

FIRE SAFETY AUDIT CERTIFICATE

1. Details of the Building being certified:

1)	Name and Address of the Building	
2)	Name and Address of Builder/ Developer/Owner/ Occupier/Tenant with Telephone No.s & Mail id.	
3)	Name and Address of Responsible Person with Telephone No.s & Mail id.	
4)	Occupancy NOC details: Rc. No. / Ack. No. & Date	

2. Building details:

i) **Height of the building (in mtrs):**

ii) **Floor Wise Occupancy details:**

Sl. No.	Floor	Built up Area (in Sq. Mtrs.)	Type of Occupancy	Occupant Load
1.	Sub Cellar/Basement			
2.	Stilt/ Ground			
3.	First Floor			
4.	Second Floor			
5.	Third Floor			
6.	Fourth Floor			
Total :				

3. Details of the Third Party Auditor/Consultant:

Name of the Auditor:

Designation:

Address & Mobile No.

Registration details if any:

4. Assessment of Fire Safety Measures:

Certified that, I/We have carried out inspection of the following Fire Prevention and Life Safety Measures installed in the building / premises on _____ and furnish the following:

Sl. No	Fire Fighting System	Provided as per Occupancy NOC	Now Available	Remarks Working/ Not working/ Shortage
1	Fire Extinguishers	No.s	No.s	
2	Hose Reel system	No.s	No.s	
3	Wet Riser\ Down comer	No.s	No.s	
4	Yard Hydrant system	No.s	No.s	
5	Automatic Sprinkler System in entire building	No.s	No.s	
6	Manually operated electric fire alarm in entire building	No.s	No.s	
7	Automatic Detection and alarm System	No.s	No.s	
8	Under Ground Static Water Tank	Liters	Liters	
9	Terrace Tank	Liters	Liters	
10	Fire Pumps near Under Ground Static Water Tank	____ No. Electrical Pumps of 2280 LPM ____ No. Diesel Pumps of 2280 LPM ____ No. Jockey Pump of 180 LPM	____ No. Electrical Pumps of 2280 LPM ____ No. Diesel Pumps of 2280 LPM ____ No. Jockey Pump of 180 LPM	
11	Exit signs			

12	Emergency lighting with Battery backup for minimum 90 minutes			
13	Fire shaft pressurization system			

I/We further certify that, I/We have checked the working condition of these installations in the above mentioned building, found in good working condition and these are maintained in good repair and efficient condition as on _____, as required under the provisions of the Telangana Fire Services Act, 1999. If any deviation found in the above report I may be held responsible for the same and necessary action may be taken.

Signature and Address of the Third party fire safety Auditor/ consultant

Place:

Date:
