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| **CITY of COLUMBUS, OHIO**DIVISION OF FIRE **3675 Parsons Avenue** | HIGH RISE / HIGH RISK SURVEY Fill out online, to be submitted by Email to cfd\_emergencyplanningandpreparedness@columbus.gov |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACCESS:**   |  |  |  | | --- | --- | --- | | Primary access during business hours | |  | | Secondary access after hours |  | |  Page 1 | |

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| |  |  |  | | --- | --- | --- | | Best way to force secondary access | |  | | Will sidewalks support apparatus |  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 | | | | | | |  | | | |  Page 2 |

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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: | | | | | | | | | | | | | | |  Page 3 |

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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: | | | |  | | | | | |  Page 4 |

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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? | | | | | | | | |  Page 5 |

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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 | | | | |  | | | | | | | | |  Page 6 |

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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 | |  | | | | | | | | | |  Page 7 |

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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: |  |  Page 8 |

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