## QUESTIONNAIRE FOR REVISED APPROVAL OF FIRE SCHEME FOR HIGH RISE BUILDINGS Haryana FIRE SERVICE

|     |   | Earlier Fire<br>Scheme<br>Approved vide<br>memo no- | Requirements<br>As per N.B.C. | Proposed provision | Remarks/<br>Changes |
|-----|---|---|-------------------------------|--------------------|---------------------|
|     |   | Dated-  |                               |                    |                     |
| 1.  | Name of the Building  |   |                               |                    |                     |
| 2.  | Classification of Building as per NBC Part IV   |   |                               |                    |                     |
| 3.  | Address of the Building   |   |                               |                    |                     |
| 4   | Name and address of builder / promoter  |   |                               |                    |                     |
| 5   | Name and address of owners / occupiers of individual flats  |   |                               |                    |                     |
| 6.  | Plot Area   |   |                               |                    |                     |
| 7.  | Covered area at ground level(Tower/Block wise)  |   |                               |                    |                     |
| 8.  | Height of the Building(Tower/Block wise)  |   |                               |                    |                     |
|     | a) Overall height (from grade level)  |   |                               |                    |                     |
|     | b) Occupied Height  |   |                               |                    |                     |
| 9.  | Number of floors (including ground floor) (Tower/Block wise)  |   |                               |                    |                     |
| 10  | Nos. of Basement , Area & Level   |   |                               |                    |                     |
| 11. | If the Basement extend beyond the building line . Indicate the load bearing strength of the roof of basement.   |   |                               |                    |                     |
| 12. | Occupancy (use - please menter for each building /tower)  Sanctioned  Basement = Ground floor= Upper floor= Actual  Basement = Ground floor= Upper floor= | ntion separately                                    |                               |                    |                     |
| 13. | Covered area of typical floor.<br>(Tower/Block wise)  |   |                               |                    |                     |
| 14. | Parking areas (Please give de   | etails)   |                               |                    |                     |
| 15. | Details of surrounding proper   | ty / features:-                                     |                               |                    |                     |

Sign. Of Fire, Ventilation & Electrical Consultant

|      | npass direction in  | Type of property / feature  | Height in case |  |   |
|------|---|---|----------------|--|---|
|      | on to the building.   |   | of building    |  |   |
| NORT | ГН  |   |                |  |   |
| SOUT | Н   |   |                |  |   |
| EAST |   |   |                |  |   |
| WEST | Г   |   |                |  |   |
| 16.  | Approach to proproad and connecting   | osed building, width of the ng roads, if any                          |                |  | 1 |
| 17   | Please give detail<br>exclusively for fire<br>Underground . Fire<br>Overhead Fire Tar | e Tank =  |                |  |   |
| 18   | Has wet riser(s) be<br>If so, please in<br>and internal dia of                        | dicate the number of risers   |                |  |   |
| 19   | Has any Downco  | mer been provided? If so, s.  |                |  |   |
| 20.  |   | ne present arrangement for vater for fire fighting.                   |                |  |   |
| 21.  | available nearby?  If so, please give   | the capacity and distance; also please indicate if it is              |                |  |   |
| 22.  |   | ther information that you can<br>lity of water supply for fire        |                |  |   |
| 23.  | please indicate:-   | Irants been provided. If so, ats on each floor including and terrace. |                |  |   |
| -    | b) Have these hy  | drants single or twin outlets.  |                |  |   |
| 24.  | If so, please indica  |   |                |  |   |
|      | a) No. of hose r<br>basement (s)  | reels on each floor including   |                |  | Ì |
|      | b) Bore and lei<br>each reel.   | ngth of hose-reel tubing on   |                |  | 1 |
|      | c) Size (bore) a each hose re   | and type of nozzle fitted to el.                                      |                |  | Ì |
|      |   | eel connected directly to the hydrant outlet?                         |                |  | Ì |
| 25.  | Has fire hose I hydrant? If so, ple   | peen provided near each ease indicate:-                               |                |  | ] |
|      | a) the type of hos  | ses.  |                |  | 1 |

|     | h) the size (here) of here   |   |     |   |  |
|-----|--|---|-----|---|--|
|     | b) the size (bore) of hoses.   |   |     |   |  |
|     | c) the length of each hose.  |   |     |   |  |
|     | d) Total number of hoses provided near each hydrant.   |   |     |   |  |
| 26. | Have branch pipes been provided ? If so, please indicate :-  |   |     |   |  |
|     | a) the type of branch pipes  |   |     |   |  |
|     | b) Size of nozzle fitted to each branch  |   |     |   |  |
| 27. | If the basement is used for car parking or storage, has it been sprinkled?   |   |     |   |  |
| 28  | Whether segregation/compartmentation of the basement has been provided. If so please detail-   |   |     |   |  |
| 29  | Is the building equipped with automatic fire detection and alarm system ? If so, please indicate :-  |   |     |   |  |
|     | a) the type of detectors used.   |   |     |   |  |
|     | b) the standard to which the detectors confirm.  |   |     |   |  |
|     | c) the code to which the installation confirms.  |   |     |   |  |
| 30. | Have manual call boxes been installed in the building for raising an alarm in the event of an outbreak of fire ? If so, please give details. |   |     |   |  |
| 31  | Has public address system been installed in the building with loudspeakers on each floor?  |   |     |   |  |
| 32. | Has an intercom system been provided between the various floors and the fire control room in entrance lobby ?                                |   |     |   |  |
| 33  | Has a fire control room been provided in the entrance lobby of the building?   |   |     |   |  |
| 34  | How many staircases have been provided in the building? please indicate in each case :-  |   |     |   |  |
|     | a) width of the stairway   |   |     |   |  |
|     | b) width of treads.  |   |     |   |  |
|     | c) height of risers  |   |     |   |  |
|     | d) If the treads are of the non-slip type  |   |     |   |  |
| 35. | What is the average occupant load per floor (Tower/Block wise)   |   |     |   |  |
| 36. | How many lifts have been installed in the building ? (Tower/Block wise)  |   |     |   |  |
|     | Please indicate in each case:  |   |     |   |  |
|     | a) The floors between which the lift runs  |   |     |   |  |
| l   | I .  | 1 | l . | 1 |  |

| b) Floor area of the lift car.  c) Loading capacity of the lift car.  d) Has communication system been installed in the lift for car?  e) Has a Fireman's switch been installed in the lift for grounding it in the event of fire?  37. Have any stationary fire pump(s) been installed for pressurizing the wetriser?  a) The number of pumps.  b) The size of suction and delivery connection of each pump.  c) The output of each pump.  d) The head of each Pump  e) Is the pump automatic in action  38. Has a standby source of power supply been provided?  If it is through a generator, please indicate:  a) The capacity (output)  b) The functions that can be maintained simultaneously by the use of generator such as operating lift(s) fire pumps emergency lighting etc.  c) Is the generator automatic in action or has to be started manually?  39. Has any yard hydrant been provided from the building's fire pump? Specify nos. with distance.  40. Where more than one lifts are installed in a common enclosure, have individual lifts been separated by fire resisting walls or 2 hours fire rating?  41. Has the lift shaff(s) lift lobbies and staircases been effectively enclosed to prevent fire / smoke entering them from outside at any floor?  43. Have all exists and direction of travel to each exit been sign-posted with illuminated signs.  44. Has false ceiling been provided in any portion of the building? if ency pump provided in any portion of the building? if ency pump provided in any portion of the building been pressurized? If so, give details. |     |   | T | 1 | 1 |
|--|-----|---|---|---|---|
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|  | 44  | of the building? If so, please indicate location Gap ,fire system above false ceiling and also mention if the material used for the false |   |   |   |
| 45. Is the building centrally air-conditioned? If so,  | 45. | Is the building centrally air-conditioned? If so,   |   |   |   |

|      | please indicate :-  |   |   |  |
|------|---|---|---|--|
|      | The material used for construction of ducts and its fittings.   |   |   |  |
|      | b) The type of lining used for ducts, if any.   |   |   |  |
|      | c) The type of lagging used, if any for insulating any portion of the duct; please also indicate how the lagging is secured.  |   |   |  |
|      | d) If false ceiling is provided, please give information as at (43) above.  |   |   |  |
|      | e) If plenum is used a return air passage has it been protected with fire detectors? please give details.   |   |   |  |
|      | f) Has a separate A.H.U been provided for each floor ?  |   |   |  |
|      | g) Whether automatic shut down of A.H.U. is coupled with detection system?  |   |   |  |
|      | h) Is the ducting for each floor effectively isolated or is it continuous on more than one floors?  |   |   |  |
|      | I) Is the fire dampers being provided?  |   |   |  |
| 46.  | Where are the switchgear and transformers located? If inside the building, please indicate  |   |   |  |
|      | a) If the switchgear and transformer(s) have been housed in separate compartments, effectively separated from each other and from other portions of the buildings by a four hours' fire resistive wall?                             |   |   |  |
|      | b) What precautions have been taken to prevent a possible fire in the transformer(s) from spreading ?   |   |   |  |
| 47   | Where electric cables, telephone cables, dry/ wetrisers/ down comers pass through a floor or wall have the spaces (apertures) round the cables/pipes been effectively sealed/plugged with non-combustible, fire resistant material? |   |   |  |
| 48.  | Ventilation-  |   |   |  |
|      | Whether Natural ventilation is relied upon? If so, give detail of the vents for the stairwell lift lobby and lift shaft   |   |   |  |
|      | b) Whether Mechanical ventilation has<br>been proposed? If so give detail of<br>the proposed system indicating the<br>no. of air changers for the basement<br>and upper floors.   |   |   |  |
|      | c) Whether mechanical ventilation is coupled with automatic detection system ? Please give details of the system.   |   |   |  |
| 49.  | Whether building is sprinklered or not.   |   |   |  |
| Sign | Of Eiro Ventilation   | • | • |  |

| 50. | Please indicate the number and type of fire extinguishers provided at various locations and the arrangement for the maintenance of the extinguishers.         |  |  |
|-----|---|--|--|
| 51. | Please indicate if all fire extinguishers bear the ISI Certification mark.  |  |  |
| 52  | Whether the refuge area has been provided? If so, the floor on which provided and the total area provided floor-wise.   |  |  |
| 53. | Are the occupants of the building systematically trained in fire prevention, use of fire extinguishers and emergency procedures ? If so, please give details. |  |  |
| 54. | Does an emergency organization exist in the building? If so, please give details and append a copy of the emergency (Fire) orders.                            |  |  |
| 55. | Has a qualified Fire Officer been appointed for<br>the building either individually or jointly with<br>other building(s).                                     |  |  |
| 56. | Has the building been protected against lightening? If so, does the lightening protect confirm to any code? Please indicate details.                          |  |  |
| 57. | Weather fire tender movement road shown around the tower as per NBC.(minimum 6mtr)  |  |  |

| Signature of the Fire Consultant With date & Stamps | Signature of the Architect with date & Stamps       |
|---|---|
| Name  | Name  |
| (In Block Letters)                                  | (In Block Letters)                                  |
| Organization Place: -                               | Designation   |
| Dated: -  | Organization  |
|   | Signature of the APPLICANT/OWNER'S Name Designation |