



Occupant ID#

Fire Inspection Acknowledgement

I acknowledge that a fire inspection was performed at the property, building, vehicle, or structure located at

I am aware that the results of the fire inspection are as follows:

☐ No Apparent Fire or Life Safety Hazards were noted - This **Form** serves as your **Record of Inspection**.

Fire Code Violation(s) were noted and a complete **Fire Inspection Report** will be prepared and sent in the next seven business days.

Fire Code Violation(s) were noted and a **Serious Hazard Order** was completed and posted. A Citation will be issued by the Columbus Fire Prevention Bureau.

Fire Code Violation(s) were noted and a **Citation** will be issued by the Columbus Fire Prevention Bureau. A **Fire Code Violation Re-Inspection** was completed and all item(s) **were corrected**. A **Final Report** will be prepared and sent in the next seven business days.

Fire Code Violation(s) Re-Inspection was completed and all item(s) were **NOT CORRECTED**. A Re-Inspection **Notice or Citation**, depending on the seriousness of the violations, will be issued and sent in the next seven business days.

Mail Inspection Results To

First Name		Last Name		Phone Number		Email	
Street Number	Prefix	Street Name			Type	Suffix	Apt/Room/Suite
City			State	Zip	Occupancy Name		

Date	Start Time	End Time	District	FDID	REINSPECTION DATE

Occupant Signature

Occupant Printed Name

Date

Fire Inspector Signature

Fire Inspector Printed Name

Please contact 614-645-7641 for questions concerning your inspection. Please have the "BIR #" at the top of this form available.



Occupant ID#

High-Rise/High-Risk HR-1 Emergency Planning Checklist

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

_____.

1. Leadership

Y N

Item

Does the building have a Fire and Life Safety Director (FLSD) and a Deputy Fire and Life Safety Director (DFLSD)?

Are both the FLSD and DFLSD certified? (Required for High-Rise, Recommended for High-Risk)
Attach copy of certificates **Only if NEW**

Are the FLSD and DFLSD onsite during normal business hours?

Does the building have a Building Emergency Response Team (BERT)?

Does each floor have a Warden and a Deputy Floor Warden

2. Emergency Action Plan (EAP)

Y N

Item

Does the building have a written Emergency Action Plan?

Does the plan provide procedures for reporting a fire or other emergency?

I have reviewed the plan and it complies with the requirements of the OFC, Columbus Fire Code and CFD Guidelines

Does the facility have an optional lockdown / active shooter plan?

If so, is the optional lockdown / active shooter plan practiced once per year?

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**

Has the EAP been distributed to all building tenant and service employees?

Is the EAP available to Emergency Responders at all times (Fire Command Center, Security Desk or Knox Cabinet)?

Are all employees training on the plan at time of hire then at least yearly?

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.

See Back



High-Rise/High-Risk 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 ^a	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

Responsible Party Signature

Responsible Party Printed Name

Date

Fire Inspector Signature

Fire Inspector Printed Name

Date