

## PRELIMINARY BUILDING RISK ASSESSMENT CHECKLIST

Building: \_\_\_\_\_ Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Construction Type</b>		<b>Description</b>
A. Type I, Fire Resistive		
B. Type II, Noncombustible		
C. Type III, Masonry Walls, Wood Joist Roof		
D. Type IV, Heavy Timber		
E. Type V, Wood Frame		
<b>Occupancy Classification</b>	<b>Yes/No</b>	<b>Description</b>
A. Specific use		
B. Number of stories		
C. Number of sublevels		
D. Area in sq. ft. per floor proposed for use		
E. Mixed Occupancy? If Yes, specify		
F. Area separation		
G. Construction separation		
H. Occupancy separation		
I. Structural frame protection		
J. Roof covering		
K. Exterior wall construction		
L. Interior wall construction		
M. Vertical shafts		
N. Interior finish		
O. Fire Protection Maintenance Provider		
<b>Fire Extinguishers</b>	<b>Yes/No</b>	<b>Description</b>
A. Fire Extinguishers present		
B. Inspected/tested monthly		
C. Inspected/tested annually		
D. Fire Protection Maintenance Provider		
<b>Sprinklers</b>	<b>Yes/No</b>	<b>Description</b>
<b>A. Sprinklers Present?</b>		
1. Testing Periodicity		
2. Date of last inspection/test		
3. Fire Protection Maintenance Provider		
4. Hydraulic Design Information Sign/Plate Present		

<b>Standpipes and Hoses</b>	<b>Yes/No</b>	<b>Description</b>
<b>A. Standpipes and Hoses present?</b>		
1. Inspection Periodicity		
2. Date of last inspection/test		
3. Fire Protection Maintenance Provider		
<b>Fire Alarm System</b>	<b>Yes/No</b>	<b>Description</b>
<b>A. Fire Alarm System present?</b>		
1. Manual		
2. Automatic		
3. Voice		
4. Annunciated		
5. Testing Periodicity		
<b>B. Details of System</b>		
1. Units		
2. System		
3. Heat detectors		
4. Smoke detectors		
5. Adequately spaced		
6. Type		
7. Locations		
8. Inspected/tested at what intervals		
9. Date of last service		
10. Fire Protection Maintenance Provider		
<b>Life Safety Components</b>	<b>Yes/No</b>	<b>Description</b>
<b>A. Emergency Power Available</b>		
1. Type		
2. Locations		
3. Test Frequency		
4. Test log up to date		
5. Date of last service		
6. Service/maintenance provider		
<b>B. Exit Illumination present?</b>		
1. Means of egress; LSC		
2. Signs		
3. Emergency power		
<b>C. Fire Doors present?</b>		
1. Unlocked		
2. Time Delay		
3. Rating		
4. Hardware		
5. Frame		
6. Closing Device		
7. Latching		
8. Gasketing/Bumpers		
9. Fire door/panic hardware maintained in good working order		
10. Facility maintains a Hazard Surveillance program to include stairwells and MoE		
11. Exit discharge area maintained free & clear		

<b>Life Safety Components (continued)</b>	<b>Yes/No</b>	<b>Description</b>
<b>D. Corridor Width</b>		
1. Height		
2. Fire Rating		
3. Dead ends		
4. In Compliance		
<b>E. Stairs and Ramps in Compliance?</b>		
1. Width		
2. Height		
3. Enclosure		
4. Gradient		
5. Landing		
6. Venting		
7. Vestibule		
8. Roof access		
9. Handrails		
10. Barrier at Exit discharge		
<b>Elevator Testing</b>	<b>Yes/No</b>	<b>Description</b>
A. Elevator Fire Recall System		
B. Elevators are tested monthly		
C. Elevator Maintenance Provider		
<b>Other Fire Protection Services</b>	<b>Yes/No</b>	<b>Description</b>
<b>A. Other Fire Protection Services Available</b>		
1. Type		
2. Inspection Periodicity		
3. Date of last inspection/test		
4. Fire Protection Maintenance Provider		

**Comments:** \_\_\_\_\_

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