



Republic of the Philippines
Department of the Interior and Local Government
Bureau of Fire Protection



CAR
BAGUIO CITY FIRE STATION

Date _____

SUBJECT:

FOR : CITY/MUNICIPAL FIRE MARSHAL

ATTN : CHIEF, FIRE SAFETY ENFORCEMENT SECTION

REFERENCE: INSPECTION ORDER NO. _____ **DATE ISSUED** _____
DATE OF INSPECTION: _____

NATURE OF INSPECTION CONDUCTED: [] Check Appropriate Box

- | | |
|---|--|
| <input type="checkbox"/> Building Under Construction | <input type="checkbox"/> Periodic Inspection of Occupancy |
| <input type="checkbox"/> Application for Occupancy Permit | <input type="checkbox"/> Verification Inspection of Compliance to NTCV |
| <input type="checkbox"/> Application for Business Permit | <input type="checkbox"/> Verification Inspection of Complaint Received |
| <input type="checkbox"/> Others (Specify) _____ | |

RESIDENTIAL OCCUPANCY CHECKLIST

I. GENERAL INFORMATION

Name of Building _____
Business Name _____
Address _____
Nature of Business _____
Name of Owner/Occupant _____ Contact No. _____
Name of Representative _____ Contact No. _____
No. of Storey _____ Height of Bldg. _____ (m) Portion Occupied _____
Area per flr _____ sqm Total Flr. Area _____ sqm
Building Permit No. _____ Date Issue _____ Occupancy Permit No. _____ Date Issued _____
Latest FSIC Issued Control No. _____ Date Issued _____ FC Fee _____
Certificate of Fire Drill _____ Date Issued _____ FC Fee _____
Latest Notice to Correct Violations Control No. _____ Date Issued _____
Name of Fire Insurance Co/Co-Insurer _____ Policy No. _____ Date Issued _____

Latest Mayor's/Bus. Permit _____ Date Issued _____ Municipal License No. _____ Date Issued _____
Latest Certificate of Electrical Inspection No. _____ Date Issued _____
Other Information _____

II. BUILDING CONSTRUCTION

Beams _____	Columns _____	Flooring _____
Exterior Walls _____	Corridor Walls _____	Room Partitions _____
Main Stair _____	Windows _____	Ceiling _____
Main Door _____	Trusses _____	Roof _____

III. SECTIONAL OCCUPANCY (Note: Indicate specific usage of each floor, section or rooms)

IV. CLASSIFICATION

Occupancy Classification: [] Hotel [] Apartment [] Others _____
Occupant Load: _____ (Requirement: 18.6 sq.m. per person)
(requirement: 0.65 sq.m. per person for concentrated use without fixed seat; 1.4 sq.m. per person for less concentrated use and 0.28 sq.m. per person for standing room or waiting space)



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Any renovations ☐ Yes ☐ No Underground: ☐ Yes ☐ No

Windowless: ☐ Yes ☐ No

V. EXIT DETAILS

Capacity of Horizontal Exit (Corridor Hallway): _____ (Requirement: 100 persons per unit of exit width per min)

Capacity of Exit Stair: _____ (Requirement: 75 persons per unit of exit width per min)

No. of Exits _____ Remote ☐ Yes ☐ No

Minimum Requirement: No. of Exits: Two (2) units per floor.

Location of Exit _____

Maximum Travel Distance Requirement from Farthest Room: 30 m without AFSS & 46m with AFSS

Any Enclosure Provided ☐ Yes ☐ No Min of 2-hr fire rating- 4-storey or more, Min of 1 hr, fire rung- less than 4-storey

MEANS OF EGRESS

Readily accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	Obstructed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travel distance within limits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dead-ends within limits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adequate illumination	<input type="checkbox"/> Yes <input type="checkbox"/> No	Proper rating of illumination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Panic hardware operational	<input type="checkbox"/> Yes <input type="checkbox"/> No	Door swing in the direction of exit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doors open easily	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-closure operational	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bldg w/Mezzanine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mezzanine with proper exits	<input type="checkbox"/> Yes <input type="checkbox"/> No

Corridors & aisles of sufficient size ☐ Yes ☐ No

A. VERTICAL EXITS

1. Main stairway: Width _____ Construction _____

Are there railings provided ☐ Yes ☐ No Made of _____

Any enclosure provided ☐ Yes ☐ No Enclosure construction _____ Any opening ☐ Yes ☐ No

Fire door construction _____ Door equipped w/ Self-closing device ☐ Yes ☐ No

Door proper rating: ☐ Yes ☐ No Door provided w/ vision panel: ☐ Yes ☐ No If Yes, made of _____

Door swing in the direction of exit travel (when required) ☐ Yes ☐ No

Stairways Pressurized ☐ Yes ☐ No ☐ N/A If pressurized, what type or method _____

Date Last Tested _____

2. Secondary Stair/Fire Escape: Number _____ Width _____

Construction _____ Are there railings provided ☐ Yes ☐ No Made of _____

Location: ☐ Interior ☐ Exterior Exits accessible ☐ Yes ☐ No

Any obstruction ☐ Yes ☐ No Termination/Discharge of Exits _____

Any enclosure provided ☐ Yes ☐ No Enclosure construction _____

Any opening ☐ Yes ☐ No Opening protected ☐ Yes ☐ No

Are fire door provided ☐ Yes ☐ No Width _____ Fire door construction _____

Door provided with vision panel ☐ Yes ☐ No If Yes, made of _____

Door equipped w/ Self-closing device ☐ Yes ☐ No Doors & enclosure proper rating ☐ Yes ☐ No

Doors open easily ☐ Yes ☐ No Self-closing device operable ☐ Yes ☐ No

Door equipped w/ panic hardware ☐ Yes ☐ No Operable ☐ Yes ☐ No

Door swing in the direction of exit travel ☐ Yes ☐ No Enclosure properly protected ☐ Yes ☐ No

Fire escape pressurized ☐ Yes ☐ No ☐ N/A If pressurized, what type or method _____

Date Last Tested _____

B. HORIZONTAL EXITS

Width of door/s _____ Construction _____ With vision panel ☐ Yes ☐ No

Door swing in the direction of egress travel ☐ Yes ☐ No With Self-closing device ☐ Yes ☐ No

Width of corridors or hall ways _____ Construction _____

Corridor walls extended from slab to slab ☐ Yes ☐ No Properly illuminated ☐ Yes ☐ No

Exit readily visible ☐ Yes ☐ No Clear and unobstructed ☐ Yes ☐ No

Properly marked w/ illuminated exit sign ☐ Yes ☐ No With illuminated directional sign ☐ Yes ☐ No

Properly located ☐ Yes ☐ No

C. RAMPS

Provided ☐ Yes ☐ No Type: ☐ Interior ☐ Exterior Width _____ class _____

Railings provided ☐ Yes ☐ No Height from the floor _____ (Requirement: 91 cm)

Any enclosure provided ☐ Yes ☐ No Construction _____

Are fire doors provided ☐ Yes ☐ No Width _____ Fire door construction _____

Door equipped w/ Self-closing device ☐ Yes ☐ No Door with proper rating ☐ Yes ☐ No



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Door provided w/ vision panel ☐ Yes ☐ No If Yes, made of _____
Door swing in the direction of exit travel (when required) ☐ Yes ☐ No

Any obstruction _____ Termination/Discharge of exit _____

D. AREA OF SAFE REFUGE

Provided ☐ Yes ☐ No Type: ☐ Interior ☐ Exterior Location _____

Any enclosure provided ☐ Yes ☐ No Construction _____

Are fire door provided ☐ Yes ☐ No Width _____ Fire door construction _____

Door equipped w/ self-closing device ☐ Yes ☐ No Door with proper rating ☐ Yes ☐ No

Door provided w/ vision panel ☐ Yes ☐ No If Yes, made of _____

Door swing in the direction of exit travel ☐ Yes ☐ No

VI. LIGHTINGS & SIGNS

A. EMERGENCY LIGHTS

Automatic Emergency Lights Provided ☐ Yes ☐ No Source of Power ☐ AC/DC ☐ Others _____

No. of Units per Floor _____ Located at: Hallways _____ Stairway Landings _____

Operational: ☐ Yes ☐ No Exit path properly illuminated ☐ Yes ☐ No

Tested Monthly: ☐ Yes ☐ No Minimum AEL Power Duration: at least one (1) hour

B. EXIT SIGNS

Exit Signs Illuminated ☐ Yes ☐ No Location _____

Source of Power ☐ AC/DC ☐ Others Readily visible ☐ Yes ☐ No

Minimum Letter Size _____ Min. Requirement: Height of 11.5 cm & width of 19.0 mm

Exit Route Plan posted on: Lobby/Hallways ☐ Yes ☐ No Rooms ☐ Yes ☐ No

Directional Exit Signs ☐ Yes ☐ No Location _____

C. WARNING/SAFETY SIGNS

☐ "No Smoking" ☐ "Dead End" ☐ Elevator Sign ☐ Keep Door Closed

Other, specify _____

VII. FEATURES OF FIRE PROTECTION

A. PROTECTION OF VERTICAL OPENINGS

Properly protected ☐ Yes ☐ No Atrium ☐ Yes ☐ No Fire Doors good condition ☐ Yes ☐ No

Elevator opening protected ☐ Yes ☐ No Pipe Chase opening protected ☐ Yes ☐ No

Aircon Ducts system with damper ☐ Yes ☐ No Dumb Waiter opening protected ☐ Yes ☐ No

Garbage Chute opening protected ☐ Yes ☐ No

Between Floor & Glass Curtain opening protected ☐ Yes ☐ No

Date Last Tested _____

B. ALARM SYSTEM

Fire Alarm Provided ☐ Yes ☐ No Type: ☐ Manual ☐ Automatic Centralized ☐ Yes ☐ No

Location of Central Control _____

No. of Bells per Floor _____ Location _____

Coverage: ☐ Budding ☐ Air Handling Unit ☐ Portion. Specify _____ Monitored ☐ Yes ☐ No

Type of Initiation Device ☐ Smoke ☐ Heat ☐ Manual ☐ Water Flow ☐ Others _____

No. of Pull Stations per Floor _____ Max. Horizontal Distance Bet. Pull Stations: 61.0 m

Smoke Detectors ☐ Yes ☐ No No. of Units per Room _____ Integrated ☐ Yes ☐ No

Heat Detectors ☐ Yes ☐ No No. of Units per Room _____ Integrated ☐ Yes ☐ No

Power Source of Detectors ☐ AC/DC ☐ Others _____ Total Detectors per Floor _____

Date Last Tested _____

C. STANDPIPE SYSTEM

Type: ☐ Wet ☐ Dry Tank Capacity _____ Location _____

Siamese Intake Provided ☐ Yes ☐ No Location _____

Size _____ No. of Units _____ Accessible ☐ Yes ☐ No

Fire Hose Cabinets Provided ☐ Yes ☐ No With Complete accessories ☐ Yes ☐ No

Location _____

No. of Units per Floor _____ Size of Hose _____ Length of Hose _____

(Note: Min Required Size of Riser & Distribution Pipe: 2 1/2 inch and 1 1/2 inch in diameter, respectively)

Type of Nozzle _____ Date Last Tested _____

Fire Lane Provided: ☐ Yes ☐ No Location of nearest Fire Hydrant _____



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3. _____

Storage Permit for Flammables/Combustibles Covered by BFP Permit _____

Clearance of Stocks From Ceiling _____

Minimum Ceiling Clearance: 1.0m for Flammable Liquids and 0.5m for Combustible Materials

X. OPERATING FEATURES

Fire Safety Program (Under the supervision of the Chief Local Fire Service)

Fire Brigade Organization ☐ Yes ☐ No

Fire Safety Seminar ☐ Yes ☐ No

Employees trained in emergency procedures ☐ Yes ☐ No

Fire/Evacuation Drill ☐ Yes ☐ No

1st _____ 2nd _____ 3rd _____ 4th _____

XI. DEFECTS / DEFICIENCIES NOTED DURING INSPECTION (Attached pictures, sketch and others)

XII. RECOMMENDATIONS

ACKNOWLEDGED BY:

Signature Over Printed Name of Owner/Representative
Date & Time _____

Fire Safety Inspector/s

Team Leader

RECOMMEND ISSUANCE OF FSIC/NTC/NTCV:

SF03 RAUL D DOCTOLERO

CHIEF, FIRE SAFETY ENFORCEMENT SECTION

APPROVED / DISAPPROVED:

CINSP JESSIE S ANNASIW

CITY FIRE DIRECTOR

Original (BFP copy)
Duplicate (BO/BPLO copy)
TriPLICATE (Applicant copy)