



Instructions for Fire Safety Plan, NYC Fire Department

Hotel/Motel 10/08

The following information should be used while preparing or revising Fire Safety Plan:

Prepare Fire Safety Plan exactly as set by the guidelines with all information as requested in the guideline.

Attach to the Fire Safety Plan:

1. Copy of the most recent Certificate of Occupancy or Temporary Certificate of Occupancy or Schedule A if building is under construction.
2. Copies of the representative floor plans including basement(s) meeting criteria as listed below.
3. Copy of riser diagram for standpipe and/or sprinkler system for the building.
4. Copies of any other supporting documents like request for variance(s).

The following are the requirements for the acceptable representative floor plans:

Submit **architectural** type of representative floor plans (B&W) including basement and sub-basement **not larger** than 11x17. Plans must be of good print quality and show the entire floor areas. **Include a site plan showing frontage of the building.** Locate on floor plans:

- a. Partitions showing layouts of corridors.
- b. Stairs with letter designations same as listed in Building Information Form.
- c. Elevators/elevator banks with letter designations same as listed in Building Information Form.
- d. Fire Command Station.
- e. Pulls, fire warden phones.
- f. Standpipe outlets.
- g. Other Fire Safety Plan related items.
- h. Show legend for all symbols used.
- i. Indicate Northerly direction along with premise location and cross streets.

Submit complete, with all attachments Fire Safety Plan or revised Fire Safety Plan with all information for review by Fire Department. Do not submit individual sheets.

Rejected Fire Safety Plans must be resubmitted **30 days** from the date of the letter of disapproval. If you require further clarification of the above instructions, please call number listed in the letter of the disapproval or 718-999-1509. **You may submit Fire Safety Plan electronically with all documents included by e-mailing to e-mail box listed in the letter of the disapproval. Currently acceptable file formats are *.doc and *.pdf.**

FIRE SAFETY PLAN AND GUIDELINES - HOTEL/MOTEL

Purpose

- To establish a method of systematic, safe and orderly evacuation of an area or building by and of its occupants in case of fire or other emergency, in the least possible time, to a safe area or by the nearest safe means of egress; also the use of such available fire appliances (including sounding of alarms) as may have been provided for the controlling or extinguishing of fire and the safeguarding of human life.
- Objective

To provide proper education as part of continuing employee indoctrination and through a continuing written program for all occupants, to assure the prompt reporting of fire, the response to fire alarms as designated, and the immediate initiation of fire safety procedures to safeguard life and contain fire until the arrival of the Fire Department.

1 **Building Address:** _____ **Name of the Hotel:** _____
Borough and Zip Code: _____ **Telephone Number:** _____

2. Fire Safety Director

- 2.1 Name/Job Title: _____
2.2 Certificate of Fitness # and expiration date: _____
2.3 Regularly assigned location: _____
2.4 How is he/she notified when at regular location - include business or cell phone #s if applicable: _____
2.5 How is he/she notified when not at regular location - include business or cell phone #s if applicable: _____
2.6 Normal working days and hours: _____
2.7 Duties of Fire Safety Director – Verbatim as per Appendix A

3. Deputy Fire Safety Director

- 3.1 Name/Job Title: _____
3.2 Certificate of Fitness # and expiration date: _____
3.3 Regularly assigned location: _____
3.4 How is he/she notified when at regular location-include business or cell phone # if applicable: _____
3.5 How is he/she notified when not at regular location-include business or cell phone # if applicable: _____
3.6 Normal working days and hours: _____
3.7 Duties of Deputy Fire Safety Director – Verbatim as per Appendix B

4. Deputy Fire Safety Director

- 4.1 Name/Job Title: _____
4.2 Certificate of Fitness # and expiration date: _____
4.3 Regularly assigned location: _____
4.4 How is he/she notified when at regular location-include business or cell phone # if applicable: _____
4.5 How is he/she notified when not at regular location-include business or cell phone # if applicable: _____
4.6 Normal working days and hours: _____

4.6 Duties of Deputy Fire Safety Director – Verbatim as per Appendix B

5. Deputy Fire Safety Director

- 5.1 Name/Job Title: _____
- 5.2 Certificate of Fitness # and expiration date: _____
- 5.3 Regularly assigned location: _____
- 5.4 How is he/she notified when at regular location-include business or cell phone # if applicable: _____
- 5.5 How is he/she notified when not at regular location-include business or cell phone # if applicable: _____
- 5.6 Normal working days and hours: _____
Duties of Deputy Fire Safety Director – Verbatim as per Appendix B

6. Deputy Fire Safety Director

- 6.1 Name/Job Title: _____
- 6.2 Certificate of Fitness # and expiration date: _____
- 6.3 Regularly assigned location: _____
- 6.4 How is he/she notified when at regular location-include business or cell phone # if applicable: _____
- 6.5 How is he/she notified when not at regular location-include business or cell phone # if applicable: _____
- 6.6 Normal working days and hours: _____
Duties of Deputy Fire Safety Director – Verbatim as per Appendix B

7. Fire Brigade (Ref.#1)

- 7.1 Submit a **completed** Organizational Chart for Fire Brigade for each shift, naming person in charge, and his/her title in the building.
- 7.2 List standards of selection from building employees: _____
- 7.3 How are they notified? Include business or cell phone # if applicable: _____
- 7.4 How are they notified when they are not at their regularly assigned locations? Include business or cell phone # if applicable: _____
- 7.5 Means of responding – indicate location they go to: _____
- 7.6 Duties of Each member of Fire Brigade -Verbatim as per Appendix C

8. Employee Instructions

- 8.1 Distribution of instructions to all Hotel employees – see Appendix D

9. Evacuation Drills

- 9.1 Frequency of drills- indicate start date and frequency: _____
- 9.2 How announced: _____
- 9.3 Participation. Who participated? _____
How?: _____
- 9.4 Controls and supervision: _____
- 9.5 Where is current record of drills kept: _____

10. Fire Command Station

10.1 Location (also show location on Floor plan): _____

10.2 Requirements:

10.2.1 Adequate Illumination (Yes/No): _____

10.2.2 Adequate communication to mechanical equipment room, elevator control room, each floor (list devices for each location):

10.2.3 Copy of Fire Safety Plan (Yes/No): _____

10.2.4 Copy of Building Information Form (Yes/No): _____

10.2.5 Representative floor plans (Yes/No): _____
Plans must include all aspects as listed on instruction sheet (a-i).

11. Signs

11.1 Signs at elevator landing with Floor diagrams (Yes/No): _____

11.2 Floor numbering in stair enclosure (Yes/No): _____

11.3 Stairway identification on occupancy side of stair door (Yes/No): _____

11.4 Elevator identification– (where posted): _____

11.5 Inside of every door opening into a public corridor giving access to a sleeping room (Yes/No): _____

12. Fire Prevention and Fire Protection Program (for the Hotel)– See Appendix E

13. Building Information Form – See Appendix F

14. Representative Floor plan (architectural type, 11x17 max. B&W) – See Appendix G

15. Prepared/revised by (**provide contact information**): _____

15.1 Date prepared: _____

15.2 Date revised: _____

Appendix

- A. Fire Safety Director Duties
- B. Deputy Fire Safety Director Duties
- C. Fire Brigade Duties, and Organizational Chart for Fire Brigade
- D. Employee Instructions
- E. Fire Prevention and Fire Protection Program
- F. Building Information Form
- G. Representative Floor Plan
- H. Evacuation Procedure
- I. Fire Safety Plan

APPENDIX

A. Fire Safety Directors Duties

1. Be familiar with the written Fire Safety Plan providing for fire drill and evacuation procedure in accordance with Fire Prevention Code.
2. Select qualified building service employees for a Fire Brigade and organize, train and supervise such Fire Brigade.
3. Be responsible for the availability and state of readiness of the Fire Brigade.
4. Conduct fire and evacuation drills.
5. Notify the owner or other persons having charge of the building when any designated individual is neglecting his responsibilities contained in the Fire Safety Plan. The owner or other person in charge of the building shall bring the matter to the attention of the firm employing the individual. If the firm fails to correct the condition, the owner or person in charge of the building shall notify the Fire Department.
6. In the event of a fire, shall report to the Fire Command Station to supervise, provide for and coordinate:
 - (a) Insure that the Fire Department has been notified of any fire or fire alarms
 - (b) Manning of the fire Command Station
 - (c) Direction of evacuating procedures in the Fire Safety Plan.
 - (d) Reports on conditions of fire floor for information for Fire Department on their arrival.
 - (e) Advise the Fire Department Chief in charge in the operation of the Fire Command Station.

B. Deputy Fire Safety Directors Duties

1. Subordinate to the Fire Safety Director
2. Perform duties of Fire Safety Director in his absence

C. Fire Brigade duties

1. On receipt of alarm for fire the Fire Brigade shall:
 - (a) Report to the floor below the fire to assist in evacuation and provide information to the Fire Command Station.
 - (b) After evacuation of the fire floor, endeavor to control spread of fire by closing doors, etc.
 - (c) Attempt to control the fire until arrival of the Fire Department, if the fire is small and conditions do not pose a personal threat.
 - (d) Leave one member on the floor below the fire to direct the Fire Department to the fire location and to inform them of conditions.
 - (e) On arrival of the Fire Department the Fire Brigade shall report to the Fire Command Station for additional instructions.
 - (f) Have a member designated as Alarm box runner, who shall know the location of the nearest street Fire Alarm box, and be instructed in its use. Such member shall immediately, upon receipt of information that there is a fire or evidence of fire, go to the street alarm box, transmit an alarm and await the arrival of the Fire Department and direct such department to the fire.

ORGANIZATIONAL CHART FOR FIRE BRIGADE

Shift hours: from: _____ to: _____

Minimum staffing requirement: (4) members each Fire Brigade.

Names of Members of Fire Brigade
** FSD/DFSD not to be used as fire brigade**

Person in Charge – Title _____

Member assigned to assist in evacuation _____

Members assigned to attempt to control small fires. Minimum of two persons. _____

Alarm box runner for transmitting alarm. (if applicable) _____

Back up runner. (if applicable) _____

Member assigned to communicate conditions to Fire Command Station. _____

Member assigned to the floor below fire to direct Fire Department. _____

Date Prepared: _____

Date Revised: _____

Name: _____

Email address: _____@_____

Ref.#1

D. Employee Instructions

- (a) The applicable part of the approved Fire Safety Plan shall be distributed to all tenants of the building by the building management when the Fire Commissioner has approved the Fire Safety Plan.
- (b) All occupants of the building shall participate and cooperate in carrying out the provisions of the Fire Safety Plan.
- (c) Alarm Transmission: Any person discovering fire or smoke should without delay cause the transmission of an alarm of fire by any of the following methods available:
 - (a) Telephone – Call 212- 999-2222 – Manhattan *
 - Call 718-999-3333 – Bronx *
 - Call 718-999-4444 – Brooklyn * or dial 911
 - Call 718-999-5555 – Queens *
 - Call 718-999-6666 – Staten Island *
 - * List only the number applicable for your borough**
- (b) Street Alarm Box – **List the location**
- (c) Building Fire Alarm – If building fire alarm is not connected to central station, also notify Fire Dept.

E. Fire Prevention and Fire Protection Program (see note)

- 1. A plan for periodical formal inspections of each floor area, including exit facilities, fire extinguishers and housekeeping shall be developed.

A copy of such plan shall be submitted.

Information that can be included is as follow:

- (a) At the start of the day a check of each exit shall be required to determine that self-closing doors are in the closed position but are not illegally locked in any manner.
 - (b) No obstructions shall be permitted in corridors or aisle spaces.
 - (c) Necessary exit signs and lights where required, shall be lighted and in good condition.
 - (d) All personnel shall know the location and operation of fire extinguishers. The maintenance shall be controlled by the Fire Safety Director.
 - (e) Poor housekeeping is a fire breeder. All establishments shall avoid accumulation of combustible debris.
- 2. Provision shall be made for the monthly testing of communication and alarm systems.

Note: This is a guideline only. Plan must be written for applicable Hotel.

F. **Building Information Form**

Building Address: _____ Zip Code: _____

1. Owner or person in charge of the building.

Company: _____ Name of representative: _____

Address including ZIP Code: _____

Business telephone No.: _____

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

Name

Business/Cell No.

FSD: _____

DFSD: _____

DFSD: _____

DFSD: _____

DFSD: _____

Add sheets if necessary

3. **Attach copy of:** current C of O **or** temporary C of O **or** Letter of no Objections from Buildings Department **or** Affidavit of No C of O issued by Building Department.

If under construction attach copy of 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. Number, type and location of **fire stairs** and/or **fire towers**, and/or **fire escapes** and/or **utility/access stairs**. Include alphabetical letter identification, location, and floors served.

| Letter designation | Type | Location | Levels (floors) served |
|--------------------|------|----------|------------------------|
|--------------------|------|----------|------------------------|

| | | | |
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| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

Add sheets if necessary

5b. List re-entry floor numbers and indicate if fail-safe on re-entry floor is installed.

6. **Number of**, type and location of **Horizontal exits** or other **Areas of Refuge**.

7. Elevator and/or escalator information:

Number of elevator banks and/or elevators: _____

| Elev. Bank Designation | No. of Cars | Pass. or Freight | Operation (Man/Auto) | Levels (floors) served |
|------------------------|-------------|------------------|----------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| Elev. Bank Designation | Firemen Service (Yes/No) | Elevator Machine Room Location |
|------------------------|--------------------------|--------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Add sheets if necessary

Number of escalators: _____

| Escalator | Levels (floors) served |
|-----------|------------------------|
| _____ | _____ |
| _____ | _____ |

Add sheets if necessary

8. Interior Fire Alarms, or alarms to central stations. Type of fire alarm/communications (Brand and Model No.) and name Alarm Company **ONLY**.

9. Communications systems **other than** Class J alarm system communications like walkie-talkies, telephones, etc

10. Standpipe system information:

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 Siamese connection(s):

Name of Certificate of Fitness holder: _____

Certificate No.: _____ Expiration date: _____

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11. Sprinkler system information:

Primary water supply: _____ Secondary water supply: _____

Is this a combination of Standpipe/Sprinkles 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 Siamese connection(s):

Name of Certificate of Fitness holder: _____

Certificate No.: _____ Expiration date: _____

12. Special Extinguishing systems information. **Example-** Halon, Pre-Action Range hood (Ansul), Deluge – **Include Location(s)**. Confirm if tied into fire alarm system.

13. Average number of employees and guests normally in building.
Employees : DAYTIME: _____ NIGHTTIME: _____
Guests : DAYTIME: _____ NIGHTTIME: _____

Building Information Form cont'd

14. Average number of handicapped people in building. **Keep locations at Fire Command station readily available for FDNY.**
DAYTIME: ___ LOCATION(S)/NUMBER OF: _____
NIGHTTIME: ___ LOCATION(S)/NUMBER OF: _____

15. Number of Persons normally visiting building.
DAYTIME: _____ NIGHTTIME: _____

16. Service Equipment such as:
(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 18

- (b) Emergency Lighting:

| Type | Locations. |
|------|------------|
| | |

Add sheets if necessary

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

Add sheets if necessary

- (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 where located: _____
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: _____

Building Information Form cont'd

| Location of Supply Fan | Area Served |
|------------------------|-------------|
| _____ | _____ |
| _____ | _____ |

Add sheets if necessary

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

| Unit ID (If available) | Reg. Or Compressor HP (If available) | Location | Area Served |
|---------------------------|---|----------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Add sheets if necessary

(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) Other pertinent building information and the locations. **Example** – roof set-back, utility shafts, cross bridges, tunnels, linen chutes, refuse chutes, etc.

17. Alterations and repair operations if any and the protective and preventive measures necessary to safeguard such operations with attention to torch operations. (Torch operator must have valid Certificate of Fitness).

18. Storage and use of flammable solids, liquids and/or gases (including Fuel storage tanks). Be specific-Type/quantity and location.

19. Special Occupancies in the building:

Example: Place of Public Assembly-studios, cafeterias, retail stores, auditoriums, theaters, etc. **(include listing of locations)**

20. Number and location of electrical transformers containing liquid poly-chlorinated biphenyles (PCB).

G. Representative Floor Plans.

Submit copy of floor plans for ALL floors, INCLUDING Basements and roof meeting requirements listed on the instruction sheet.

H. Evacuation Procedure (if deemed necessary)

- (a) The most critical areas for immediate evacuation are the fire floor and the floors immediately above. Evacuation from the other floors shall be instituted when instructions from the Fire Command Station or conditions indicate such actions. Evacuation should be via uncontaminated stairs. Occupants shall try to avoid stairs being used by the Fire Department. If this is not possible, occupants shall try to attract the attention of the Fire Department personnel before such personnel open the door to the fire floor.
- (b) Evacuation to two or more levels below the fire floor is generally adequate.
- (c) The Fire Safety Director shall see that all occupants are notified of the fire and that they proceed immediately to execute the Fire Safety Plan.
- (d) The Fire Brigade members on the fire floor shall, as soon as practicable, notify the Fire Command Station of the particulars.
- (e) In the event that stairways serving fire floor and/or floor above are unusable due to contamination or cut-off by fire and/or smoke, or that several floors above the fire involving large numbers of occupants must be evacuated, consideration may be given to using the elevators in accordance with the following:
 - (ee) Elevators serving fire floors shall not be used. However, elevators may be used if there is more than one bank of elevators and the Fire Command Station is notified that one bank is unaffected by the fire.
 - (ff) If elevators do not service the fire floor and their shafts have no openings on the fire floor, they may be used, unless otherwise directed by authorized personnel.
 - (gg) Elevators manned by trained building personnel or firemen may also be used.
 - (hh) In the absence of a serviceable elevator occupants shall select the safest stairway to use for evacuation on the basis of the location of the fire and any information received from the Fire Command Station. Occupants shall check the environment in the stair

prior to entry for evacuation. If it is effected by smoke, an alternate stair shall be selected.

- (f) The Brigade shall keep the Fire Command Station informed of the means employed for evacuation of the occupants.

I. Fire Safety Plan

In planning evaluate the individual floor layouts, the population of floors, the number and kinds of exits the zoning of the floor by area and occupants. Determine the movement of traffic by the most expeditious route to an appropriate exit and alternative route for each zone, under fire conditions one or more exits may not be useable.

** This format for Fire Safety Plan is to be used in the preparation of the Fire Safety Plan**

Nothing contained in the Fire Safety Plan format is to be construed as all-inclusive. All rules and other requirements are to be fully complied with.

NOTICE OF NEW CUSTOMER SERVICE PROCEDURES

Do you need to:

Drop off a plan or variance for review?

Then, please visit our

Fire Prevention's Customer Service Center,

conveniently located in downtown Brooklyn at 9 Metrotech Center on the 1st Floor (The entrance is on Flatbush Avenue).

Business hours are Monday through Friday 9:00 AM to 3:00 PM.

At the center you can request or pick up FDNY documents, pay any outstanding permit fees, submit documentation for compliance with Fire Department Code requirements, apply for, take or renew a Certificate of Fitness license, or drop off documents, plans or variances for review.

Meetings with Fire Prevention technical staff is by appointment only.

Fire Prevention...Inspecting Today and Engineering a safer tomorrow...

www.fdns.gov

718-999-2541

INSTRUCTION FOR PROCESSING



FORM NAME: FIRE SAFETY PLAN AND GUIDELINES

FORM NUMBER: INTDOC 4/09

PURPOSE OF FORM

To provide Class J Hotels with the forms which must be submitted and be accepted by the FDNY.

WHO SHOULD USE THIS DOCUMENT

Property Owners, Fire Safety Directors and other management staff required to file Fire Safety plans.

TO SUBMIT COMPLETE APPLICATION, BY MAIL:

FDNY
Bureau of Fire Prevention
9 Metrotech Center
Brooklyn, NY 11201
Attn: RM 3W - 6

OR WALK IN
9 METROTECH CTR – 1ST FLR.
At rear of FDNY HQ building.
Ask for Window 8
**Business hours are Monday through Friday
9:00AM - 12:00PM & 1:00PM - 3:00PM.**

PAYMENT INFORMATION

Is payment required? Yes \$210
If so, when? With submission

FOR FURTHER QUESTIONS, CONTACT:

FDNY- BFP
ATTN: Emergency Planning and
Preparedness Group
718-999-1512

SPECIAL INSTRUCTIONS

All plan submittals must be accompanied by a form TM-1 available at:
http://nyc.gov/html/fdny/pdf/cof_study_material/tm_1.pdf