



Highrise HR-1 Emergency Planning Checklist

BIR #

I acknowledge that a highrise building visit was performed at the property located at

_____.

1. Leadership

- | <u>Y</u> | <u>N</u> | <u>Item</u> |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the building have a Fire and Life Safety Director (FLSD) and a Deputy Fire and Life Safety Director (DFLSD)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are both the FLSD and DFLSD certified? Attach copy of certificates Only if NEW |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the FLSD and DFLSD onsite during normal business hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the building have a Building Emergency Response Team (BERT)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does each floor have a Warden and a Deputy Floor Warden |

2. Emergency Action Plan (EAP)

- | <u>Y</u> | <u>N</u> | <u>Item</u> |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the building have a written Emergency Action Plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the plan provide procedures for reporting a fire or other emergency? |
| <input type="checkbox"/> | <input type="checkbox"/> | I have reviewed the plan and it complies with the requirements of the OFC, Columbus Fire Code and CFD Guidelines |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have an optional lockdown / active shooter plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | If so, is the optional lockdown / active shooter plan practiced once per year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the current EAP been approved by the Fire Prevention Bureau (Changes or At least every 5 year)? |
| | | Provide a copy of the current plan to the FPB (Hardcopy or Electronic) Only if NEW or CHANGED |
| | | Complete High-Rise Survey (Form FP-340) and submit copy to FPB Only if NEW or CHANGED |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the EAP been distributed to all building tenant and service employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the EAP available to Emergency Responders at all times (Fire Command Center, Security Desk or Knox Cabinet)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all employees training on the plan at time of hire then at least yearly? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility aware of the correct number of drills each year, and who must participate? |

If the answer is "No" to any questions above this is a code violation that needs corrected as soon as possible. Any question with a red arrow indicates there is an action item for the inspector to complete.



Highrise HR-1

Emergency Planning Checklist

**TABLE 405.2
 FIRE AND EVACUATION DRILL FREQUENCY AND PARTICIPATION**

GROUP OR OCCUPANCY	FREQUENCY	PARTICIPATION
Group A	Quarterly	Employees
Group B ^b	Annually	All occupants
Group B ^{b,c} (Ambulatory care facilities)	Annually	Employees
Group B ^b (Clinic, outpatient)	Annually	Employees
Group E	Monthly ^d	All occupants
Group F	Annually	Employees
Group I-1	Semiannually on each shift ^a	All occupants
Group I-2	Quarterly on each shift ^a	Employees
Group I-3	Quarterly on each shift ^a	Employees
Group I-4	Monthly on each shift ^a	All occupants
Group R-1	Quarterly on each shift	Employees
Group R-2 ^d	Four annually	All occupants
Group R-4	Semiannually on each shift ^a	All occupants

- a. In severe climates, the fire code official shall have the authority to modify the emergency evacuation drill frequency.
- b. Emergency evacuation drills are required in Group B buildings having an occupant load of 500 or more persons or more than 100 persons above or below the lowest level of exit discharge.
- c. Emergency evacuation drills are required in ambulatory care facilities in accordance with *paragraph (C)(3)(403.3) of this rule.*
- d. Emergency evacuation drills in Group R-2 college and university buildings shall be in accordance with *paragraph (C)(10)(b)(i)(403.10.2.1) of this rule.* Other Group R-2 occupancies shall be in accordance with *paragraph (C)(10)(b)(ii)(403.10.2.2) of this rule.*

3. Contact Information

Fire Safety Director							
First Name		Last Name		Office Phone Number		Email	
Street Number	Prefix	Street Name			Type	Suffix	Apt/Room/Suite
City			State	Zip	Mobile Phone Number		

Deputy Fire Safety Director							
First Name		Last Name		Office Phone Number		Email	
Street Number	Prefix	Street Name			Type	Suffix	Apt/Room/Suite
City			State	Zip	Mobile Phone Number		

Date	Start Time	End Time	District	Inspecting Officer FDID

 Occupant Signature

 Occupant Printed Name

 Date

 Fire Inspector Signature

 Fire Inspector Printed Name

 Date