

Building Profile (Appendix D)

BUILDING ADDRESS: _____ Zip Code: _____

1. Owner or person in charge of the building.
 Company: _____ Name of representative: _____
 Address (include Zip Code): _____
 Business Telephone No.: _____

2. Fire Safety Director (FSD) and Deputy Fire Safety Director (DFSD).

	Name	Work Location Telephone/Cell Phone
FSD:	_____	_____
DFSD:	_____	_____
DFSD:	_____	_____
DFSD:	_____	_____
DFSD:	_____	_____
DFSD:	_____	_____
DFSD:	_____	_____

3. Attach copy of: current DOB Certificate of Occupancy (C of O), Temporary Certificate of Occupancy, Letter of No Objection or Affidavit of No Certificate of Occupancy.
 If under construction attach copy of DOB Schedule A.
 Location where C of O is posted in the building: _____

4. General description of the building:
 Building height in feet: _____ No. of stories: _____ No. of basements: _____
 Area (length x width) at ground level: _____ (sf) No. of guest rooms: _____
 Class of construction as listed on current C of O: _____

5a. Stairwells, fire towers, fire escapes and access/convenience stairs. *Include alphabetical letter identification, location, and floors served.*

Letter Designation	Type	Location	Floors Served	Floor No. of Any Horizontal Exit Passageway
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5b. List stairwell re-entry floors and indicate if fail-safe door lock release is installed on re-entry floor:

8. Communications systems other than required building fire alarm system (e.g., walkie-talkies, cellular telephones)

9. Standpipe systems:

Location of riser: _____ Size of riser: _____

Location of riser: _____ Size of riser: _____

No. of gravity tanks: _____ Location(s): _____

Capacity of gravity tank(s) (gals): _____ Fire Reserve (gals): _____

No. of pressure tanks: _____ Location(s): _____

Capacity of pressure tank(s) (gals): _____

No. of fire pumps: _____ Location/output(s) (gpm): _____

Type(s) of pump(s) (automatic or manual): _____

Number and location(s) of fire department connection(s): _____

Name of Certificate of Fitness holder: _____

Certificate No.: _____ Expiration date: _____

10. Sprinkler system information:

Primary water supply: _____ Secondary water supply: _____

Combination standpipe/sprinkler system? (Yes/No): _____

Areas protected: _____

No. of gravity tanks: _____ Location(s): _____

Capacity of gravity tank(s) (gals): _____

No. of pressure tanks: _____ Location(s): _____

Capacity of pressure tank(s) (gals): _____

No. of fire pumps: _____ Location/output(s) (gpm): _____

Number and location(s) of fire department connection(s): _____

Name of Certificate of Fitness holder: _____

Certificate No.: _____ Expiration date: _____

11. Fire extinguishing systems (e.g., Halon, Pre-Action, Commercial Cooking, Deluge, Clean Agent). Indicate location(s) and connection (Yes/No) to building fire alarm system.

12. Average number of employees and guests normally in building.

Employees : Daytime: _____ Nighttime: _____

Guests: Daytime: _____ Nighttime: _____

13. Special Need Occupants: Keep list readily available for FDNY inspection at fire command center.

List designated rooms for special need guests: _____

14. Number of persons normally visiting building.
Daytime: _____ Nighttime: _____

15. Service equipment:

(a) Electric power:
Primary – Street name where power enters the building: _____
Auxiliary – Auxiliary generator (Yes/No): _____
Location of generator: _____ Type of fuel: _____
List capacity and location of the tank in Item 16

(b) Emergency Lighting:

Type	Location(s)
_____	_____
_____	_____
_____	_____

(c) Heating:
Type: _____
Fuel: _____
Location of heating unit: _____

(d) Ventilation:
Emergency means of exhausting heat and smoke (Yes/No): _____
Smoke purge system (Yes/No): _____ Smoke shaft (Yes/No): _____
Do the windows open on any floors? (Yes/No): _____
If Yes, list locations where windows open: _____

Are keys required? (Yes/No): _____ If Yes, list location: _____
Type of key (1620 or 2642) if required: _____

(e) Air conditioning system – Be specific:
Central A/C (Yes/No): _____ Through floor duct work (Yes/No): _____
If Yes, list floors: _____

Location of Supply Fan	Area Served
_____	_____
_____	_____

Package units on each floor (Yes/No): _____ If Yes,

Unit	Compressor HP	Location	Area Served
Manufacturer or Tonnage			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(f) Refuse storage and disposal (Yes/No): _____
If Yes, list type and location: _____

(g) Firefighting equipment and appliances, other than standpipe and sprinkler systems.

(h) Roof set-backs, utility shafts, cross bridges, passageway between buildings (interconnected buildings), tunnels, linen chutes, refuse chutes and other pertinent building information. *(indicate type and location)*

16. Storage and use of flammable and combustible liquids and flammable gases (including fuel oil storage tanks). *(indicate type, quantity and location)*

17. Special occupancies in the building:

Examples include places of assembly, studios, cafeterias, auditoriums, theaters and mercantile occupancies. (indicate type and location)

18. Number and location of electrical transformers containing polychlorinated biphenyls (PCB).
