
Part I: General Information and Fire/Life Safety History

Inspection Date

Note : Please insert the date the actual inspection took place.

The Inspection Date cannot be earlier than 45 days before the Due Date.

1. Please indicate the primary use of this facility:

- INSTRUCTIONAL
- ADMINISTRATIVE
- BUS MAINTENANCE
- BUS STORAGE ONLY
- LEASED FACILITY OFF SCHOOL GROUNDS
- MAINTENANCE
- OTHER

Please Specify:

- PUBLIC LIBRARY
 - STORAGE
 - VACANT
-

2. Is there a fire sprinkler system in this facility? YES NO

If 'yes', is the sprinkler alarm connected with the building alarm? YES NO

3. Is there a fire hydrant system for facility protection? YES NO

If 'yes', indicate ownership of system (select one):

- Public owned
- School owned
- Other

Please Specify:

4. Indicate the ownership of this facility

- Leased
- Owned

a. If the building is not District Owned, provide the name and address of Landlord or Building Owner:

Name *

Address *

Telephone # *

5. Does the District lease the building or spaces within the building to others? YES NO

a. If yes, indicate the tenant(s):

Name *

Address *

Telephone # *

6. What is the current gross square footage of this facility?

nearest whole ten feet:

7. If this Facility is vacant, skip the remaining questions and go to Section #2 Non-Conformance and report any non-conformances for Items #25A-1 through #26A-3

8. FIRE AND EMERGENCY DRILLS

If this facility is used for instruction, complete (a) - (g); otherwise go to question 9.

a. Per Section 807, paragraph 2 of the State Education Law entitled Fire and Emergency Drills, a copy of Section 807 has been printed and distributed as guidance to teaching staff? YES NO

b. Provide dates of twelve fire and emergency drills required by Section 807 of Education Law held between September 1 and June 30 of the previous school year: YES NO

FIRE & EMERGENCY DRILLS

**NOTE Eight (8) are required between September 1, and December 31
Eight (8) drills are required to be evacuation drills Four (4) drills are required to be lockdown drills**

	Date	Evacuation	Lockdown
1	<input type="text"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	<input type="text"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>
4	<input type="text"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	<input type="text"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	<input type="text"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	<input type="text"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
8	<input type="text"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9	<input type="text"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	<input type="text"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>
12	<input type="text"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

c. If the required number of fire and emergency drills were not held during this reporting cycle, please describe the reason:

8d. Average time to evacuate facility was: minutes seconds

8e. 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. YES NO

8f. Employee fire prevention, evacuation, and fire safety training was provided, and records maintained, in accordance with Section F406 of the NYS Fire Code YES NO

9. If the fire alarm system was activated, was the fire department immediately notified? YES NO

10. Have there been any fires in this facility since the last annual fire inspection report? YES NO

a. If 'yes', indicate:

Number of fires	Number of injuries	Total cost of property damage
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part II: Public School Fire and Building Safety Non-Conformance Report Sheet

School District _____
 Facility # _____

Building Name _____

Part II-A (to be completed for public schools only – except "Big 4")					Part II-B					Part II-B					Part II-B					
Item #	Non-Conformance	Date Corrected	Date Reinspected		Item #	Non-Conformance	Date Corrected	Date Reinspected		Item #	Non-Conformance	Date Corrected	Date Reinspected		Item #	Non-Conformance	Date Corrected	Date Reinspected		
01A-2					08A-2					13A-2					19E-1					
01B-1					08B-2					13B-2					19F-1					
01C-1					08C-2										19G-1					
01D-1					08D-2					14A-2					19H-2					
01E-1					08E-2					14B-2										
					09A-2					14C-2					20A-1					
02A-2					09B-2					14D-1					20B-1					
02B-1					09C-1					14E-1					20C-1					
02C-3					09D-1					15A-2					21A-3					
02D-1					09F-2					15B-1					22A-3					
02E-2					09G-2					15C-2					22B-3					
02F-3					10A-2					15D-2					22C-3					
02G-2					10B-2					15E-1					23A-1					
					10C-1					16A-2					23B-1					
03A-3					10D-1					16B-2					23C-1					
03B-1										16C-2					23D-2					
										16D-2					24A-3					
04A-2					11A-2					17A-3					25A-1					
04B-2					11B-1					17B-2					25B-1					
04C-1					11C-2					17C-2					25C-1					
					11D-2					17D-2										
					11E-1					17E-1										
05A-3										17F-3										
05B-2					12A-1					17G-1										
05C-2					12B-3					17H-2										
					12C-2					17I-2										
06A-1					12D-2					17J-1										
06B-1					12E-1					17K-1										
06C-1					12F-1					17L-1										
06D-2					12G-1					18A-2										
06E-3					12H-1					18B-2										
06F-1					12I-1					18C-2										
06G-1					12J-1					18D-2										
06H-2					12K-1					19A-3										
					12L-1					19B-2										
07A-3					12M-1					19C-1										
07B-2					12N-1					19D-1										
07C-2					12O-2															

If any additional non-conformances are observed, check item 26A-3 and list the Code section below.

Inspector

The inspector has been provided with a copy of the previous year's school fire safety report:

Yes _____ No _____

All schools complete Section 8 only if the building has electrically-operated folding partitions.

Initial Inspection:
 Fire Safety Inspector: Name _____
 Date _____

Registry # _____ (26E-4)

Final Inspection (if required):
 Fire Safety Inspector: Name _____
 Date _____

Registry # _____ (26F-4)

Part III: Public School Certifications

Section III-A. Fire Inspector

The individual noted below inspected this building and the information in this Fire Safety Report represents, to the best of their knowledge and belief, an accurate description of the building and conditions they observed. The individual that performed this inspection has maintained their certification requirements pursuant to Title 19 Part 1208

Name: _____ Telephone #: (____) _____
Title: _____ Certification # _____
Email: _____ (as designated by the NYS Department of State)

Section III-B. Building Administrator or Designee

Please provide the name and contact information of the person responsible for monitoring this inspection (whomever accompanied the inspector; provided access to all spaces; and made available any records and/or required documentation requested by the inspector)

The individual identified below certifies that this building inspection was conducted on this date _____ and can confirm the specific locations of any non-conformances (provide inspection date) identified within this report.

Name: _____ Telephone #: (____) _____
Title: _____ Email: _____
Signature _____

Section III-C. School Superintendent

I hereby submit this fire inspection report on behalf of the Board of Education and certify that:

1. Public notice of report availability has been published, and that
2. Any nonconformances noted as corrected on the *Public School Fire Safety Non-Conformance Report Sheet* portion of this report were corrected on the date indicated, and that
3. Violations which are not corrected immediately shall be corrected within a period of time approved by the Commissioner.

Name: _____ Telephone #: (____) _____
Title: _____
Email: _____ Signature _____