**THE STATE EDUCATION DEPARTMENT**/THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY, NY 12234

State Office of Religious and Independent Schools (SORIS)

Room 1078, Education Building Annex

Tel: (518)474-3879 or (518)474-6541

Fax: (518)474-474-4674

**Basic Educational Data System (BEDS)**

**Change of Address Form - Nonpublic Schools**

Name of Nonpublic School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current BEDS Code: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

**Current Address (location listed in BEDS):**

Address Line 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_

**New Nonpublic School Address:**

Address Line 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_

Type of Incorporation:

 \_\_\_\_ Education Corporation (Provisional or Absolute Charter)

\_\_\_\_ For-Profit Incorporation under the NYS Department of State (LLC, BCL, Inc., etc.)

\_\_\_\_ Religious Incorporation under the County Clerk (affiliation with Place of Worship)

\_\_\_\_ Other? Please define\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nonpublic Administrator Contact Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit the completed form and required documents listed below to the State Office of Religious and Independent Schools via email (****soris@nysed.gov****) or fax at 518-474-4674**

* Current **Certificate of Occupancy** for new address
* **Initial Fire Inspection Report** for new address issued within the past 12 months. Note: Inspection must be done by government official. (complete pp 2-6)
* **Lease Agreement**-required if name on Certificate of Occupancy and/or Fire Inspection does not match name on Change of Address form

The University of the State of New York

THE STATE EDUCATION DEPARTMENT

**State Office of Religious and Independent Schools(SORIS) - Room 1078 Education Building Annex**

Albany, New York 12234

**NONPUBLIC SCHOOL BUILDING FIRE SAFETY REPORT**

**REQUIRED FOR ALL INITIAL BEDS APPLICATIONS AND ADDRESS CHANGE APPLICATIONS**

**(PLEASE PRINT)**

.

**School Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility/Building Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address** (**NO** PO Box Numbers):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/Town/Village**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Municipality Responsible for Local Code Enforcement**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nonpublic School BEDS Code: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_**

**INSTRUCTIONS**

* This form is required to be submitted with initial BEDS application and/or any address change application.
* This form is to be used for the **initial year only**. Subsequent years require the [Annual Fire Safety](http://www.p12.nysed.gov/facplan/FireSafety/NONPUBLICFireReport.docx) report to be filed as per NYS Educ Law Section 807-a.
* A separate report must be completed for each building and location.
* **Part I:** General Information. School officials must complete this section for initial BEDS application or address change application.
* **Part II-B Regulations of the Commissioner 155.25:** This section must be completed for schools with electrically operated partitions (Question 8, Non-Conformance Report Sheet) pursuant to the Fire Code and Property Maintenance Code of New York State.
* The Non-Conformance Report Sheet must be completed for all schools.

* **Part III Certifications.** To be completed by individuals as indicated, including the signature of the Local Municipal Code Enforcement Official.
* This form should be kept on file at the school for three years and must be available for public review.
* **Submitting the Report:**  This supplemental form includes a total of five pages. After the inspection, sign the Certifications page (Part III, p.5), staple the pages together, and submit with either the I**nitial BEDS application** or the **Change of Address application**.

| **Part I: General Information and Fire/Life Safety History** |
| --- |

1. Indicate the primary use of this facility:(check one box)

| 1. Student Instruction
 |  | 1. Other Student Use (dormitory, dining hall, physical education building, etc.)
 |  |
| --- | --- | --- | --- |

1. Is there a fire sprinkler system in this facility? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, is the sprinkler alarm connected with the building alarm? Yes\_\_\_\_\_ No\_\_\_\_\_

1. Is there a fire hydrant system for facility protection? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, indicate ownership of the system.

Public Owned\_\_\_\_\_ School Owned \_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify)

1. Indicate the ownership of this facility.

Leased\_\_\_\_\_ Owned \_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |

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

(to the nearest whole ten feet)

1. If this facility is used for instruction, complete (a) – (d); otherwise go to question #7.
2. Fire drills were held in accordance with Section 807 of State Yes\_\_\_\_\_ No\_\_\_\_\_

Education Law and Sections F405 and F408 of the

New York State Fire Code.

|  |  |
| --- | --- |

|  |  |
| --- | --- |

1. Average time to evacuate this facility:

 Minutes Seconds

1. Arson and fire prevention instruction was provided in accordance with Section 808 of

State Education Law; which requires every school in New York State to provide a

minimum of 45 minutes of instructions in arson, fire prevention, injury prevention,

and life safety during each month that school is in session.

Yes\_\_\_\_\_ No\_\_\_\_\_

1. Employee fire prevention, evacuation, and fire safety training was provided and

Records maintained in accordance with Section F406 of the New York State Fire Code.

Yes\_\_\_\_\_ No\_\_\_\_\_

1. If the fire alarm was activated since the last annual fire Yes\_\_\_\_\_ No\_\_\_\_\_

inspection, was the fire department immediately notified?

1. Have there been any fires in this facility since the last annual

fire inspection? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, indicate:

|  |  |
| --- | --- |

1. Number of fires

|  |  |
| --- | --- |

1. Total number of injuries

|   |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. Total cost of property damage $

**Part II: Nonpublic School Fire Safety Non-Conformance Report Sheet**

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Part II-B** |  | **Part II-B** |  | **Part II-B** |
| --- | --- | --- | --- | --- | --- |
| Item # | Non-Conformance | Date Corrected |  | Item # | Non-Conformance | Date Corrected |  | Item # | Non-Conformance | Date Corrected |  |
| 08A-2 |  |  | 12O-2 |  |  | 19E-1 |  |  |
| 08B-2 |  |  | 13A-2 |  |  | 19F-1 |  |  |
| 08C-2 |  |  | 13B-2 |  |  | 19G-1 |  |  |
| 08D-2 |  |  | 14A-2 |  |  | 19H-2 |  |  |
| 08E-2 |  |  | 14B-2 |  |  | 20A-1 |  |  |
| 09A-2 |  |  | 14C-2 |  |  | 20B-1 |  |  |
| 09B-2 |  |  | 14D-1 |  |  | 20C-1 |  |  |
| 09C-1 |  |  | 14E-1 |  |  | 21A-3 |  |  |
| 09D-1 |  |  | 15A-2 |  |  | 22A-3 |  |  |
| 09F-2 |  |  | 15B-1 |  |  | 22B-3 |  |  |
| 09G-2 |  |  | 15C-2 |  |  | 22C-3 |  |  |
| 10A-2 |  |  | 15D-2 |  |  | 23A-1 |  |  |
| 10B-2 |  |  | 16A-2 |  |  | 23B-1 |  |  |
| 16B-2 |  |  |
| 10C-1 |  |  | 16 C-2 |  |  | 23C-1 |  |  |
| 10D-1 |  |  | 17A-3 |  |  | 23D-2 |  |  |
| 11A-2 |  |  | 17B-2 |  |  | 24A-3 |  |  |
| 11B-1 |  |  | 17C-2 |  |  | 25A-3 |  |  |
| 11C-2 |  |  | 17D-2 |  |  | **If any additional** **non-conformances** **are observed, check item** **25A-3 and list the Code section below.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11D-2 |  |  | 17E-1 |  |  |
| 11E-1 |  |  | 17F-3 |  |  |
| 12A-1 |  |  | 17G-1 |  |  |
| 12B-3 |  |  | 17H-2 |  |  |
| 12C-2 |  |  | 17I-2 |  |  |
| 12D-2 |  |  | 17J-1 |  |  |
| 12E-1 |  |  | 17K-1 |  |  |
| 12F-1 |  |  | 17L-1 |  |  |
| 12G-1 |  |  | 18A-2 |  |  |
| 12H-1 |  |  | 18B-2 |  |  |
| 12I-1 |  |  | 18C-2 |  |  |
| 12J-1 |  |  | 18D-2 |  |  |
| 12K-1 |  |  | 19A-3 |  |  |
| 12L-1 |  |  | 19B-2 |  |  |
| 12M-1 |  |  | 19C-1 |  |  |
| 12N-1 |  |  | 19D-1 |  |  |

All schools complete Section 8 only if the building has electrically-operated folding partitions.

**Fire Inspection Performed by:**

Local Municipal Code Enforcement Official Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registry #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part III: Nonpublic School Certifications**

| **Section III-A. Local Municipal Code Enforcement Official**  The individual noted below inspected this building on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and the information in this 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 434.5(a)(2). Name of Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registry #\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (as designated by the NYS Fire Administrator)Name of Municipal Code Enforcement Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Municipal Code Enforcement Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Town/Village:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| --- |
| **Section III-B. Building Administrator or Designee** The individual noted below certifies that this building was inspected as indicated in Section III-A above.Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section III-C. School Administrator, Director, or Headmaster** I hereby submit this fire inspection report on behalf of the Board of Trustees and certify that:1. Public notice of report availability has been published;
2. Any nonconformances noted as corrected on the *Nonpublic Fire Safety Non-Conformance Report Sheet* portion of this report were corrected on the date indicated; and
3. For any uncorrected nonconformances that appear on this report, the Board of Trustees, at the meeting held pursuant to Section 807-a of New York State Education Law, adopted a written plan of correction for those nonconformances, and such plan is available for public inspection.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |