, if any (water spray, foam, water mist, clean agent, etc)	Details -					

**BHAVNAGAR MUNICIPAL CORPORATION
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FLOORWISE DETAILS OF FIRE PROTECTION EQUIPMENT**

Floor	Hydrant valve	Hose box	Hose pipe	Branch pipe	Hose reel hose	MCP/Hooter	Pump On/Off Switch	Signages	ABC/DCP F.E	Co2/Water Co2 F.E	Sprinklers
Basement 3 -4											
Basement 1 -2											
G.F / H.P											
1 st											
2 nd											
3 rd											
4 th											
5 th											
6 th											
7 th											
8 th											
9 th											
10 th											
11 th - 20 th											
20 th - 30 th											

Evacuation plan	Yes : ()	No: ()
Public Addressing system	Yes : ()	No: ()
External Lifts	Yes : ()	No: ()
Other		

Remarks :

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Sign.

Date :

Place:

**Inspected by
Designation:**

**Recommended by
Designation:**

**Approved by
Designation:**