The University of the State of New York

Revised November 2007

THE STATE EDUCATION DEPARTMENT

**Office of Facilities Planning**

**Fire Safety Unit**

**Room 1060 EBA**

### Albany, NY 12234

# **NONPUBLIC SCHOOL FIRE SAFETY REPORT**

All student use buildings which are owned, operated, or leased by nonpublic schools, shall be inspected for compliance with applicable parts of **NYCRR155.25 Regulations of the Commissioner of Education** **(Section 8 of report only if applicable)**, and for compliance with the **New York State Uniform Fire Prevention and Building Code (NYSUFPBC).**

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility/Building Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Street Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

City/Town/Village Zip Code

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |

Municipality Responsible for Local Code Enforcement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **INSTRUCTIONS**

* Read “**Instructional Manual**” before inspecting the facility and complete a report for each separate facility.
* **List only nonconformances on the School Fire Safety Nonconformance Reporting Sheet.**
* **Part I General Information.** School officials must complete this portion annually.
* **Part II-A Commissioner of Education Regulations 155.25. Complete Section 8 for all student use buildings with** **electrically operated partitions**. Do not complete sections 1-7.
* **Part II-B Fire Code and Property Maintenance Code of New York State.** This part to be completed for all student use buildings.
* **Part III Certifications.** To be completed by persons as indicated.
* **This form must be kept on file at the school for three years and must be available for public review.**
* **Filing the Report:** The final submission package includes a total of **five** pages: the four page Fire Safety Report and the one page Fire Safety Nonconformance Reporting Sheet (Part II, p.4). Insert the Nonconformance Reporting Sheet between pages 3 and 5 of this Report. After inspection, sign the Certifications page (Part III, p.5), staple the pages together, and mail to: Office of Facilities Planning, Fire Safety Unit, Room 1060 EBA, Albany, NY 12234. Make a school administration file copy, and provide copies to the inspector, local fire chief, and the agency responsible for local code enforcement.
* **Posting of Certificate of Occupancy:** Certificate of Occupancy must be posted in public view in a prominent location within this facility.
* **Annual inspection period for nonpublic schools is September 1 to December 1. All reports are due December 16.**

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **1** | **2** |  |  |
|  School District Code Facility Code Zone |

**Part I – General Information**

(To be completed by school official annually)

# **Facility Profile**

 1. Indicate the primary use of this facility

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  a. Instruction of students  |  | (0) |  | f. Bus maintenance w/ or w/o storage . . . . . .  |  | (5) |  |
|  |
|  b. Administration  |  | (1) |  | g. Public Library . . . . . . . . . . . . . . . . . . . . .  |  | (6) |  |
|  |
|  c. Storage |  | (2) |  | h. Other (specify) (7) |  |
|  |
|  d. Maintenance  |  | (3) |  | i. Leased instructional  |  | (8) |  |
|  |
|  e. Bus storage, only  |  | (4) |  | j. Vacant  |  | (9) |  |

 2. If this facility is not used for instruction, go to question 3.

 a. Indicate grades housed in this facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  b. Number of teaching stations in this facility  |  |  |  |  |  |  |
|  |
|  c. Number of students in this facility  |  |  |  |  |  |  |
|  |
|  d. Number of staff in this facility  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 1. Indicate ownership status of this facility:

 Owned Leased Other Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If leased, specify leasee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
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| 1. Enter the **name and full mailing address of the fire department** which affords protection to this facility.

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_  |

1. Indicate the fire department organizational status by checking the appropriate box:

 Manned full-time  Unmanned (volunteer)

 Manned and unmanned Unmanned part-time

3

**PART I – GENERAL INFORMATION − continued**

(To be completed by School Official**)**

FIRE/LIFE SAFETY HISTORY

6. If this facility is used for instruction, complete (a) − (d); otherwise go to question 7.

|  |
| --- |
|  Yes No |
| 1. Fire drills were held in accordance with section 807 of the Education Law and F405 of the Fire Code of New York State
 |  |
|  |  |  |  |  |  |
|  |  |  |
| 1. Average time to evacuate facility was:
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 Minutes and Seconds

|  |  |
| --- | --- |
| 1. Arson and fire prevention instruction was provided in accordance with section 808 of the Education Law (revised 9/1/05) which requires every school in New York State to provide a minimum of 45 minutes of instruction in arson,fire prevention, injury prevention, and life safety for each month school is in session. **Rev. 7/1/07**
 |   |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. Employee fire prevention, evacuation, and fire safety training was provided, and records maintained, in accordance with Section F406 of the New York State Fire Code.
 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 7. Have there been any fires in this facility since the last annual fire inspection report?  |   |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  a. If yes, indicate:  |  |  |  |  |
|  |  |  |  |
|  (1) Number of fires |  |  | (a1) |  |
|  |  |  |  |  |
|  (2) Total number of injuries  |  |  | (a2) |  |
|  |  |  |
|  (3) Total cost of property damage |  |  |  | , |  |  |  | , |  |  |  | (a3) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  Yes No  |
|  (4) Was the fire department notified of all fires?  |  |  |  |  |  |  |  |  |  |  (a4) |
|  |
| 8. If the fire alarm system was activated, was the fire department immediately notified?  |  |  |  |
|  |  |

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**PART III -- CERTIFICATIONS**

**Appropriate section to be completed and signed by each person as identified below**.

###### Section III-A. Local Municipal Code Enforcement Official

This inspector shall enter below the **name, full business mailing address** and **phone number of the local municipal code enforcement official** having jurisdiction over this facility.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (26A-4)

###### Section III-B. Fire Safety Inspector

I hereby certify that I inspected this building on (date) and the information noted in this Fire Safety Report represents, to the best of my knowledge and belief, an accurate description of the building and conditions observed.

Name: Telephone No.: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print) (Include Area Code)

Title:

Address: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (26B-4)

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Zip Code

###### Section III-C. Building Administrator, or Designee

I hereby certify that this building was inspected (date) as indicated in Section A above.

Name: Telephone No.: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print) (Include Area Code)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (26C-4)

 Zip Code

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