

PERFORMA FOR INSPECTION REPORT REGARDING PREVENTION OF FIRE & SAFETY MEASURE
(High Rise/multi-storey building, Hospital, Nursing homes, corporate office's Factories, Storage)

I.D No.....

Date.....

Sr. No.	Detail of the Building/Premises	Detail of the Building/Premises/Fire safety measures
1.	Name of the Building/Premises (Location/Address)	
2.	Name of the address of the owner with contact no.(s)	
3.	Name and Address of the occupier (s) with contact no.(s)	
4.	Total Area of the Premises	
5.	Total Covered Area	
6.	Height of the building from the ground level	
7.	Number of Basements& it's area	
8.	Number of Sanctioned floors	
9.	Number of actual floors	
10.	Parking Area	
11.	Detail of surrounding properties a) Left side b) Right side c) Front side d) Back side	
12.	Number of main gate with size	
13.	Number of fire extinguisher Installed in the building of each floor with capacity, type with ISI marking no. & date of manufacturing	
14.	Detail of Hose reel on each floor indicating size and length of rubber pipe	
15.	Detail of Down Comers, No. of Landing valve, delivery hose, pipe and hose cabinet on each floor	
16.	Number of yard hydrant, with detail	
17.	Whether basement is being used for parking, storage or Office Has the basement sprinkler system? Give details	
18.	No. Of manual fire alarms installed in building	
19.	Detail of automatic fire detection system P.A system provided in the building	
20.	Detail of control panels	
21.	Detail of water storage capacity underground/overhead with size of tank	
22.	Detail of fire pump with head and make a) Main Pump b) Jockey Pump c) Diesel Pump	
23.	Position of fire service inlet (2way, 3way, 4way)	

24.	Number of Staircase with size	
25.	Number of lift and ramp with details of communication system	
26.	Detail of means of escape	
27.	Stand by source of power supply with all details of Gen. Set and location of switch details	
28.	Is building centrally air-conditioned? Give details	
29.	Have all exists and directions of travel in each been sign posted?	
30.	Do the all fire safety measures confirm to the norms of NBC?	
31.	Whether earlier any NOC regarding fire safety? If yes (I) Name of the issuing authority, date, up to which date it was valid. Whether after expiry of earlier NOC, fresh NOC was issued? Give full details	

Recommendation of Inspection Officer

ਉਕਤ ਦੇ ਸੰਬੰਧ ਵਿੱਚ ਅਦਾਰੇ ਵਿੱਚ ਲੱਗੇ ਮੁੱਢਲੇ ਫਾਇਰ ਸੇਫਟੀ ਪ੍ਰਬੰਧ ਚੈਕ ਕੀਤੇ ਗਏ ਮੌਕੇ ਤੇ ਮੁੱਢਲੇ ਫਾਇਰ ਸੇਫਟੀ ਪ੍ਰਬੰਧ ਸਹੀ ਅਤੇ ਚਾਲੂ ਹਾਲਤ ਵਿੱਚ ਪਾਏ ਗਏ ਸੋ ਉਕਤ ਨੂੰ ਮੁੱਖ ਰੱਖਦੇ ਹੋਏ NOC ਜਾਰੀ ਕਰਨ ਦੀ ਪ੍ਰਵਾਨਗੀ ਹਿੱਤ ਰਿਪੋਰਟ ਪੇਸ਼ ਹੈ ਜੀ।

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

Issuing Authority :- Name :- _____ Designation :- _____ Contact No:- _____ Signature.....	Inspecting Officer :- Name :- _____ Designation :- _____ Contact No:- _____ Date :- _____ Signature.....
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