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| **CITY of COLUMBUS, OHIO**DIVISION OF FIRE**3675 Parsons Avenue** | HIGH RISE / HIGH RISK SURVEYFill out online, to be submitted by Email to cfd\_emergencyplanningandpreparedness@columbus.gov |
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| Date of Report |       |  | Name of Building |       |
| Phone Number |       |  | Emergency Contact Person |       |
| Day Phone |       |  | Night Phone |       |
| Main Address |       |  | Secondary Address |       |
| 24hr Security on site [ ]  Yes [ ] No |  |
| Name of Security Co. |       | Phone No. |       |
| Year Built |      | Stories Above Street Level |    | Number of Basements |    |
| Height |       | Occupancy |       | Floor Dimensions |       | X |       |
| Square Footage Per Floor |       |  |
| Estimated Population: |  |  |  |
|  | Daytime |       |  |
|  | Night |       |  |
|  | Weekends |       |  |
| Type of Construction (see construction sheet for definitions) |       |
| Floor Construction |       |
| Basement [ ]  Yes [ ]  No Describe Best Access:       |
| Loading Dock [ ]  Yes [ ]  No Is It Under Cover [ ]  Yes [ ]  No Describe Best Access:       |

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| **ACCESS:**

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| Primary access during business hours |       |
| Secondary access after hours |       |

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| Best way to force secondary access |       |
| Will sidewalks support apparatus |       |

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| Additional Access Comments:       |
| **Control Panel:** |
| Annunciator Location |       |
| Reset Procedure |       |
| How is alarm triggered? (heat, smoke, manual pull) |       |
| Public address system? [ ]  Yes [ ]  No: (If yes, describe areas covered and its operation)       |
| Communications with elevators? [ ]  Yes [ ]  No (If yes, describe operation)       |
| **Elevators:** |
| Number |    | Location |       |
| [ ]  Passenger [ ] Freight (If both, describe location of each)       |
| Do elevators have fire service mode? [ ]  Yes [ ]  No |
| Are shafts vented to outside? (If not, where?) |       |
| Are cars programmed to return to lobby upon alarm activation [ ]  Yes [ ]  No |
| Are cars equipped with telephones? |       |
| Location of fire service keys |       |
| Location of hoist way door keys |       |
| Location of elevator machine room |       |

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| **Elevators Continued:** |
| Manufacturer |       | Emergency Phone |       |
| Which floors are served? |       |
| Weight capacity |       |
| Are there any blind shafts? (If so, name location and floors served) |       |
| Additional elevator comments:       |
| **Stairwell(s):** |
| Number |     | Location |       |
| Floors served |       |
| Are they pressurized? If yes, which one(s)? |       |
| Standpipes in stairwell? If yes, which one(s)? |       |
| Size of standpipe outlet? |       |
| Which stairwell(s) access roof? |       |
| Where do they exit? (outside, lobby, etc.) |       |
| Emergency phones in stairwell(s) If yes, locations? |       |
| Additional stairwell comments:       |

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| **Utility Shutoff Locations:** |
| Interior gas shutoffs |       |
| Exterior gas shutoffs |       |
| Curb box location |       |
| Electric |       |
| Water |       |
| Describe location of mechanical equipment room (MER) |       |
| What floor does each MER control |       |
| Does building have backup battery powered lighting? If so, where? |       |
| Specific utility problems or concerns:       |
| **HVAC System:** |
| Describe heating and cooling system:       |
| What areas are covered? |       |
| Does it have full exhaust capabilities? |       |
| Location of controls: |       |

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| **HVAC System Continued:** |
| Can air handlers exhaust smoke? |       |
| Will smoke cause air handlers to shutdown? |       |
| Are there Fire/Smoke dampers? |       |
| How and where is system shut off? |       |
| **Vertical Shafts:** |
| Location of pipe chases |       |
| Location of other vertical shafts |       |
| Location of trash chute |       |
| Most likely means of floor to floor smoke movement |       |
| Describe any shafts sprinklers:       |
| **Water Supply:** |
| Standpipe Siamese location |       |
| If more than one, do they supply certain areas or feed the entire system?       |
| Sprinkler Siamese location |       |
| If more than one, do they supply certain areas or feed the entire system?       |

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| **Water Supply Continued:** |
| Hydrant Locations |       |
| Hydrant map page number |       |
| Main size |       |
| Fire pump? [ ]  Yes [ ]  No: If yes, location |       |
| Water Supply of Fire pump (city, gravity tank, etc.) |       |
| Location and capacity of private water supply such as gravity tanks etc.?       |
| GPM of Fire pump |       | PSI of Fire pump while running |       |
| Type of fuel? |       |
| Auxiliary Generator? [ ]  Yes [ ]  No Fuel? |       |
| Location of fuel tank(s) |       |
| What does it supply? (Elevators, lights, Fire pump, Alarm system, sump pump, etc.):       |
| Fully Sprinklered? [ ]  Yes [ ]  No (If no, what areas are not covered):       |
| Type of sprinkler system (wet, dry, antifreeze, pre-action, deluge) |        |
| Standpipe locations |       |
| Respective shut-offs |       |

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| **Water Supply Continued:** |
| Floors covered by each riser |       |
| Standpipe outlet size |       |
| Restricting devices? |       |
| Pressure reducing devices? |       |
| Can these devices be adjusted or removed? If so, how? |       |
| Additional water supply comments:       |
| **Other Extinguishing Systems:** |
| Type and location of systems |       |
| Process of equipment covered by the system |       |
| **Windows:** |
| Fixed or can they be opened without removing the glass |       |
| Best method of forcing |       |
| Are the windows made of tempered or plate glass |       |
| **Hazardous Material:** |
| Type |       |
| Amount |       |
| Location |       |
| Permits |       |

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| **Hazardous Materials Continued:** |
| Location of Shutoff valves |       |
| Additional hazardous material comments:       |
| Anticipate problems (Use space to call attention to any unusual problems such as water shortage, man-traps, difficult entry, hazardous materials, etc.):       |
|  |  |  |
| Building Representative |  | High Rise Officer, ID#, Company & Shift |
|  | Home Phone number: |       |

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