APPENDIX B

OFFICE BUILDING INFORMATION CARD

(For use by Fire Department personnel)

BUILDING INFORMATION:
Address: _____
A/K/A: _____
Construction Class: _____
Office Floors: _____
Residential / Hotel Floors: _____
Public Assembly: _____
Retail Floors: _____
Location of Day Care Center_____
Bldg. Population: Day_____ Night_____ Weekend_____

BUILDING STATISTICS:
Stories: _____ Height: _____ Width: _____
Non-consecutive floors: _____
Type of Construction: _____
Truss Construction: Roof: Yes / No
Floors: Yes / No If yes, what floors: _____
Horizontal Connections: Passageway / Utility Pipe Chase
Locations: _____
Roof setback levels: _____

STAIRWAYS:

Designation	Floors Served	Pressurized	Standpipe
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Re-entry floors: _____
Access /Convenience Stair Located Between Floors:
_____ _____ _____ _____
Roof Access Provided by Stairways:
_____ _____ _____ _____
Fire Tower:

ELEVATORS:

Bank Designation	Car Numbers	Floors Served
_____	_____	_____
_____	_____	_____
_____	_____	_____

Freight Elevator Bank: _____
Sky Lobby Locations: _____

VENTILATION:
HVAC Zones: _____
Bldg. Management System (BMS):
Location: On-site /
Off-site emergency number: _____
Smoke Management System /
Purge Capability: Automatic / Manual
Location of Mechanical Rooms: _____

UTILITIES:
All Fuel Oil Tank Locations (Capacity): _____ (___ gal); _____ (___ gal); _____ (___gal); _____ (___gal)
Natural Gas Service: _____
Emergency Generator Location: _____
Roof Storage: Propane____ Diesel Fuel____ Other____

FIRE PROTECTION SYTEMS:
Standpipe Locations: _____
S/P Isolation Valve Locations: _____
Building Fully Sprinkled: Yes / No
Partially Sprinkled: Floors ____ ____ ____ ____ ___
PRV Valves Floor Locations: _____
Fire Pump Locations: _____
Chemical Suppression Systems:
Locations: _____

HAZARDOUS MATERIALS & LOCATIONS:

NAME OF PRODUCT/QUANTITY	LOCATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Special Notes:

COMMUNICATIONS:
Number of Radios for FDNY Use: _____
24 hr Location: _____
Communications for FDNY Use: _____

TEMPORARY CONSIDERATIONS
(TO BE FILLED IN WITH ERASABLE MARKINGS)
i.e. Construction projects, water tank out of service, out-of-service systems, etc.

BUILDING FIRE SAFETY INFO:
(Including Emergency Contact numbers)
Fire Safety/EAP Director: _____
Work: ( )-_____-_____
Emergency: ( )-_____-_____
Building Engineer: _____
Work: ( )-_____-_____
Emergency: ( )-_____-_____
Managing Agent: _____
Work: ( )-_____-_____
Emergency: ( )-_____-_____