

Form

Construction Fire Safety Plan

Fire Prevention Bureau

3639 Parsons Ave Columbus, Ohio 43207 (614)645-7641 Ext. 7-5684 www.columbus.gov Issued: 1/1/2020

Revised: 11/8/2023

Permit Required

CFD Construction Safety Plan

For Construction, Alteration, Demolition Operations or System Impairments

The City of Columbus requires a Fire Safety Plan to be submitted by the building owner prior to the Construction, Alteration, or Demolition of any building or facility. Sections of the fire code that apply are the *Ohio Fire Code 901.7*, Chapter 33 and *NFPA 241*. It is highly recommended that a person on the jobsite or project is familiar with the applicable codes.

OFC 901.7 deals with fire protection systems that are out of service and what needs done to minimize the impairment. *OFC* chapter 33 and *NFPA 241* cover numerous safety issues. Egress, job site cleanliness, fire safety, heating equipment, propane storage and smoking are only a few of the issues covered. Again, it is vital that a person familiar with the fire code will assist you in order to have a safe and compliant job site. Safety is ultimately our goal. Not only for the public, but first responders as well.

The owner is ultimately responsible for filling out the plan. However, he or she can have a designee complete the forms.

An impairment occurs when a fire protection or detection system, fire alarm system or other system designed to maintain the fire resistance of the building element or structure is taken out of service, either wholly or in part, planned or unplanned. Fire protection or detection equipment subject to impairment management includes automatic sprinkler systems, fire protection water supplies, fire pumps, fire mains, gas extinguishing systems, foam systems, fire detection systems, water mist systems, powder systems, explosion suppression systems, fire doors, walls, ceilings, exits, egress, etc.

Job Site Information	n:							
	Sprinkler	or Other Fi	re S	uppression	System [_]Smol	ke/heat Detection	System
Today's Date	☐ Fire Rated Compartment Walls, Ceilings, Floors; including Fire Doors and Shutters							
	□Private F	ire Hydrant	Sys	tem Exit	s/Egress	Othe	er	
	<u> </u>							
Certified Address		Zip		Working in Unit/Ste./Flr.		-lr	Tax District/Parcel Num	
Certified Address				Working in Onlyste./Fil.			Tax District areer warn	
// . f Ot	// of Otorio Dul			0 F()	A/			
# of Stories Above Grade	# of Stories Belo	ow Grade	Gr	oss Sq. Ft. \	Working Are	ea Co	onstruction Type	Use Group
Existing Use of Building Sp	ace:							
Describe Project/Work:								

Property Owner Name		Street Addres	ss	City		State	Zip	
Telephone Number Extension		Extension	Fax Nu	mber	E-Mail Address			
Contracto	or:							
Company/Co	ontractor Name	Street Addres	SS	City		State	Zip	
Telephone N	lumber	Extension	Fax Nu	mber	E-Mail Address			
Applicant	t: Contra	ctor Owner	Other	(please pro	vide contact inform	ation below)	Τ	
Name (Conta	act Person)	Street Addres	20	City		State	Zip	
riano (oona	act i cisorij	Oli CCI Addica	,	Oity	1	Otate	Zip	
								
Telephone N		Extension Iow, I certify that	Fax Nu		E-Mail Address			
Initial Initial	901.7, 3308 B. Where a refire code of other approaches shutdown	required fire proficial shall be byed method, wn until the fil	241. otection sy e notified shall be re protection	stem is out immediate provided	t of service, the fiely and an app	re departmo proved fire s left unpr	ent and the watch, or	
		•	ches shall	ut down a	and ceiling rem d with at least on	ovals in s e approved	means for	
Initial	notification patrols of maintained D. The build	of the fire dep the protected on-site.	ches shall partment ai premises I assign ar	be provided their of their and keep in impairmer	d with at least on hily duty shall be watch for fires	e approved to perform An hourly	means for constant log will be the	
Initial Initial	notification patrols of maintained D. The build requiremen considered	of the fire dep the protected on-site. ling owner shal its of the code. the impairment	ches shall partment an premises I assign ar In the abse	be provided their of and keep impairment ence of a sport (OFC 90)	d with at least on hily duty shall be watch for fires on the coordinator to coecific designee, to	e approved to perforr . An hourly comply with	means for n constant log will be the hall be	

G. Preplanned impairments shall be authorized by the impairment coordinator Before authorization is given, a designated individual shall be responsible for Initial verifying that all of the following procedures have been implemented (OFC 901.7.4): The extent and expected duration of the impairment have been determined. The areas or buildings involved have been inspected and the increased risks determined. Recommendations have been submitted to management building owner/manager. A risk mitigation plan has been developed and will be implemented throughout the impairment. The insurance carrier, the alarm company, building owner/manager, and other authorities having jurisdiction have been notified. The supervisors in the areas to be affected have been notified. A tag impairment system has been implemented. Necessary tools and materials have been assembled on the impairment site. H. When impaired equipment is restored to normal working order, the impairment coordinator shall verify that all of the following procedures have been Initial implemented (OFC 901.7.6): Necessary inspections and tests have been conducted to verify that affected systems are operational. Supervisors have been advised that protection is restored. The fire department has been advised that protection is restored. The building owner/manager, insurance carrier, alarm company, and other involved parties have been advised that protection is restored. The impairment tag has been removed. I. A copy of the Fire Protection Impairment Plan; All System Impairment Permit(s), Fire Watch Logs, and Associated Documents shall be keep at the job site, in a **RED 3** Initial *Ring Binder*, for review by the Fire Code Official as needed.

Fire safety plan

Plan Acknowledgment

Agent for Owner: ☐Tenant ☐Architect/Engi	ineer	□Plan Service	Firm	☐Other		
Name (Contact Person)	Street Address		City		State	Zip
Telephone Number	Extension	Fax Number		E-Mail Address		
I am the ⊡Owner □ A	agent for the Owne	r of this □4(o	r more	e) family dwelling []Comme	ercial
 Any system that is ou being placed "On-Test" have to be reported to the 	and still in-service	•				•
 I understand that if I no Division of Fire Emerger 						
 I understand that I cal watch by contacting the 	•				al to pe	erform a fire
I understand that this papers.	acknowledgment is	s important ar	nd I ha	ave told the truth or	n it and	all attached
Print Full Name		ate	-	Signature		

FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SEC. 2921.13(A) (5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO (6) SIX MONTHS IMPRISONMENT & A FINE OF \$1,000.00.

Directions:

Complete the form above, once completed print and initial where indicated. Sign the last page and email the completed document to: <u>CFDConstructionSafetyPlans@columbus.gov</u> or click on SUBMIT button below.

The form will be reviewed and an email sent indicating if the form was accepted or rejected. Once accepted, random inspection(s) will be made to monitor compliance with the impairment plan. If violations of the plan is noted during these inspections construction will be halted until all violation have been corrected.