#### The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

#### PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

#### (THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY – DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State. BEDS CODE #

Dist	District/School Name																		
Fac	ility/	/Buil	ding	g Na	me														
Stre	Street Address (NO PO Box Numbers)																		
City	City/Town/Village Zip Code																		

#### **INSTRUCTIONS**

- Read the "*Manual for Public School Facility Fire and Building Safety Inspections*" prior to inspecting the facility and complete a separate report for each facility.
- Part I: General Information. School officials must complete this section annually.
- Part II: This section to be completed by the inspector and non-conformances recorded on page 4, Fire Safety Non-Conformance Reporting Sheet.
- Part II-A Regulations of the Commissioner 155.7: This section must be completed for student occupied buildings only. (Questions 1-7, Nonconformance Reporting Sheet) Do not complete this section for school buildings located in the cities of Buffalo, Syracuse, Rochester, and Yonkers.
- Part II-B Regulations of the Commissioner 155.25: This part to be completed for all buildings with electrically operated partitions. (Question 8, Non-Conformance Reporting Sheet) 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State. This part to be completed for all buildings. (Questions 9-26, Non-Conformance Reporting Sheet).
- Part III Certifications. To be completed by persons as indicated.
- A copy of this form must be kept on file at the school for three years and must be available for public review.
- <u>Posting of Certificate of Occupancy</u>: Any temporary, qualified, or annual Certificate of Occupancy must be posted in public view in a prominent location within this facility.

## Part I: General Information and Fire/Life Safety History

Inspection Date

# **Note : Please insert the date the actual inspection took place.** *The Inspection Date cannot be earlier than 45 days before the Due Date.*

1. Please indicate the primary use of this facility:																
INSTRUCTIONAL																
ADMINISTRATIVE																
<ul> <li>BUS MAINTENANCE</li> <li>BUS STORAGE ONLY</li> <li>LEASED FACILITY OFF SCHOOL GROUNDS</li> </ul>																
									<ul><li>MAINTENANCE</li><li>OTHER</li></ul>							
PUBLIC LIBRARY																
STORAGE																
○ VACANT																
2. Is there a fire sprinkler system in this facility? O YES O NO																
If 'yes', is the sprinkler alarm connected with the building alarm? O YES O $_{ m NO}$																
<b>3. Is there a fire hydrant system for facility protection?</b> O YES O NO																
If 'yes', indicate ownership of system (select one):																
Public owned																
School owned																
Other																
Please Specify:																

#### 4. Indicate the ownership of this facility

- O Leased
- O Owned
- a. If the building is not District Owned, provide the name and address of Landlord or Building Owner:

Name *	
Address *	
	_
	-
Telephone # *	

5. Does the District lease the building or spaces within the building to others?  $O_{YES}$   $O_{NO}$ 

#### a. If yes, indicate the tenant(s):

Name *	\ \
Address *	
	J
	)
Telephone # *	

#### 6. What is the current gross square footage of this facility?

7. If this Facility is vacant, skip the remaining questions and go to Section #2 Non-Conformance and report any nonconformances for Items #25A-1 through #26A-3

#### 8. FIRE AND EMERGENCY DRILLS

If this facility is used for instruction, complete (a) - (g); otherwise go to question 9.

a. Per Section 807, paragraph 2 of the State Education Law entitled Fire and Emergency Drills, a copy of Section 807						
has been printed and distributed as guidance to teaching staff?	O YES	O NO				
b. Provide dates of twelve fire and emergency drills required by Section 807 of Education Law held between						
September 1 and June 30 of the previous school year:	O YES	O NO				

#### FIRE & EMERGENCY DRILLS

NOTE Eight (8) are required between September 1, and December 31 Eight (8) drills are required to be evacuation drills Four (4) drills are required to be lockdown drills

	Date	Evacuation	Lockdown
1		•	0
2		•	0
3		•	0
4		•	0
5		•	0
6		•	$\odot$
7		•	0
8		•	0
9		•	0
10		•	0
11		•	0
12		•	0

c. If the required number of fire and emergency drills were not held during this reporting cycle, please describe the reason:

8d. Average time to eva	cuate facility was:	minutes	seconds		
9/1/05) which requires	ention instruction was p every school in New Yor prevention, and life safe	k State to provide a	minimum of 45 mir		•
	ention, evacuation, and f on F406 of the NYS Fire		vas provided, and re	ecords maintair O <sup>ES</sup>	ned, in O NO
9. If the fire alarm syste	em was activated, was th	ne fire department i	mmediately notifie	d? 🔿 YES	O NO
10. Have there been an	y fires in this facility sind	e the last annual fir	e inspection report	? O YES	O NO
a. lf 'yes', indicate:	Number of fires	Number of injur	ies	Total cost of pro	operty damage

# Part II: Public School Fire and Building Safety Non-Conformance Report Sheet District Building Name

School District\_\_\_\_\_ Facility #

Part II-A Part II-B Part II-B Part II-B (to be completed for public schools only - except "Big 4") Non-Conformance Non-Conformance Non-Conformance Non-Conformance Date Reinspected Date Reinspected Date Reinspected Date Reinspected Date Corrected Date Corrected Date Corrected Date Corrected Item # Item # Item # # ltem 01A-2 08A-2 13A-2 19E-1 01B-1 19F-1 08B-2 13B-2 01C-1 08C-2 19G-1 19H-2 01D-1 08D-2 14A-2 01E-1 08E-2 14B-2 14C-2 09A-2 20A-1 02A-2 09B-2 14D-1 20B-1 02B-1 14E-1 20C-1 09C-1 02C-3 09D-1 15A-2 21A-3 02D-1 09F-2 15B-1 22A-3 02E-2 09G-2 15C-2 22B-3 02F-3 10A-2 15D-2 22C-3 02G-2 10B-2 15E-1 23A-1 10C-1 16A-2 23B-1 03A-3 10D-1 16B-2 23C-1 03B-1 16C-2 23D-2 11A-2 16D-2 24A-3 04A-2 11B-1 17A-3 25A-1 11C-2 17B-2 25B-1 04B-2 04C-1 11D-2 17C-2 25C-1 11E-1 17D-2 05A-3 17E-1 26A-3 05B-2 12A-1 17F-3 If any additional 17G-1 05C-2 12B-3 non-conformances are observed, check item 12C-2 17H-2 26A-3 and list the Code section 06A-1 12D-2 171-2 below. 06B-1 12E-1 17J-1 06C-1 12F-1 17K-1 \_\_\_\_\_ 06D-2 12G-1 17L-1 06E-3 18A-2 12H-1 Inspector 06F-1 121-1 18B-2 The inspector has been 06G-1 18C-2 12J-1 provided with a copy of the 06H-2 12K-1 18D-2 previous year's school fire 19A-3 12L-1 safety report: 07A-3 12M-1 19B-2 19C-1 07B-2 12N-1 Yes\_\_\_\_\_ No\_\_\_\_\_ 07C-2 120-2 19D-1 All schools complete Section 8 only if the building has electrically-operated folding partitions. Initial Inspection: Name\_\_\_\_\_ Date\_\_\_\_\_ Fire Safety Inspector: Registry #\_\_\_\_\_ (26E-4)

Final Inspection (if required):

Fire Safety Inspector:

<u>v</u>. Name\_\_\_\_\_ Date\_\_\_\_\_

Registry #\_\_\_\_\_

Section III-A. Fire Inspector							
The individual noted below inspected this building and the information in this Fire Safety Report represents, to the best of their knowledge and belief, an accurate description of the building and conditions they observed. The individual that performed this inspection has maintained their certification requirements pursuant to Title 19 Part 1208							
Name:	Telephone #: ()						
Title:	Certification # (as designated by the NYS Department of State)						
Email:	(as designated by the NYS Department of State)						
Section III-B. Building Administrator or Designee							
Please provide the name and contact information of the person responsible for monitoring this inspection (whomever accompanied the inspector; provided access to all spaces; and made available any records and/or required documentation requested by the inspector)							
The individual identified below certifies that this building inspection was conducted on this date and can confirm the specific locations of any non-conformances (provide inspection date) identified within this report.							
Name:	Telephone #: ()						
Title:	Email:						
	Signature						

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