The following format outlines the essential items that are required for evaluation of the fire fighting requirements of your project/establishment or building of any kind. Making an informed start would help you provide appropriate fire fighting items, meeting fire norms for NOC and obtaining Occupancy Certificates etc. Kindly provide the details of your project/establishment in the enclosed format and mail it to us at fire\_wizards@yahoo.com for a feedback and inputs on your optimum fire requirements with a cost effective budgetary indication.

|  |  |  |
| --- | --- | --- |
| **SL. NO.** | **ITEM OF PROJECT/SITE INFORMATION** | **DETAILS OF PREMISES AND PROJECT/SITE** |
| 1 | Name, detailed location with full address of the buildings/premises and contact person names, email ids and contact numbers |  |
| 2 | Plot area with dimensions in meters |  |
| 3 | Width of road abutting the building or premise, please indicate  |  |
| 4 | Type of occupancy of the building and activity, if any |  |
| 5 | No. of buildings, towers, blocks etc (occupancy wise) |  |
| 6 | Total covered area at ground level |  |
| 7 | Height of each building, tower or block etc from ground level in meters |  |
| 8 | Total number of floors in each building, tower or block etc (include all underground, basement, stilt, mezzanine and ground) |  |
| 9 | No. of underground or basement floors (indicate level below the ground in meters) |  |
| 10 | Area of each underground or basement floor |  |
| 11 | Occupancy (usage) of each underground floor/facility. |  |
| 12 | Details of parking areas (mention underground, roof-top, covered, stilt and open parking types etc) |  |
| 13 | Width and height of all boundary gates provided for exit and entry |  |
| 14 | Open spaces and drive ways around each of the buildings or blocks or towers etc within the premises. |  |

|  |  |  |
| --- | --- | --- |
| 15 | No. and details of lifts, if any |  |
| 16 | Number and type of fire fighting items and equipments already installed or provided in the past. Such as ExtinguishersFirst Aid Hose ReelsHose Pipes and BoxesHydrant Valves in each floorYard Hydrant valves, hoses – outdoorSmoke and Heat DetectorsSprinklers Fire alarm boxesFire Pumps Exclusive fire water supply and tank |  |
| 17 | Is the building centrally air-conditioned? |  |
| 18 | Location of switchgears, transformers and electrical panels and panel room |  |
| 19 | Average number of occupants per floor in normal days |  |
| 20 | Any other information that you may want to provide |  |
| 21 | When is a good time for a site visit? And Person to be contacted. |  |

Please provide an indicative list of items that you may be interested or need for your premises or project. Kindly indicate YES/NO in the space provided.

|  |  |  |  |
| --- | --- | --- | --- |
| **SL. NO.** | **ITEM AND SERVICES DESCRIPTION** | **REQUIRED****YES/NO** | **REMARKS** |
| 1 | Fire Extinguishers |  |  |
| 2 | Hose Reels |  |  |
| 3 | Wet Riser |  |  |
| 4 | Downcomer |  |  |
| 5 | Yard Hydrant |  |  |
| 6 | Automatic Sprinklers |  |  |
| 7 | Manually operated fire alarm system |  |  |
| 8 | Automatic fire detection and alarm system |  |  |
| 9 | Underground static water storage tank for fire |  |  |
| 10 | Terrace water tank for fire |  |  |
| 11 | Fire pumps at ground level near the water sump |  |  |
| 12 | Booster Fire pump at the terrace level |  |  |
| 13 | Guidance for Fire Fighting Norms and BOQ |  |  |
| 14 | Advice for fire NOC application |  |  |