

APPENDIX B
OFFICE BUILDING INFORMATION CARD
 (For use by Fire Department personnel)

BUILDING INFORMATION:
 Address: _____
 A/K/A: _____
 Construction Class: _____
 Office Floors: _____
 Residential / Hotel Floors: **# 1**
 Retail Floors: _____
 Public Assembly Spaces: _____
 Location of Day Care Center: _____
 Bldg. Population: Day _____ Night _____ Weekend _____

FIRE PROTECTION SYSTEMS:
 Standpipe Locations: _____
 Standpipe Isolation Valve Locations: _____
 Siamese Location: **# 7**
 Building Fully Sprinkled: Yes / No
 Partially Sprinkled: Floors _____
 PRV Valves Floor Locations: _____
 Fire Pump Locations: _____
 Chemical Suppression Systems:
 Locations: _____

BUILDING STATISTICS:
 Stories: _____ Height: _____ Width: _____
 Type of Construction: **#2**
 Truss Construction: Roof: Yes / No
 Floors: Yes / No If yes, what floors:
 Horizontal Connections: Passageway / Utility Pipe Chase
 Locations: _____
 Roof setback levels: _____

HAZARDOUS MATERIALS & LOCATIONS:

NAME OF PRODUCT/QUANTITY	LOCATION
_____	_____
_____	_____
_____ # 8 _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Special Notes: _____

STAIRWAYS:
 Designation _____ Floors Served _____ Pressurized _____ Standpipe _____
#3
 Re-entry floors: _____
 Access /Convenience Stair Located Between Floors:

 Roof Access Provided by Stairways:

 Fire Tower: Yes / No If yes, location: _____

COMMUNICATIONS:
 Number of Radios for FDNY Use: _____
 24 hr Location: **# 9**
 Communications for FDNY Use: _____

ELEVATORS:
 Bank Designation _____ Car Numbers _____ Floors Served _____
#4
 Freight Elevator Bank: _____
 Sky Lobby: Yes / No If yes, location: _____

TEMPORARY CONSIDERATIONS
(TO BE FILLED IN WITH ERASABLE MARKINGS)
 i.e. Construction projects, water tank out of service, out-of-service systems, etc.
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VENTILATION:
 HVAC Zones: _____
 Bldg. Management System (BMS):
 Location: On-site /
 Off-site emergency number: **#5**
 Smoke Management System /
 Purge Capability: _____ Automatic / Manual
 Location of Mechanical Rooms: _____

BUILDING FIRE SAFETY INFO:
 (Including Emergency Contact numbers)
 Fire Safety/EAP Director: _____
 Work: ()-_____-_____
 Emergency: ()-_____-_____
 Building Engineer: **# 11**
 Work: ()-_____-_____
 Emergency: ()-_____-_____
 Managing Agent: _____
 Work: ()-_____-_____
 Emergency: ()-_____-_____

UTILITIES:
 All Fuel Oil Tank Locations (Capacity): _____ (___ gal);
 _____ (___ gal); _____ (___ gal); _____ (___ gal)
 Natural Gas Service: **#6**
 Emergency Generator Location: _____
 Roof Storage: Propane ___ Diesel Fuel ___ Other ___