

FIRE & EMERGENCY SERVICES
(MUNICIPAL CORPORATION, CHANDIGARH)

APPLICATION/PERFORMA FOR OBTAINING/RENEWAL OF FIRE SAFETY NOC FOR INSTITUTIONAL BUILDINGS (HOSPITAL SANATORIA AND NURSING HOMES) 15 METER AND ABOVE BUT NOT EXCEEDING 24 METER IN HEIGHT

Application Date- ___ / ___ /20__

DETAIL OF BUILDING/PREMISES				
01.	Name of building premises (Location and Address)			
02.	Name, Address and Contact No. of Building Owner			
03.	Name, Address and Contact No. of Applicant			
04.	No. of inhabitants/occupants			
05.	Plot Area (in Sq. Meters)			
06.	Total covered area (in Sq. Meters)			
07.	Over all Height (From Ground Level to Parapet) in Meters			
08.	Height upto terrace of last livable floor (in Meters).			
09.	Height of each floor (in Meters)			
10.	Number of sanctioned floors			
11.	Number of actual floors			
12.	Number of staircase with size			
13.	Please indicate floors to whom NOC is required			
14.	Motorable space provided all around the building			
15.	Number of Basement and its area			
16.	Detail of Means of escape			
17.	Detail of Parking area			
18.	Details of surrounding properties:- a) Front side b) Rear side c) Right side d) Left side			
19.	Number of entry and exit gates with size			
20.	Location of Gen-set with size			
MANDATORY FIRE SAFETY MEASURES AS PER NATIONAL BUILDING CODE OF INDIA-2016				
A) FIRE FIGHTING EQUIPMENTS		YES	NO	Remarks of Inspection Authority Ok or not
01.	Fire Extinguishers ISI Mark			
02.	First Aid Hose Reel			
03.	Wet Riser System			
04.	Yard Hydrants with Accessories in Box			
05.	Automatic Sprinkler System			
06.	Terrace Tank over respective tower terrace capacity 20,000 Liter exclusively for Fire-fighting purpose			
07.	Underground Static Water Storage Tank capacity 1,50,000 Liter exclusively for Fire-fighting purpose.			
08.	Provision of required number of sets of pumps each consisting of One Electric and One Diesel Pump (Standby) of capacity 2280 Liter Per Minute and One Electric Pump of capacity 180 Liter Per Minute for each 100 hydrants or part thereof, with a maximum of two sets. In case, more than one pumps set installation, both the pump sets should be interconnected at their delivery header.			

	Alternate to this additional diesel pump of same capacity and doubling the water tank capacity as required for one set of pump may be provided.			
09.	Four-Way Fire Brigade Connection with NRV in Box			
10.	Draw Way Connection in Box			
11.	Gas Suppression/Flooding System in Electric Distribution, HT & LT Panels.			
12.	Automatic High Velocity Water Spray/Emulsifying System provided for Outdoor/Indoor Oil Cooled Transformers			
B) DETECTION AND ALARAM SYSTEM		YES	NO	Remarks of inspection Authority Ok or not
01.	Manually Operated Electronic Fire Alarm System alongwith Talk-Back system and Public Address System			
02.	Automatic Detection and Alarm System			
03.	Smoke Exhauster System in Basement Connected to Detection/Sprinkler System			
04.	Gong Bell connected with Sprinkler System.			
05.	Public Address System			
06.	Pressurization System in Internal Staircase, Lift Lobby & Fire Lift connected with Detection/Sprinkler System.			
07.	Provision of Fire Dampers in AHU/AC Ducts			
C) EVACUATION PROVISIONS			NO	Remarks of Inspection Authority Ok or not
01.	Provision of common path of travel shall be 30 meter and maximum dead end of corridor distance shall not exceed 06 meter			
02.	Provision of Self Closing Type Fire/Smoke Check Door with Electromagnetic Hold open & Coordinator having minimum 02 hour Fire Resistance Rating for all compartments			
03.	Provision of Double Swing Double Leaf type Doors of 2.0 meter width with coordinator in corridors			
04.	Provision of minimum 2.4 meter wide Aisles, Corridor, ramps etc. for movement of patients and 1.5 meter for other areas which not intended for use of patients			
05.	The width of every Exit shall not be less than 2.0 meter			
06.	Floor surface of corridor shall not be inclined at a gradient steeper than 1 in 12 to the horizontal			
07.	Provision of Fire Compartment Wall at the compartment intersection having Fire Door with minimum 120 minute Fire Resistance Rating			
08.	All Operation Theater, Delivery Rooms, ICU's, Recovery Rooms etc. shall be smoke separated (120 minute minimum rating) from other adjoining areas			
09.	Provision of 1.25 meter wide door for room having single or double occupancy, 1.50 meter wide door for 03 to 05 patient beds and 2.0 meter wide door for more than 05 beds as well as for Delivery Rooms, ICU's, Recovery Rooms etc.			
10.	Provision of at least 02 doorways leading to exit access corridor for any sleeping accommodation/suite exceeding 100 m ² in area			

11.	Laboratory Room shall not exceed 100m ² and if additional space required, the same shall be Fire Separated of 120 minute			
12.	Provision of Illuminated type EXIT Signboards at all escape routes			
13.	Provision of one Fire-fighting shaft necessarily have connectivity directly to EXIT discharge /Passageway having 120 minutes Fire Resistance wall to Exit discharge.			
14.	Fire Check Doors.			
15.	Stretcher/Patient Lift & Fire Lift with Fireman Switch			
16.	Fire Command Centre at Ground Floor with Accessories			
17.	Alternative Source of Electricity Supply			
18.	Emergency Lights in Staircase			
19.	Minimum 06 meter wide Motorable Road/Passage all around the Building			
D) FIRE PREVENTION MEASURES			NO	Remarks of Inspection Authority Ok or not
01.	Proper provision for Disposal of Hazardous Material			
02.	Staircase not arranged round a Lift Shaft			
03.	Sealing of Various Shafts/Ducts at each floor Level with Fire Resistant Material			
04.	Provision of Separate Shaft for HT Cables having 120 minutes Fire Resistance rating wherever transformers are planned to be provided at higher floor.			
05.	Provision of redundant transformers and HT Cables, wherever HT generators are planned centrally at Ground or First Basement Level			
06.	Appointment of qualified Fire Officer having experience of not less than 03 years			
DOCUMENTS TO BE ATTACHED				
01.	Approved Fire Safety Layout Plan	YES	NO	
**The inspecting officer may also suggest further requirements as deemed necessary in Public Interest at the time of inspection.				

(SIGNATURE OF THE APPLICANT)

Recommendations of the Inspection Officer	
Note: - the inspection officer should mention the deficiencies found during the inspection and copy of the report to be issued to the owner/occupier.	
	Signature _____ Name of inspecting officer _____ Designation _____ Date of Inspection _____ Contact No. _____
RECEIPT	
Name of the Recipient _____	
Signature _____	Contact No. _____
Date of receipt ___ / ___ / ___	E-Mail ID _____