

VIJAYAWADA MUNICIPAL CORPORATION
(FIRE PREVENTION WING)
PROFORMA FOR ISSUANCE OF FIRE NOC (HOSPITALS).

S. No.	Item	Particulars to be furnished by the owner / Builder	Remarks to be filled by the Inspecting Officer.
1	2	3	4
1.	Name & Address of the owner / occupier and Telephone No.		
2.	Location & Address of the Building		
3.	Area of the Site (in Sq Mtrs)		
4.	Type of Occupancy		
5.	Height of the Building		
6.	No. of Floors.		
7.	Total Built up area of the building		
8.	Particulars of Fire precautionary fee paid with date.		
9.	Approximate No. of inhabitants		
10.	Details of No. of blocks and inter distance.		
11.	Open Spaces Provided around the building.		
	North :		
	East :		
	West :		
	South :		
12.	Width of the Street abutting the Hospital Building.		
13.	Width of the Main Entrance Gate		
14.	Means of Escape a) No. of Internal Staircases. b) Width of the Internal Staircases. c) No. of External Staircases. d) Width of External Staircases.		
15.	Whether Ramp is provided.		

(Contd..2p)

16.	<p>Details of Basement</p> <p>a) Area of the Basement</p> <p>b) Width of the entrance</p> <p>c) Width of the Exit</p>		
17.	<p><u>Fire Fighting Systems :-</u></p> <p>a) No. of Extinguishers Provided</p> <p>b) No. of Hose reels provided</p> <p>c) No. of Wet risers provided</p> <p>d) No. of Down comers provided</p> <p>e) No. of Yard Hydrants provided</p> <p>f) Whether Automatic Sprinklers Provided.</p> <p>g) Whether Manually operated Fire alarm system provided.</p> <p>h) Whether Automatic Detection and alarm system provided.</p> <p>i) Whether 20,000 Ltrs Capacity Terrace tank provided.</p> <p>j) Whether 1,00,000 Ltrs Underground tank provided</p> <p>k) Whether 2280 LPM One electrical & One Diesel pump and One electrical pump of 180 LPM provided</p> <p>l) Whether Booster Pump of 900 LPM at Terrace level.</p>		
18.	Whether Transformer is protected.		
19.	Whether Lighting conductor is provided.		
20.	Whether Fire dampers are installed in the A/C duct system.		
21.	Whether Miniature Circuit Breakers (MCB) are provided.		
22.	Whether Emergency Lighting with 2 hrs Battery backup is provided in the escape routes and staircases.		
23.	Whether Auto glow exit signages are provided.		
24.	Whether Emergency evacuation plan is prepared.		
25.	Whether all the staff, Nurses, Ward boys are trained in Emergency evacuation procedures.		

Date :

Place :

(Signature)
Owner / Management.