



# VITAL BUILDING INFORMATION

FD 1019 (July 2021)



|               |                   |
|---------------|-------------------|
| Building Name | Date (MM/DD/YYYY) |
|---------------|-------------------|

Address

**Access**

Weight Restricted Parking/Access/Areas If Yes, Provide Site Plan Drawing Showing the Restrictions.  
 Yes  No

**Fire Alarm**

|   |   |  |
|---|---|--|
| Fire Alarm Panel at Main Entrance<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Local Alarm<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 911 Signs Posted<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--|

|                      |                         |
|----------------------|-------------------------|
| Annunciator Location | Signal Silence Location |
|----------------------|-------------------------|

|                       |  |                    |
|-----------------------|--|--------------------|
| Reset Switch Location | Fire Alarm<br><input type="checkbox"/> Single Stage <input type="checkbox"/> 2 Stage | Monitoring Company |
|-----------------------|--|--------------------|

|   |  |   |          |
|---|--|---|----------|
| Voice Communication<br><input type="checkbox"/> Yes <input type="checkbox"/> No | In Stairways<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire Phones<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Location |
|---|--|---|----------|

**Building Information**

|                              |              |                        |
|------------------------------|--------------|------------------------|
| Below Grade Floors<br># Use: | # of Storeys | Dimensions<br><b>X</b> |
|------------------------------|--------------|------------------------|

|                      |              |
|----------------------|--------------|
| Boiler Room Location | Type of Heat |
|----------------------|--------------|

|  |                 |             |   |
|--|-----------------|-------------|---|
| Is there a 13th Floor?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Major Occupancy | # of Suites | Upper Floor Construction<br><input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other |
|--|-----------------|-------------|---|

|  |  |                       |
|--|--|-----------------------|
| Roof Construction<br><input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other | Private Stairway<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Between which floors? |
|--|--|-----------------------|

**Elevators**

|                            |   |   |
|----------------------------|---|---|
| Recall Key Switch Location | Elevator Recall<br><input type="checkbox"/> Automatic <input type="checkbox"/> Manual | Elevator Keys in Lock Box or on Site with Security? |
|----------------------------|---|---|

|  |  |
|--|--|
| Is there a Designated Fire Elevator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, What is the Location of the Designated Elevator? |
|--|--|

Do you have FireFighter Service or Independent Service?  
 FF Service  Independent

|   |   |                          |              |
|---|---|--------------------------|--------------|
| Which Elevator Runs on Emergency Power? | Phones in Elevators<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Elevator Service Company | Phone<br>( ) |
|---|---|--------------------------|--------------|

**Dangerous Goods / Hazardous Processess**

|  |  |
|--|--|
| What? (add additional sheets if necessary) | Location of Hazardous Materials (attach drawing if applicable) |
|--|--|

Location of M.S.D.S. (attach drawing if applicable)

|   |          |   |          |
|---|----------|---|----------|
| Swimming Pool<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Location | Hot Tub<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Location |
|---|----------|---|----------|

**Fire Suppression Systems**

|   |                |                               |
|---|----------------|-------------------------------|
| Sprinklers<br><input type="checkbox"/> None <input type="checkbox"/> Total <input type="checkbox"/> Partial | Partial where? | Sprinkler Main Valve Location |
|---|----------------|-------------------------------|

|   |   |
|---|---|
| Standpipes: 2 1/2" Valves<br><input type="checkbox"/> Yes <input type="checkbox"/> No Location: | Sprinkler Zone Isolation Valve Location |
|---|---|

|   |                  |
|---|------------------|
| Standpipes: 1 1/2" Valves<br><input type="checkbox"/> Yes <input type="checkbox"/> No Location: | Siamese Location |
|---|------------------|

|  |  |
|--|--|
| Riser Isolation Valves<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Each Zone Clearly Indicated at Fire Dept. Connection<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|   |   |
|---|---|
| Fire Pump<br><input type="checkbox"/> Yes <input type="checkbox"/> No Location: | GPM/LPM<br>FP#1                      FP#2                      FP#3 |
|---|---|

|   |  |
|---|--|
| Special Fire Suppression System<br><input type="checkbox"/> Yes <input type="checkbox"/> No Location: |  |
|---|--|

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|   |  |   |  |
|---|--|---|--|
| <b>Smoke Removal &amp; Ventilation</b>  |  |   |  |
| <input type="checkbox"/> Openable Windows   | <input type="checkbox"/> Stairway to Roof  | <input type="checkbox"/> Smoke Shaft                                    | <input type="checkbox"/> Building Exhaust System                             |
| Location of Smoke Damper Control  |  | Exhaust Fan<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes<br><input type="checkbox"/> Automatic <input type="checkbox"/> Manual |
| Type of Damper Control<br><input type="checkbox"/> Electrical Toggle <input type="checkbox"/> Manual Pull       |  |   |  |
| Do Parkade Fans Shut Down on Fire Alarm Activation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, where are the manual override switches?<br><input type="checkbox"/> Fire Alarm Panel <input type="checkbox"/> Other Location |   |  |
| List Specific Instructions if Necessary (attach additional sheets if required)                                  |  |   |  |

|   |   |   |  |  |
|---|---|---|--|--|
| <b>Stairway Information</b>   |   |   |  |  |
| Pressurized Stairways<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Stairway Fan Activation<br><input type="checkbox"/> Automatic <input type="checkbox"/> Manual | Numbered Stairways<br>From 1 to   | Coloured Stairways<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Stairway Number/Colour Direct to Roof                                      |
| Location of Pressurization Control Switches                                       |   | Cross over Floors<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Which Floors   | Scissor Stairs<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

|                |                |   |  |                                    |
|----------------|----------------|---|--|------------------------------------|
| <b>Garbage</b> |                |   |  |                                    |
| Bin Location   | Chute Location | Compactor<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Chute Sprinklers<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Sprinkler Isolation Valve Location |

|  |  |          |
|--|--|----------|
| <b>Keys</b>  |  |          |
| Lock Box<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 24 Hour Security<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Location |
| List Keys in Lock Box  |  |          |

|  |                                  |   |  |
|--|----------------------------------|---|--|
| <b>Roof</b>  |                                  |   |  |
| Microwave Antennae<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Quantity:                        | Strongest Wattage<br>Watts  | Roof Locked<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <input type="checkbox"/> Guard Rail  | <input type="checkbox"/> Parapet | <input type="checkbox"/> Unprotected  | Roof Hydrant<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |                                  | Roof Access<br><input type="checkbox"/> Door <input type="checkbox"/> Hatch <input type="checkbox"/> No Interior Access |  |

|                    |                   |
|--------------------|-------------------|
| <b>Shut Offs</b>   |                   |
| Sprinkler Location | Gas Location      |
| Water Location     | Electric Location |

|   |   |  |   |
|---|---|--|---|
| <b>Emergency Power / Lighting</b>   |   |  |   |
| Generator Location  | <input type="checkbox"/> N/A  | Fuel   | Capacity<br><b>K.W.</b>   |
| Battery Powered Emergency Lights<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | UPS Power<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Day Tank<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Feeder Tank<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will Operate<br><input type="checkbox"/> Fire Alarm <input type="checkbox"/> Voice Communications <input type="checkbox"/> Elevators <input type="checkbox"/> Fire Phones <input type="checkbox"/> Fire Pump <input type="checkbox"/> Lights<br><input type="checkbox"/> Smoke Ventilation <input type="checkbox"/> Other |   |  |   |
| Are there Privately Owned Generators in the Building?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Powering What?  |   |  | Hours on Building Generator<br>: Hrs                                    |

|  |                     |
|--|---------------------|
| <b>General Information</b>                                 |                     |
| Building Owner & Address                                   | Phone Number<br>( ) |
| Manager/Management Company & Address                       | Phone Number<br>( ) |
| Caretaker  | Phone Number<br>( ) |
| 24/7 Contact with knowledge of Building/Contents/Processes | Phone Number<br>( ) |
| Alternate 24/7 Contact                                     | Phone Number<br>( ) |

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