|  |  |
| --- | --- |
| **School Name:** |  |
| **Address:**  |   |

|  |  |
| --- | --- |
| **PREPARED BY:** |       |
| **EMAIL AND PHONE NUMBER:** |       |
| **DATE PREPARED:** |  |
| **REVISION DATES:** |  |
| **SIGNATURE OF CHIEF FIRE OFFICIAL:** |  |

**The Chief Fire Official is signing this document with the understanding that there will be no interaction, confusion or interference between this document and any Code Red policy currently implemented at this school**

****

**North Bay Fire &**

**Emergency Services**

**Fire Prevention & Life Safety Division**

**119 Princess Street West**

**North Bay, Ontario**

**Canada P1B 6C2**

**Tel: 705-474-0626 Ext. 4800**

**Specific Instructions**

This document shall be completed and submitted to the North Bay Fire & Emergency Services Fire Prevention & Life Safety Division **via email**.

1. If there are fields that do not apply to your building please indicate with **N/A**.
2. When the template has been reviewed by the Fire Prevention Officer, it may be returned to you via e-mail with an attached “checklist” outlining any required additions/corrections.
3. If you require any information or clarification regarding any of these fields contact Fire Inspector assigned to your case or click on this web site to view the *Ontario Fire Code*. [Ontario Fire Code](http://www.e-laws.gov.on.ca/html/source/regs/english/2007/elaws_src_regs_r07213_e.htm)
4. If the floor plan drawing(s) is not completed with a computer it shall be scanned and submitted by email to the Fire Inspector assigned to your case.
5. Due to time restraints, it is important that you follow these instructions and liaison with the Fire Prevention Officer via email.
6. The contacts for all Fire Prevention staff are:
	1. Captain of Fire Prevention Randy Vezina

 705-474-0400 ext. 4835

 randy.vezina@cityofnorthbay.ca

* 1. Public Education Officer Sheri Korn

 705-474-0400 ext. 4806

sheri.korn@cityofnorthbay.ca

* 1. Fire Prevention Officer Joe Gardiner

 705-474-0400 ext. 4841

joe.gardiner@cityofnorthbay.ca

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Building Schematics

**Introduction**

The Ontario Fire Code, Section 2.8 requires the implementation of a FIRE SAFETY PLAN for this building/occupancy. The plan is to be kept in the building in an approved location.

The implementation of the Fire Safety Plan helps to ensure effective utilization of life safety features in a building to protect people from fire. The required Fire Safety Plan should be designed to suit the resources of each individual building or complex of buildings. It is the responsibility of the owner to ensure that the information contained within the Fire Safety Plan is accurate and complete. The Fire Code defines “**OWNER**” as “any person, firm or corporation controlling the property under consideration”. Consequently, owners may be managers, maintenance staff and tenant groups.

The Fire Protection and Prevention Act Part VII, Section 28, states that in the case of an offence for contravention of the fire code, a corporation is liable to a fine of not more than $100,000 and an individual is liable to a fine of not more than $50,000 or imprisonment for a term of not more than one year or both.

This official document is to be kept readily available at all times for use by staff and fire officials in the event of an emergency.

|  |
| --- |
|  |

***The fire safety plan approved location is:***

**SUBMISSION PROCEDURES**

When the fire safety plan and floor plan drawings have been completed please **submit by e-mail only** to the Fire Inspector assigned to your case. The FPO may return the plan and drawing(s) to you via e-mail with an attached “checklist” with required additions/corrections. When additions/corrections are complete, re-submit to the FPO **via e-mail** and when approved a signed copy will be returned to the author via Canada Post and one copy will be retained by the North Bay Fire & Emergency Services.

The Fire Prevention Officer is to be notified regarding any subsequent changes in the approved Fire Safety Plan.

***The Fire Safety Plan shall be reviewed as often as is necessary, but at intervals not greater than 12 months, to ensure that it takes into account changes in the use and other characteristics of the building***

**School Resource Audit**

You are required to place an ‘X’ in the check boxes provided. Place the ‘X’ inside the box, not on the outside. If you experience a problem, simply right-click on the box, left-click *properties*, and then left-click the circle marked *checked.*

Any box (or shaded area) that is not applicable to your building must bemarked **N/A**

**SCHOOL PROFILE AND FIRE SAFETY SYSTEMS**

|  |
| --- |
| **Building Information** |
| School name.:       | School Construction Type: (combustible or non-combustible       |
| Address:       |
| City: North Bay | Postal Code:       |
| Number of Stories:       | Building Area:       meters square |
| **School Facilities** |
| Do you have a parking garage? Yes [ ]  No [ ]  | Do you have an elevator? Yes [ ]  No [ ] Automatic Recall Yes [ ]  No [ ] Manual Recall Yes [ ]  No [ ]  | Is there a firefighter elevator? Yes [ ]  No [ ]  |
| Do you have smoke control devices? Yes [ ]  No [ ] Magnetic hold open devices on doors? Yes[ ] No[ ]  | Is there interior roof access? Yes [ ]  No [ ] Where?       |
| Do all stairwells exit to the exterior? Yes [ ]  No [ ]  If no explain?       |
| Do you have hazardous materials stored on site? Yes [ ]  No [ ]  If yes, list the materials and there quantities:        |
| **Building Access** |
| [ ]  Lock Box | [ ]  CHUBB | Location:       |
| [ ]  Entry Code  | [ ]  Other Type |  |
| **Onsite Building Information** |
| [ ]  Fire Safety Plan | Location:       |
| [ ]  WHMIS Information  | Location:       |
| [ ]  Other       | Location:       |
|  |  |
| **Occupant Load** |
| Students/Occupants | Total Number:       | Daytime approx. Number:       |
|  |  | Evenings approx. Number:       |

**ALARMS & EVACUATION SYSTEMS**

|  |
| --- |
| **Alarm Systems** |
| [ ]  Main Fire Alarm Control Panel  | Location:      |
| [ ]  Annunciator Panel Location | Location(s):      |
| **Type of Alarm (Check the appropriate box below.)** |
| [ ]  Single Stage Fire Alarm SystemMake:       Model:       |
| [ ]  Security/Intrusion  | [ ]  Partial System | [ ]  Sprinkler System used as Fire Alarm |
| **Fire Protection Devices** (Check any that are present in your building) |
| [ ]  Smoke Alarms (Battery or hardwired units) | [ ]  Emergency Lighting (Battery powered) |
| [ ]  Smoke Detectors (Alarm System) | [ ]  Carbon Monoxide Detectors |
| [ ]  Heat Detectors | [ ]  Fire Extinguishers |
| [ ]  Evacuation Communications System (PA) | [ ]  Voice Communication System |
| [ ]  Commercial Kitchen Hood Suppression System | [ ]  Exit Signs (internally illuminated) |
| **Evacuation Information** |
| [ ]  Meeting Place (Location occupants assemble immediately after leaving building during evacuation.)Location:       |
| [ ]  Areas of Refuge: (Shelter if necessary) |       |
| Re-Entry Procedures: (Wait for approval from Fire Official)      |

**FIRE PROTECTION**

|  |
| --- |
| **Water Supply** |
| Is there a fire hydrant within 90 meters of your buildings front door? Yes [ ]  No [ ]  |
| If you answered no, is there another year round source of water on your property (swimming pool, reservoir, pond, etc…)? Yes [ ]  No [ ]  |
| If you answered no to both questions, immediately contact Fire Prevention at 474-0400 |
| **Sprinkler System** |
| Do you have a sprinkler system in your building? Yes [ ]  No [ ]  (If no, go to next entry.) |
| If yes, does it cover your whole building? Yes [ ]  No [ ]  |
| If no, what areas are sprinklered?       |
| If you have a sprinkler system in your building, the following devices **must be indicated** on the diagram of your building: Fire Department Connection (Siamese) Connection, Sprinkler Control Room, Fire Pump(s), Main Control Valve, Isolation Control Valve(s), and Post Indicator Valve(s). |
| Is your sprinkler connected to the Fire Alarm? Yes [ ]  No [ ]  |
| If no, is there a water gong or other alerting device to indicate water flow? Yes [ ]  No [ ]  |
| If no, immediately contact Fire Prevention at 474-5662 |
|  **Standpipe System**  |
| Do you have a standpipe system in your building? (Fire hose cabinets) Yes [ ]  No [ ]  (If no, go to next entry.) |
| If yes, does it cover your whole building? Yes [ ]  No [ ]  |
| If no, what areas are covered?       |
| Do your fire hose cabinets have fire extinguishers? Yes [ ]  No [ ]  |
| How are the hose cabinet doors opened if they are locked or fastened?       |
| If you have a standpipe system in your building, the following devices **must be indicated** on the diagram of your building: Fire Department Connection (Siamese) Connection, Hose Cabinets, and Main Shut Off Valve. |
| **Fixed Extinguishing Systems** |
| Area Protected | Type | Specify Details |
| [ ]  Kitchen/Commercial (NFPA 96) |       |       |
| [ ]  Spray Booth  |       |       |
| [ ]  Other       |       |       |
| Extinguishing System connected to Fire Alarm Yes [ ]  : No [ ]  |

**UTILITY PROVISIONS**

|  |
| --- |
| **Electrical, Utility & Fuel Supplies** |
| [ ]  Water Main Shut off  | [ ]  Main Electrical Shut off |
| [ ]  Natural Gas Shut off | [ ]  Fuel Oil/Diesel Shut off |
| [ ]  Emergency Generator | Location:       |
| All the above items **must be indicated** on your building diagram. |
| **Refuse** |
|  | Sprinkler Coverage |
| [ ]  Garbage Room | Location:       | [ ]  Yes |
| [ ]  Garbage Chute | Location:       | [ ]  Yes |
| [ ]  Garbage Compactor | Location:       | [ ]  Yes |
| [ ]  Garbage Exterior Storage | Location:       |  |
| All the above items **must be indicated** on your building diagram. |

**Human Resource Audit**

|  |
| --- |
| **Ownership** |
| Building Owner:      | Phone: | Res: (   )      | Cell: (   )      |
| Address:      | Bus :(   )      | Ext:      |
| City:      | Postal Code:      | Fax :(   )      | Pager :(   )      |
| Email:       |
| **Keyholders (enter keyholder information in the order of priority for contacting)** |
| **1.** Same as 1 [ ]  or 2 [ ]  listed above. (If the same check the appropriate box.) |
| Name:       | Phone: | Res: (   )      | Cell :(   )      |
| Position:       | Bus :(   )      | Ext:      |
| Address:       | Fax :(   )      | Pager :(   )      |
| **2.** Same as 1 [ ]  or 2 [ ]  listed above. (If the same check the appropriate box.) |
| Name:       | Phone: | Res: (   )      | Cell :(   )      |
| Position:       | Bus :(   )      | Ext:      |
| Address:        | Fax :(   )      | Pager :(   )      |
| **3**. Same as 1 [ ]  or 2 [ ]  listed above. (If the same check the appropriate box.) |
| Name:       | Phone: | Res: (   )      | Cell :(   )      |
| Position:       | Bus: (   )      | Ext:      |
| Address:       | Fax: (   )      | Pager :(   )      |
|

|  |
| --- |
| **4**. Same as 1 [ ]  or 2 [ ]  listed above. (If the same check the appropriate box.) |
| Name:       | Phone: | Res: (   )      | Cell :(   )      |
| Position:       | Bus: (   )      | Ext:      |
| Address:      | Fax: (   )      | Pager :(   )      |
|  **5**. Same as 1 [ ]  or 2 [ ]  listed above. (If the same check the appropriate box.) |
| Name:       | Phone: | Res: (   )      | Cell :(   )      |
| Position:       | Bus: (   )      | Ext:      |
| Address:       | Fax: (   )      | Pager :(   )      |

 |
| **FIRE ALARM MONITORING Co**. |       | Phone No. |       |
| **SPRINKER MONITORING Co.** |       | Phone No. |       |

**Important reminder – if there is any change to personnel you must make the change on this page immediately and ensure the change is reflected in your document that is located in your Fire Safety Plan box at the entrance of the building. Also, please forward the change to the Fire Inspector assigned to your case.**

**Emergency Procedures and Related Duties**

**THE ACTIONS TO BE TAKEN BY STUDENTS IN EMERGENCY SITUATIONS**

**SHALL BE POSTED IN EACH ROOM AND AT ALL FIRE ALARM SYSTEM PULL STATIONS AND EXITS. THE INSTRUCTIONS SHALL READ AS FOLLOWS:**

**IN CASE OF FIRE**

 **UPON DISCOVERY OF FIRE**

* LEAVE FIRE AREA IMMEDIATELY
* CLOSE DOORS
* SOUND FIRE ALARM
* LEAVE BUILDING VIA NEAREST EXIT
* CALL 911

 **UPON HEARING FIRE ALARM**

* LEAVE BUILDING VIA NEAREST EXIT
* CLOSE DOOR BEHIND YOU

**C A** **U T I O N**

**IF SMOKE IS HEAVY IN THE CORRIDOR IT MAY BE**

**SAFER TO STAY IN YOUR AREA. CLOSE DOOR AND**

**ATTEMPT TO SEAL OFF ANY CRACKS.**

**IF YOU ENCOUNTER SMOKE IN THE STAIRWAY, USE**

**ALTERNATE EXIT.**

*Decals with this information can be purchased from the ‘Fire Marshal’s*

*Public Fire Safety Council’s Distribution Centre.’ toll free: 866-379-6668*

**HEAD CUSTODIAN OR HIS DESIGNATE**

**Emergency procedures and related duties**

**+** ENSURE THAT THE FIRE ALARM HAS BEEN ACTIVATED

**+** NOTIFY THE PRINCIPAL OF THE EMERGENCY CONDITIONS

**+ Dial: 9-1-1**

**+** UPON ARRIVAL OF FIRE FIGHTERS, INFORM THE FIRE OFFICER REGARDING CONDITIONS IN THE BUILDING.

**+** PROVIDE ACCESS AND VITAL INFORMATION TO THE FIREFIGHTERS (E.G. MASTER KEYS FOR CLASSROOMS, SERVICE ROOMS, ETC.)

**+ ENSURE THAT THE FIRE ALARM SYSTEM IS NOT SILENCED UNTIL THE FIRE DEPARTMENT HAS RESPONDED AND THE CAUSE OF THE ALARM HAS BEEN INVESTIGATED**.

**+** SILENCE AND RESET THE FIRE ALARM SYSTEM AT THE FIRE ALARM CONTROL PANEL WHEN DIRECTED TO DO SO BY THE FIRE DEPARTMENT. **THE FIRE DEPARTMENT WILL NOT SILENCE OR RESET THE FIRE ALARM SYSTEM.** THE FIRE ALARM CONTROL PANEL HAS ALARM SILENCING AND ALARM RESET BUTTONS. THE FIRE ALARM CONTROL PANEL IS LOCATED IN:

**THE SCHOOL PRINCIPAL**

**Emergency procedures and related duties**

***TRAINING OF PRINCIPALS SHALL BE THE RESPONSIBILITY OF THE BOARD OF EDUCATION AND HE/SHE WILL DISCUSS ALL ASPECTS OF THE FIRE SAFETY PLAN AS IT APPLIES TO THE FIRE CODE. THE PRINCIPAL SHALL BE INSTRUCTED ON HOW TO TRAIN HIS/HER STAFF ON SITE, AS IT WOULD APPLY TO A PARTICULAR BUILDING.***

**IN THE EVENT OF A FIRE:**

**+** ENSURE THAT THE FIRE ALARM HAS BEEN ACTIVATED

**+** NOTIFY THE FIRE DEPARTMENT OF THE EMERGENCY CONDITIONS

**+ DIAL: 9-1-1**

**+** ARRANGE FOR THE HEAD CUSTODIAN OR HIS DESIGNATE TO CONTACT THE FIRE DEPARTMENT IN YOUR ABSENCE

**+**SUPERVISE THE EVACUATION OF THE STUDENTS

**+** SEE THAT THE ALARM SYSTEM IS NOT SILENCED UNTIL THE FIRE DEPARTMENT HAS RESPONDED AND THE CAUSE OF THE ALARM HAS BEEN INVESTIGATED.

**IN GENERAL**

KEEP DOORS TO STAIRWAYS CLOSED AT ALL TIMES. USE OF WEDGES TO HOLD CORRIDOR AND STAIRWELL DOORS OPEN IS PROHIBITED.

KEEP STAIRWAYS, LANDINGS, HALLWAYS, PASSAGEWAYS AND EXITS, INSIDE AND OUTSIDE; CLEAR OF ANY OBSTRUCTIONS AT ALL TIMES.

DO NOT PERMIT COMBUSTIBLE WASTE MATERIALS TO ACCUMULATE IN QUANTITIES OR LOCATIONS WHICH WILL CONSTITUTE A FIRE HAZARD.

PROMPTLY REMOVE ALL COMBUSTIBLE WASTE FROM ALL AREAS WHERE WASTE IS PLACED FOR DISPOSAL.

KEEP ACCESS ROADWAYS, FIRE ROUTES AND FIRE PUMPER CONNECTIONS CLEAR AND ACCESSIBLE FOR FIRE DEPARTMENT USE.

HAVE A WORKING KNOWLEDGE OF THE FIRE ALARM SYSTEM AND HOW TO RESET THE FIRE ALARM PANEL.

IN THE EVENT OF ANY SHUTDOWN OF FIRE PROTECTION EQUIPMENT NOTIFY THE FIRE DEPARTMENT AND YOUR MANAGER AND PATROL THE HALLWAYS ONCE EVERY HOUR.

DESIGNATE A SUBSTITUTE IN YOUR ABSENCE

PARTICIPATE IN FIRE DRILLS: STUDENTS AND STAFF PARTICIPATION IS MANDATORY

ESTABLISH EMERGENCY PROCEDURES TO BE FOLLOWED AT THE TIME OF AN

 EMERGENCY

APPOINT AND ORGANIZE DESIGNATED SUPERVISORY STAFF TO CARRY OUT FIRE SAFETY DUTIES

INSTRUCT TEACHING STAFF SO THAT THEY ARE AWARE OF THEIR RESPONSIBILITIES FOR FIRE SAFETY

PROVIDE ALTERNATIVE MEASURES FOR SAFETY OF OCCUPANTS DURING SHUTDOWN OF FIRE PROTECTION EQUIPMENT

ASSURE THAT CHECKS, INSPECTIONS AND TESTS, AS REQUIRED BY THE FIRE CODE, ARE COMPLETED ON SCHEDULE AND THAT RECORDS ARE RETAINED.

NOTIFY THE CHIEF FIRE OFFICIAL REGARDING CHANGES IN THE FIRE SAFETY

PLAN.

BE IN COMPLETE CHARGE OF THE APPROVED FIRE SAFETY PLAN AND THE SPECIFIC RESPONSIBILITIES OF THE PERSONNEL.

DESIGNATE AND TRAIN SUFFICIENT ASSISTANTS TO ACT IN THIS POSITION.

EDUCATE AND TRAIN ALL TEACHING PERSONNEL IN THE USE OF THE EXISTING FIRE SAFETY EQUIPMENT, AND IN THE ACTIONS TO BE TAKEN UNDER THE APPROVED FIRE SAFETY PLAN.

SURVEY THE BUILDING TO DETERMINE THE NUMBER OF EXITS AVAILABLE FROM EACH FLOOR OR AREA.

PREPARE AND POST ON EACH FLOOR OR AREA, A SCHEMATIC AND EMERGENCY PROCEDURE FOR USE BY THE OCCUPANTS OF EACH EXIT, PRIMARY AND SECONDARY, IN CASE OF EVACUATION.

ENSURE THAT THE SCHEMATIC DIAGRAMS SHOW TYPE, LOCATION AND OPERATION OF ALL BUILDING FIRE EMERGENCY SYSTEMS, (E.G. LOCATION OF FIRE ALARM CONTROL PANEL AND FIRE HOSE CABINETS).

ENSURE A COPY OF THE FIRE SAFETY PLAN IS KEPT IN THE MAIN OFFICE AND CUSTODIAL ROOM.

ENSURE A PROCEDURE IS IN PLACE TO EVACUATE ENDANAGERED OCCUPANTS SUCH AS INDIVIDUALS WITH SPECIAL NEEDS AND INCLUDE ALTERNATE MEANS OF EGRESS FOR ALL PERSONS INVOLVED. INCLUDE IN THE FIRE SAFETY PLAN SPECIFIC DETAILS ON HOW THESE INDIVIDUALS WILL BE CARED FOR/EVACUATED IN THE EVENT OF AN EMERGENCY.

IF THE SCHOOL CONTAINS AN ORGANIZED DAYCARE INCLUDE THIS IN THE SCHEMATICS. (THEY ARE REQUIRED TO SUBMIT A SEPARATE FIRE SAFETY PLAN).

**TEACHERS/TEMPORARY TEACHERS**

**FIRE ALARM PROCEDURES AND RELATED DUTIES**

**IN THE EVENT OF A FIRE:**

**+** ENSURE THAT THE FIRE ALARM HAS BEEN ACTIVATED

**+** SUPERVISE THE EVACUATION OF THE STUDENTS IN YOUR RESPONSIBILITY

**+** PERFORM HEAD COUNTS TO ENSURE ALL STUDENTS ARE ACCOUNTED FOR

**+** REPORT TO PRINCIPAL ANY DISCREPANCIES.

**EXTRA-CURRICULAR OCCUPANTS - AFTER HOURS**

**FIRE ALARM PROCEDURES AND RELATED DUTIES**

**IN THE EVENT OF A FIRE:**

**+**ENSURE THAT THE FIRE ALARM HAS BEEN ACTIVATED

**+**SUPERVISE THE EVACUATION OF PEOPLE IN YOUR RESPONSIBILITY

**+**PERFORM HEAD COUNTS TO ENSURE ALL PEOPLE ARE ACCOUNTED FOR

**+**REPORT TO FIRE DEPARTMENT ANY DISCREPANCIES

**Are there persons on site with disabilities** (or is there potential for persons to be on site with disabilities) which may hinder their evacuation. **If so, you must plan for their evacuation and state that plan in writing on the following page**. Disabilities may include but not limited to loss of (or limited) sight, mobility issues, cognitive issues. If any person requires assistance in evacuating Supervisory Staff may have to seek assistance from any responsible, able-bodied person to move the person outside and a responsible person must remain with that person at the designated meeting area. Whenever possible, persons requiring assistance must be moved to an exit with their assertive devices, i.e. wheelchairs, crutches, scooters, as they will require these devices once outside the building. The device may have to be left in the building if it is too heavy or too large to be safely, quickly and easily transported, or if it is likely to block the emergency exit.

Are there operations in the building which could pose a fire hazard such as spray booths, dip tanks, welding and cutting, dust collection systems, use or storage of flammable/combustible liquids/gases? **If so, you must plan and implement emergency procedures for each, individual operation and state that plan(s) in writing on the following page.**

|  |
| --- |
| **Required Additional Emergency Procedures**      |

**Fire Drills**

THE PURPOSE OF A FIRE DRILL IS TO ENSURE THAT THE STUDENTS AND STAFF ARE FAMILIAR WITH EMERGENCY EVACUATION PROCEDURES, RESULTING IN ORDERLY EVACUATION WITH EFFICIENT USE OF EXIT FACILITIES. FIRE DRILL PROCEDURES MUST ADDRESS STUDENT AND STAFF ACCOUNTABILITY IN AN EVACUATION. THIS ELEMENT OF THE PLAN SHOULD IDENTIFY PERSON(S) IN CHARGE, INSURE ACCURATE CLASS ATTENDANCE ROSTERS ARE AVAILABLE AND IDENTIFY A SPECIFIC LOCATION FOR EVACUEES TO ASSEMBLE.

CONSIDER HAVING TEACHERS AND STUDENTS USE THEIR ALTERNATIVE EXIT FOR ONE OF THE THREE REQUIRED DRILLS IN ORDER TO SIMULATE A REAL EMERGENCY.

FIRE DRILLS MUST BE CONDUCTED ON EACH FLOOR OR AREA. A VOICE COMMUNICATION SYSTEM SHOULD BE USED WHERE AVAILABLE.

FOLLOWING EACH DRILL, ALL PERSONS OF DELEGATED RESPONSIBILITY SHOULD ATTEND A BRIEFING, TO REPORT ON THEIR ACTIONS AND THE REACTIONS OF THE STUDENTS. FIRE DRILLS MUST BE CONDUCTED FOR A BUILDING OF THIS TYPE, IN ACCORDANCE WITH THE FREQUENCIES STATED IN THE FIRE CODE WHICH IS **THREE TIMES PER SEMESTER.**

**A FIRE DRILL RECORD MUST BE KEPT AND RETAINED AT THE SCHOOL FOR 12 MONTHS.**

Fire drills will be held at least once every       month(s) to ensure efficient execution of the Emergency Procedures. Refer to the Ontario Fire Code (Subsection 2.8.3) for the required number of fire drills. Fire drill records are required to be retained for a **period of one year.**

**FIRE DRILL RECORD**

|  |  |
| --- | --- |
| **Date of drill:** |  |
|   |  |
| **Principal:** |  |
|  |  |
| **Teacher:** |  |
| **Teacher:** |  |
| **Teacher:** |  |
| **Teacher:** |  |
| **Teacher:** |  |
| **Teacher:** |  |
| **Teacher:** |        |
| **Teacher:** |        |
| **Teacher:** |        |
| **Teacher:** |        |
|  |  |
| **Custodian:** |  |
| **Custodian:** |        |
| **Custodian:** |         |
| **Custodian:** |        |
|  |  |
| **Other:** |        |
| **Other:** |        |
| **Other:** |        |

|  |
| --- |
| **Deficiencies noted during Fire Drill**      |

|  |
| --- |
| **General Fire Drill comments and corrective actions to be implemented**      |

**Fire Extinguishment - Control - Confinement**

In the event a small fire cannot be extinguished with the use of a portable fire extinguisher or the smoke presents a hazard for the operator, the door to the area must be closed to confine and contain the fire. Leave the fire area. Ensure that the Fire Alarm System has been activated and that North Bay Fire and Emergency Services have been notified prior to an attempt to extinguish the fire. Only those persons who are trained and familiar with extinguisher operation may attempt to fight the fire.

**Suggested Operation of Portable Fire Extinguishers**

Remember the **PASS**

**P** - Pull the safety pin

**A** - Aim the nozzle

**S** - Squeeze the trigger handle

**S** - Sweep from side to side aiming at base of fire (watch for fire restarting)

**Never re-hang extinguishers after use**. Ensure they are properly recharged by a person that is qualified to service portable fire extinguishers and that a replacement extinguisher is provided.

Mount extinguishers in a visible area without obstructions around them.

NOTE: **Prior to using a K-type extinguisher, activate the kitchen extinguishing system**.

**Alternative Measures for Occupant Fire Safety**

In the event of any shut-down of fire protection equipment systems or part thereof, in excess of 24 hours, the fire department shall be notified in writing. Occupants will be notified and instructions will be posted at each floor level and at each exit and elevator with respect to alternative provisions or actions to be taken in case of emergency. These provisions and actions must be acceptable to the Chief Fire Official.

All attempts to minimize the impact of malfunctioning equipment will be initiated. Where portions of a sprinkler or fire alarm system are placed out of service, service to remaining portions must be maintained, and where necessary, the use of watchpersons, bull-horns, walkie-talkies, cell phones etc. will be employed to notify concerned parties of emergencies. Assistance and direction for specific situations will be sought from North Bay Fire & Emergency Services.

Procedures to be followed in the event of shutdown of any part of a fire protection system are as follows:

1. Notify North Bay Fire & Emergency Services, dial (705) 474-5662 (DO NOT USE 911). Give your name, address and a description of the problem and when you expect it to be corrected. North Bay Fire and Emergency Services are to be notified in writing of shutdowns longer than 24 hours.
2. Post notices at all exits and the main entrance, stating the problem and when it is expected to be corrected.
3. Have staff or other reliable person(s) patrol the affected area(s) at least once every hour.
4. Notify North Bay Fire & Emergency Services, your alarm monitoring company and the building occupants when repairs have been completed and systems are operational

**Note:** All shutdowns will be confined to as limited an area and duration as possible.

**Cooking operations shall be suspended until the commercial cooking fixed extinguishing system is restored.**

**FIRE HAZARDS**

**IN ORDER TO AVOID FIRE HAZARDS IN THE BUILDING**

* DO NOT PUT BURNING MATERIALS INTO GARBAGE CANS
* AVOID UNSAFE COOKING PRACTISES. (I.E. DEEP FAT FRYING), TOO MUCH HEAT, UNATTENDED STOVES, LOOSELY HANGING SLEEVES
* DO NOT USE UNSAFE ELECTRICAL APPLIANCES, FRAYED EXTENSION CORDS, OVER-LOADED OUTLETS OR LAMP WIRE FOR PERMANENT WIRING.
	+ PROPERLY STORE FLAMMABLE MATERIALS IN APPROVED CONTAINERS AND LOCKED, METAL CABINETS.

**IN GENERAL, STUDENTS AND STAFF ARE ADVISED TO**

* KEEP FIRE ROUTES CLEAR
* KNOW WHERE THE ALARM PULL STATIONS AND EXITS ARE LOCATED.
* IN THE CASE OF AN EMERGENCY CALL: **9-1-1**
* KNOW THE CORRECT BUILDING ADDRESS:

**Address:**

**Maintenance Requirements of Building Fire & Life Safety Systems**

**Check/test/inspect requirements of the Ontario Fire Code**:

• To assist you in fulfilling your obligations, included is a list of the portions of the Fire Code that requires checks, inspections and/or tests to be conducted of the facilities. It is suggested that you read over this list and perform or have performed the necessary checks, inspections and/or tests for the items which may apply to your property.

• Fire Prevention Officers may check to ensure that the necessary checks, inspections and/or tests are being done, when conducting their inspections.

• This list has been prepared for your convenience only. For accurate reference, the Fire Code should be consulted.

**Definitions for key words are as follows**:

**Check** means visual observation to ensure the device or system is in place and is not obviously damaged or obstructed

**Inspect** means physical examination to determine that the device or system will apparently perform in accordance with its intended function

**Test** means the operation of a device or system to ensure that it will perform in accordance with its intended operation or function

**It is stated in the Fire Code that records of all tests and corrective measures are required to be retained for a period of two years after they are made**.

**General Fire Protection Systems/Equipment**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Doors in fire separations shall be **checked** as frequently as necessary to ensure that they remain closed.  |       |
| Exit signs shall be clearly visible and maintained in clean and legible condition.  |       |
| Internally illuminated exit signs shall be kept clearly illuminated at all times, when the building is occupied.  |       |

**Weekly**

|  |  |
| --- | --- |
| When subject to accumulation of combustible deposits, hoods, filters and ducts shall be **checked** weekly and be cleaned when such deposits create an undue fire hazard. |       |

**Monthly**

|  |  |
| --- | --- |
| Doors in fire separations shall be **inspected** monthly for proper operation. |       |

**Yearly**

|  |  |
| --- | --- |
| Fire dampers and fire-stop flaps shall be **inspected** annually, or based on a schedule via contractor acceptable to the Chief Fire Official.  |       |
| Every chimney, flue and flue pipe shall be **inspected** annually and cleaned as often as necessary to keep them free from accumulations of combustible deposits.  |       |
| Disconnect switches for mechanical air-conditioning and ventilating systems shall be **inspected** annually to establish that the system can be shut down.  |       |
| Spark arresters shall be cleaned annually or more frequently where accumulations of debris will adversely affect operations. Burnt-out arresters shall be repaired or replaced.  |       |

**Portable Fire Extinguishers**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| **Each portable extinguisher shall have a tag securely attached to it showing the maintenance or recharge date, the servicing agency and the signature of the person who performed the service.**  |       |
| **A permanent record containing the maintenance date, the examiner’s name and a description of any work or hydrostatic testing carried out shall be prepared and maintained for each portable extinguisher.**  |       |
| **All extinguishers shall be recharged after use or as indicated by an inspection or when performing maintenance. When recharging is performed, the recommendations of the manufacturer shall be followed.** |       |

**Monthly**

|  |  |
| --- | --- |
| Portable extinguishers shall be **inspected** monthly. |       |

**Yearly**

|  |  |
| --- | --- |
| Extinguishers shall be subject to maintenance not more than one year apart or when specifically indicated by an inspection.  |       |
| **Maintenance procedures shall include a thorough examination of the three basic elements of an extinguisher:****a) mechanical parts****b) extinguishing agent****c) expelling means** |       |
| Every twelve months, pump tank water, and pump tank calcium chloride base antifreeze types of extinguishers shall be recharged with new chemicals or water, as applicable |       |

 **Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| **5 Years**Every five years, pressurized water and carbon dioxide fire extinguishers shall be hydrostatically **tested**. |       |
| **6 Years**Every six years, stored pressure extinguishers that require a 12 year hydrostatic test shall be emptied and subjected to the applicablemaintenance procedures. |       |

**Fire Alarm**

**General** **Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Fire alarm and voice communication system components shall be kept unobstructed. |       |
| Fire alarm shall be kept unobstructed.  |       |
| Fire alarm system power supply disconnect switches shall be locked on in an approved manner. |       |

**Daily**

|  |  |
| --- | --- |
| The following daily checks shall be conducted if a fault is established, appropriate corrective action shall be taken. a) **Check** the principle and remote trouble lights for  trouble indication;b) **Inspection** of the AC power-on light shall be done  to ensure its normal operation. |            |

**Monthly**

|  |  |
| --- | --- |
| Every month the following **tests** shall be conducted under battery back up power and if a fault is established, appropriate corrective action shall be taken: a) one manual fire alarm initiating device shall be operated, on a rotating basis, and shall initiate an alarm condition b) function of all signal devices shall be ensuredc) the annunciator panel shall be checked to ensure correct annunciationd) intended function of the audible and visual trouble signals shall be ensurede) fire alarm batteries shall be checked to ensure that:i) terminals are clean and lubricated where necessary;ii) terminal clamps are clean and tight;1. electrolyte level and specific gravity, where applicable, meet manufacturer’s specifications
 |                                     |

**Monthly (cont.) Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Voice paging capability to one zone shall be **tested** monthly on a rotational basis. |       |
| One emergency telephone shall be **tested** monthly on a rotational basis for operation and correct indication at control unit. |       |
| Loudspeakers shall be **tested** monthly as an all-call signal to ensure they function as intended. |       |
| At least one firefighter’s emergency telephone shall be **tested** monthly on a rotational basis to ensure communication with the control unit. All telephones shall be **tested** each year. |       |

**Yearly**

|  |  |
| --- | --- |
| Yearly **tests** conducted by a certified alarm contractor as required by The Ontario Fire Code, Section 1.1.5.3. **Tests** shall be in conformance with CAN/ULC S536, “Inspection and Testing of Fire Alarm Systems”. |       |
| Voice communications between floor areas and the central alarm control facility shall be **tested** annually, as required for fire alarm initiating and signally devices. |       |

 **Standpipe Systems**

**Monthly Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Hose cabinets shall be **inspected** monthly to ensure that the hose and equipment are in the proper position and appear to be operable. |       |

**Yearly**

|  |  |
| --- | --- |
| Plugs or caps on Fire Department connections shall be removed annually and the threads **inspected** for wear, rust or obstruction. Re-secure plugs or caps, wrench tight. |       |
| If plugs or caps are missing, examine the Fire Department connections for obstructions, back flush if necessary, and replace plugs or caps. |       |
| Hose valves shall be **inspected** annually to ensure that they are tight and that there is no water leakage into the hose. |       |
| Standpipe hose shall be removed and re-racked annually and after use. Any worn gaskets in the couplings, at the hose valve and at the nozzle shall be replaced. |       |

**Sprinkler Systems (Wet)**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Auxiliary drains shall be **inspected** as required to prevent freezing. |       |

**Weekly**

|  |  |
| --- | --- |
| Except for electrically supervised valves, all valves controlling water supplies to sprinklers and alarm connections shall be **checked** weekly to ensure that they are sealed or locked in the open position.  |       |
| Water supply pressure and system air or water pressure shall be **checked** weekly by using gauges to ensure that the system is maintained at the required operating pressure. |       |

**Monthly**

|  |  |
| --- | --- |
| On all sprinkler systems, an alarm **test**, using the alarm test connection located at the sprinkler valve, shall be performed monthly. |       |

**Two Months**

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| --- | --- |
| All transmitters and water flow devices shall be **tested** at two month intervals. |       |

**Six Months**

|  |  |
| --- | --- |
| Gate-valve supervisory switches and other sprinkler system supervisory devices shall be **tested** at six month intervals. |       |

**Yearly Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Exposed sprinkler piping hangers shall be **checked** yearly to ensure that they are kept in good repair.  |       |
| Sprinkler heads shall be **checked** at least once per year to ensure that they are kept in good repair.  |       |
| Sprinkler heads shall be **checked** at least once per year to ensure that they are free from damage, corrosion, grease, dust, paint, or whitewash. They shall be replaced where necessary as a result of such conditions.  |       |
| On wet sprinkler systems, water-flow alarm **test** using the most hydraulically remote test connection, shall be performed annually.  |       |
| Sprinkler system water pressure shall be **tested** annually or after any sprinkler system control valve has been operated, with the main drain valve fully open, to ensure that there are no obstructions or deterioration of the main water supply. |       |
| Plugs or caps on Fire Department connections shall be removed annually and the threads inspected of wear, rust or obstruction. Re-secure plugs or caps, wrench tight. If plugs or caps are missing, examine the Fire Department connection for obstructions, back flush if necessary and replace plugs or caps. |       |

**Sprinkler Systems (Dry)**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Auxiliary drains shall be **inspected** as required to prevent freezing.  |       |
| Dry-pipe valve rooms or enclosures in unheated buildings shall be **checked** as often as necessary when the outside temperature falls below 0o Celsius to ensure that the system does not freeze. |       |

**Weekly**

|  |  |
| --- | --- |
| Except for electrically supervised valves, all valves controlling water supplies to sprinklers and alarm connections shall be **checked** weekly to ensure that they are sealed or locked in the open position.  |       |
| Water supply pressure and system air or water pressure shall be **checked** weekly by using gauges to ensure that the system is maintained at the required operating pressure.  |       |
| System pressure gauges shall be **checked** weekly. The system shall be maintained at the required operating pressure.  |       |

**Monthly**

|  |  |
| --- | --- |
| On all sprinkler systems, an alarm **test**, using the alarm test connection located at the sprinkler valve, shall be performed monthly.  |       |

**2 Months**

|  |  |
| --- | --- |
| All transmitters and water flow devices shall be **tested** at two month intervals.  |       |

**3 Months Responsibility of (*Person’s Name or Company in this Field*):**

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| --- | --- |
| The priming water supply for dry pipe systems shall be **inspected** every three months to ensure that the proper level above the dry pipe valve is maintained. |       |

**6 Months**

|  |  |
| --- | --- |
| **Gate-valve supervisory switches and other sprinkler system supervisory devices shall be tested at six month intervals.** |       |

**Yearly**

|  |  |
| --- | --- |
| Exposed sprinkler piping hangers shall be **checked** yearly to ensure that they are kept in good repair.  |       |
| Sprinkler heads shall be **checked** at least once per year to ensure that they are free from damage, corrosion, grease dust, paint, or whitewash. They shall be replaced where necessary as a result of such conditions.  |       |
| Sprinkler system water pressure shall be **tested** annually or after any sprinkler system control valve has been operated, with the main drain valve fully open, to ensure that there are no obstructions or deterioration of the main water supply. |       |
| Plugs or caps on Fire Department connections shall be removed annually and the threads inspected for wear, rust or obstruction. Re-secure plugs or caps wrench tight. If plugs or caps are missing, examine the Fire Department connection for obstructions, back flush if necessary and replace plugs or caps.  |       |
| Dry pipe valves shall be tripped annually by means of the system test pipe, to ensure that they operate satisfactorily and that the sprinkler alarms are in operating condition. A full flow trip test, with the control valve fully open, shall be conducted at least every three years. |       |

**15 Years**

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| --- | --- |
| Every fifteen years, dry pipe systems shall be **inspected** for obstructions in the sprinkler piping and if necessary, the entire system shall be flushed of foreign material. |       |

**Water Supplies for Firefighting (Fire Pumps)**

**Daily Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| The temperature of pump rooms shall be **checked** daily during freezing weather. |       |

**Weekly**

|  |  |
| --- | --- |
| Valves controlling water supplies exclusively for fire protection systems shall be **inspected** weekly to ensure that they are fully open and sealed or locked in that position. |       |
| Fire pumps shall be started once per week at rated speed. The fire pump discharge pressure, suction pressure, lubricating oil level, operative condition of relief valves, priming water level and general operating conditions shall be **inspected.** |       |
| Internal combustion engine fire pumps shall be operated once per week for a sufficient time to bring the engine up to normal operating temperature. The storage batteries, lubrication systems and fuel supplies shall be **inspected**. |       |

**Yearly**

|  |  |
| --- | --- |
| Fire pumps shall be **tested** annually at full rated capacity to ensure that they are capable of delivering the rated flow. |       |

**Private Fire Hydrants**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Hydrants shall be readily available and unobstructed for use at all times.  |       |

**Yearly**

|  |  |
| --- | --- |
| Hydrants shall be **inspected** annually after each use.  |       |
| Ensure hydrants are equipped with port caps secured wrench tight. The port caps shall be removed annually and **inspected** for wear, rust or obstructions.  |       |
| The hydrant barrel shall be **inspected** annually to ensure that no water has accumulated.  |       |
| The drain valve shall be **inspected** for operation if water is found in the hydrant barrel when main valve is closed.  |       |
| Hydrant waterflow shall be **inspected** annually and a record shall be kept.  |       |

**Water Supplies for Firefighting (Water Tanks)**

**Daily Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Water tank heat equipment, tank enclosure and/or water temperature shall be **checked** daily during freezing weather. |       |

**Weekly**

|  |  |
| --- | --- |
| Water levels and air pressure in pressure tanks shall be **checked** weekly and the relief valves on the air and the water lines shall be **inspected** weekly. |       |

**Monthly**

|  |  |
| --- | --- |
| Water level in gravity tanks shall be **inspected** monthly. |       |

**Yearly**

|  |  |
| --- | --- |
| An annual **inspection** shall be made of water tanks for fire protection, tank supporting structures and water supply systems including piping, control valves, check valves, heating systems, mercury gauges and expansion joints to ensure that they are in operating condition. |       |
| Cathodic protection equipment in water tanks shall be **inspected** annually. |       |

**2 Years**

|  |  |
| --- | --- |
| Water tanks shall be **checked** every two years for corrosion. |       |

**5 Years**

|  |  |
| --- | --- |
| Water tanks shall be **inspected** every five years and scraped and repainted as required. |       |

**Commercial Cooking Equipment**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Commercial cooking equipment exhaust and fire protection systems shall be installed and maintained in conformance with NFPA 96, “Ventilation Control and Fire Protection of Commercial Cooking Operations”.  |       |
| Ensure wet chemical or alkali based dry chemical portable fire extinguishers are provided to protect commercial cooking equipment and are readily available for use in an emergency.  |       |

**Weekly**

|  |  |
| --- | --- |
| Hoods, grease removal devices, fans, ducts, and other equipment shall be **checked** weekly and cleaned at frequent intervals, prior to surfaces becoming heavily contaminated with grease or oily sludge.  |       |

**6 Months**

|  |  |
| --- | --- |
| **Inspection** and servicing of the fire extinguishing system shall be made at least every six months by properly trained and qualified persons in conformance with Ontario Fire Code, Section 6.8.1.1. |       |

**Emergency Lighting System**

**Daily Responsibility of (*Person’s Name or Company in this Field*):**

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| --- | --- |
| Check pilot lights for indication of proper operation.  |       |

**Monthly**

|  |  |
| --- | --- |
| Batteries shall be **inspected** monthly and maintained as per manufacturer’s specifications.  |       |
| Ensure that battery surface is clean and dry.  |       |
| Ensure that terminal connections are clean, free of corrosion and lubricated.  |       |
| Ensure that the terminal clamps are clean and tight as per manufacturer’s specifications.  |       |
| Emergency lighting equipment shall be **tested** monthly to ensure that the emergency lighting will function upon failure of the primary power supply.  |       |

**Yearly**

|  |  |
| --- | --- |
| Emergency lighting equipment shall be **tested** annually to ensure that the units will provide emergency lighting for a duration equal to the design criteria under simulated power failure conditions.  |       |
| After completion, the charging conditions for voltage and current and the recovery period will be **tested** annually to ensure that he charging system is in accordance with the manufacturer’s specifications.  |       |

**Emergency Power System**

**General Responsibility of (*Person’s Name or Company in this Field*):**

|  |  |
| --- | --- |
| Emergency power systems shall be **inspected**, **tested** and maintained in conformance with CSA C282, “Emergency Electrical Power Supply for Buildings”. |       |
| To ensure continued reliable operation, the emergency power supply equipment shall be operated and maintained in accordance with manufacturer’s instructions. |       |
| At least two copies of the instruction manual shall be maintained. |       |

**Monthly**

|  |  |
| --- | --- |
| The emergency electrical power shall be completely **tested** monthly as follows:a) Simulate a failure of the normal power supply.b) Arrange so that:i) an engine generator set operates under at least 30% of the rated load for 60 minutes and;ii) all automatic transfer switches are operated under load.c) Include an inspection for correct function of all auxiliary equipment such as radiator shutter control, coolant pumps, fuel transfer pumps, oil coolers and engine room ventilation controls.d) Record all instrument readings associated with the prime mover and generator and verification that they are normal.e) Log and report as further prescribed in the manual of instruction for operation and maintenance.1. Check fuel supply for sufficient quantity.
 |       |

**Annually**

|  |  |
| --- | --- |
| Test the generator, control panel, and transfer switch in conformance with CSA C282, “Emergency Electrical Power Supply for Buildings”. |       |

**Floor Plan Drawing – Symbols and Description**

**all symbols that are applicable to your building must be indicated**

|  |  |
| --- | --- |
|  | Pull Pin For Kitchen Fire Suppression System |
|  | Entrance / Exit |
|  | Hydrant |
|  | Siamese Fire Department Connection |
|  | Free Standing Siamese Fire Department Connection |
|  | Valves (General) Identify The Type Of Valve (I.e. Shut Off Valve For Natural Gas, Sprinklers, Etc.) |
|  | Fire Alarm Control Panel |
|  | Fire Alarm Annunciator |
|  |  |
|  |  |
|  |  |
|  | Pull Station |
|  |  |
|  |  |
|  |  |
|  | Fire Extinguisher - ABC Type |
|  |  |
| **H** | Hose Cabinet |
|  | Sprinkler Riser, indicate whether Wet or Dry System |
| MMAG00162_0000[1] | Indicate “North” on each page of the building schematic |

**FLOOR PLAN DRAWINGS**

**Floor plan drawings need not be Professional drawings, you may use a pen and ruler and it does not need to be to scale, just neat and legible**

Include the location of all fire safety systems and devices such as fire access routes, hydrant locations, siamese locations, fire extinguishers, hose cabinets, water, gas, electrical and any other main utility shutoff.

If the school has potentially hazardous areas i.e. spray booth, dip tank, welding/cutting, dust collection system, commercial cooking facilities, storage of flammable/combustible liquids and gases, indicate location on map.

Clearly indicate **‘main’** entrance and all other **exits**. As well, if the school contains a daycare or ‘other’ organized program, please identify location.

**Please submit your completed Fire Safety Plan and floor drawings *by e-mail only* so that we may review same and if required, we will email the documents back to you and include our “Checklist” that will contain all necessary additions and corrections. When re-submitting the Fire Safety Plan, do so *via e-mail only*, at which time we will review it a second time and if all is in order we will print off a hard copy, sign it and mail it to you via Canada Post and upon receipt you must place it in the approved location in the building.**