

(IN TRIPLICATE)

**PROFORMA FOR INSPECTION REPORT REGARDING
PREVENTION OF FIRE & SAFETY MEASURES**

(high rise/ multistorey buildings, hospitals, nursing-homes, corporate offices, factories and hazardous storages.)

		Date of inspection.....
Sr. No.	Detail of Building/ Premises	Detail of Building/ Premises/ Fire safety measures
1	Name of the Building/ Premises (Location- address).	
2	Name & address of the owner with contact no. (s)	
3	Name & address of occupier (s) with contact no. (s)	
4	Total area of the Premises.	
5	Total covered area	
6	Height of the building from ground level	
7	Number of basements & its area	
8	Number of sanctioned floors	
9	Number of actual floors	
10	Parking area	
11	Details of surrounding properties a) North b) South c) East d) West	
12	Number of main gates with size	
13	Number of fire extinguishers installed in the building on each floor with capacity, type with ISI marking, number and date of manufacturing.	

Sr. No.	Detail of Building/ Premises	Detail of Building/ Premises/ Fire safety measures
14	Detail of Hosereel on each floor indicating size and length of rubber pipe.	
15	Details of wet riser, No. of landing valve, delivery hose, branch pipe and hose cabinet on each floor.	
16	No. of yard hydrant, with details.	
17	Whether basement is being used for parking, storage or office. Has the basement sprinkler system? Give all details.	
18	No. of manual fire alarms installed in the building.	
19	Details of automatic fire detection system, P.A. system provided in the building.	
20	Details of control panels	
21	Details of water storage capacity underground/overhead with size of the tank.	
22	Details of fire pumps with Head and Make	
	a) Main pump	
	b) Jockey pump	
	c) Diesel pump	
23	Position of fire service inlet (2 way, 3 way, 4 way)	
24	No. of stair cases with size	
25	No. of lifts and ramps with details of communication system.	
26	Details of means of escape.	

Sr. No.	Detail of Building/ Premises	Detail of Building/ Premises/ Fire safety measures
27	Stand-by source of power supply with all details of gen set and location of switch gear.	
28	Is building centrally air-condition? Give details.	
29	Have all exits and directions of travel in each exit been sign posted?	
30	Do the fire safety measures conform to the norms of NBC?	
31	Whether earlier any NOC Regarding Fire Safety was issued? If yes (1) Name of the issuing authority, date, upto which date it was valid. Whether after expiry of earlier NOC, Fresh NOC was issued? Give full details.	

Recommendation of Inspecting Officer.

Note:- The Inspecting Officer should mention the deficiencies found during the Inspection & give a copy of this report to the owner/ occupier after obtaining a proper receipt.

Signature

Name of Inspecting Officer

Designation

Date

Contact No.

RECEIPT

Name of the Receiver/ Owner/ Occupant

Signature

Date of Receipt