

FIRE SAFETY AND EVACUATION PLAN APPENDIX B-1
HOTEL/MOTEL BUILDING INFORMATION CARD
(For use by Fire Department personnel)

1. BUILDING INFORMATION: BIN# _____
 Address: _____
 A/K/A: _____
 Construction Class: _____
 Hotel Floors: _____
 Office Floors: _____
 Other Residential Floors: _____
 Retail Floors: _____
 Public Assembly Areas: _____
 Bldg. Population: Day _____ Night _____ Weekend _____

7. FIRE PROTECTION SYSTEMS:
 Standpipe Locations: _____
 Standpipe Isolation Valve Locations: _____
 FD Connection Locations: _____
 Building Fully Sprinkled: Yes / No
 Partially Sprinkled: Floors: _____
 PRV Valves Floor Locations: _____
 Fire Pump Locations: _____
 Non-water Fire Extinguishing Systems:
 Locations: _____

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

8. HAZARDOUS MATERIALS:

NAME OF PRODUCT/QUANTITY	LOCATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Special Notes: _____

3. STAIRWELLS:
 Designation _____ Floors Served _____ Pressurized _____ Standpipe _____

Re-entry floors: _____
 Access /Convenience Stair Located Between Floors:

 Roof Access Provided by Stairwells:

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

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

4. ELEVATORS:
 Bank Designation _____ Car Numbers _____ Floors Served _____

Freight Elevator Bank: _____
 Sky Lobby: Yes / No If yes, location: _____

10. TEMPORARY CONSIDERATIONS

5. VENTILATION:
 HVAC Zones: _____
 Bldg. Management System (BMS): Yes / No
 Location: On-site /
 Off-site emergency number: _____
 Smoke Management System /
 Purge Capability: YES/NO Automatic / Manual
 Location of Mechanical Rooms: _____

6. UTILITIES:
 All Fuel Oil Tank Locations (Capacity): _____ (___ gal);
 _____ (___ gal); _____ (___ gal); _____ (___ gal)
 Natural Gas Service: Yes / No Shutoff location: _____
 Emergency Generator Location: _____
 Roof Storage: LPG___ Diesel Fuel___ Other___

11. BUILDING FIRE SAFETY INFORMATION:
 Fire Safety Director: _____
 Work: ()-_____-_____
 Emergency: ()-_____-_____
 Building Engineer: _____
 Work: ()-_____-_____
 Emergency: ()-_____-_____
 Hotel/Motel Manager: _____
 Work: ()-_____-_____
 Emergency: ()-_____-_____

