

FIRE SAFETY PLAN (FSP) SMALL BUILDING



FD 1304 (July 2018)

POST ON SITE				
Date of Submission	(YYYY/MM/DD)		aximum duration is 12 months from the date of submission	
General Contractor				Permit #
Site Address				
General Contractor Email Address				
Emergency Contact 24/7				
Person responsible for Fire Safety Plan (FSP)				
Upon Discovery of a Fire				
☐ Leave fire area immediately ☐ Use nearest exit, do not use man lifts or elevators				not use man lifts or elevators
☐ Close all doors behind you, turn off equipment if safe to do so			Try to extinguish a very small fire only	
□ Notify occupants verbally or sound horn or activate Fire Alarm System			Go to Muster Point, stay there until instructed to do otherwise	
☐ Call 9-1-1 (from a safe location)			A Supervisor must await the arrival of the Fire Department at the main access point	
Upon Hearing of a Fire Condition				
☐ Turn off equipment		I 🗆	Go to Muster Point, be accounted for	
☐ Use nearest exit			Do not leave the Muster Point until instructed to do so	
☐ Close doors behind you where practical			Designates must account for all people expected to be on site	
Conord Paguirements				
General Requirements ☐ Smoking in designated area only (minimum 5 meters ☐ Means to notify Fire Department available at all times				
from building)			,	
☐ Each site shall have a Muster Point			Hot Works Safety Plan in place and applied at all times	
☐ Fire extinguisher(s) available on site at all times			Liquid Propane Gas (LPG) tanks and/or flammable liquid containers not allowed in buildings	
☐ Combustible refuse stored in garbage containers			Site security – shall be in place at all times	
☐ Garbage containers minimum 3 meters from building			Hazardous Materials on site? Location?	
Emergency Numbers				
☐ Fire, Rescue, Dangerous Goods, Ambulance, Police		*	911	
□ Power		*	311 or alternate	
☐ Water		2	311 or alternate	
☐ Gas		2	311 or alternate	
Contractor				
Contractor/Supervisor: (Print name) Title:				
I accept the requirements of the Fire Safety Plan as submitted. Contractor/Supervisor Signature:				
Authority Having Jurisdiction				
Fire Safety Codes Officer:				
Name:			Signature:	
Instructions: Upon completion of this form save as PDF and attach to Customer Service Request (CSR) in 311, create a Fire Safety Plan Review (FSPR) and attach PDF. Fire Safety Codes Officer (SCO) shall follow up.				

Page 1 of 1

Form Approver: Deputy Chief Risk Management