

 <p>THE CITY OF COLUMBUS DIVISION OF FIRE</p>	Form	
	Construction Fire Safety Plan	
	Fire Prevention Bureau 3639 Parsons Ave Columbus, Ohio 43207 (614)645-7641 Ext. 7-5684 www.columbus.gov	Issued: 1/1/2020
		Revised: 5/12/2021
Permit Required		

CFD Construction Safety Plan

For Construction, Alteration, Demolition Operations or System Impairments

The City of Columbus requires a Fire Safety Plan to be submitted by the building owner prior to the Construction, Alteration, or Demolition of any building or facility. Sections of the fire code that apply are the *Ohio Fire Code 901.7*, Chapter 33 and *NFPA 241*. It is highly recommended that a person on the jobsite or project is familiar with the applicable codes.

OFC 901.7 deals with fire protection systems that are out of service and what needs done to minimize the impairment. *OFC* chapter 33 and *NFPA 241* cover numerous safety issues. Egress, job site cleanliness, fire safety, heating equipment, propane storage and smoking are only a few of the issues covered. Again, it is vital that a person familiar with the fire code will assist you in order to have a safe and compliant job site. Safety is ultimately our goal. Not only for the public, but first responders as well.

The owner is ultimately responsible for filling out the plan. However, he or she can have a designee complete the forms.

An impairment occurs when a fire protection or detection system, fire alarm system or other system designed to maintain the fire resistance of the building element or structure is taken out of service, either wholly or in part, planned or unplanned. Fire protection or detection equipment subject to impairment management includes automatic sprinkler systems, fire protection water supplies, fire pumps, fire mains, gas extinguishing systems, foam systems, fire detection systems, water mist systems, powder systems, explosion suppression systems, fire doors, walls, ceilings, etc.

Job Site Information:

	<input type="checkbox"/> Sprinkler or Other Fire Suppression System	<input type="checkbox"/> Smoke/heat Detection System
Today's Date	<input type="checkbox"/> Fire Rated Compartment Walls, Ceilings, Floors; including Fire Doors and Shutters	
	<input type="checkbox"/> Private Fire Hydrant System	

Certified Address	Zip	Working in Unit/Ste./Flr.	Tax District/Parcel Number

# of Stories Above Grade	# of Stories Below Grade	Gross Sq. Ft. Working Area	Construction Type	Use Group

Existing Use of Building Space:

Describe Project/Work:

Property Owner of Record:

Property Owner Name	Street Address	City	State	Zip
Telephone Number	Extension	Fax Number	E-Mail Address	

Contractor:

Company/Contractor Name	Street Address	City	State	Zip
Telephone Number	Extension	Fax Number	E-Mail Address	

Applicant: ☐ Contractor ☐ Owner ☐ Other (please provide contact information below)

Name (Contact Person)	Street Address	City	State	Zip
Telephone Number	Extension	Fax Number	E-Mail Address	

By initialing the items below, I certify that the Fire Protection Impairment System Management Plan complies with the following criteria.

_____ A. The impairment plan complies with the applicable edition of the Ohio Fire Code
Initial 901.7, 3308.6, and NFPA 241.

_____ B. Where a required fire protection system is out of service, the fire department and the
Initial fire code official shall be notified immediately and an approved fire watch, or other approved method, shall be provided for all occupants left unprotected by the shutdown until the fire protection system has been returned to service (OFC 901.7). **This includes system shut down and ceiling removals in suppressed areas.**

_____ C. Where utilized, fire watches shall be provided with at least one approved means for
Initial notification of the fire department and **their only duty** shall be to **perform constant patrols of the protected premises and keep watch for fires**. An hourly log will be maintained on-site.

_____ D. The building owner shall assign an impairment coordinator to comply with the
Initial requirements of the code. In the absence of a specific designee, the owner shall be considered the impairment coordinator (OFC 901.7.1).

_____ E. A tag shall be used to indicate that a system, or portion thereof, has been removed
Initial from service (901.7.2).

_____ F. The tag shall be posted at each fire department connection, system control valve, fire
Initial alarm control unit, fire alarm annunciator and fire command center, indicating which system, or part thereof, has been removed from service (OFC 901.7.3).

- _____ Initial G. Preplanned impairments shall be authorized by the impairment coordinator
- Before authorization is given, a designated individual shall be responsible for verifying that all of the following procedures have been implemented (OFC 901.7.4):
 - The extent and expected duration of the impairment have been determined.
 - The areas or buildings involved have been inspected and the increased risks determined.
 - Recommendations have been submitted to management or building owner/manager.
 - ***A risk mitigation plan has been developed and will be implemented throughout the impairment.***
 - The insurance carrier, the alarm company, building owner/manager, and other authorities having jurisdiction have been notified.
 - The supervisors in the areas to be affected have been notified.
 - A tag impairment system has been implemented.
 - Necessary tools and materials have been assembled on the impairment site.
- _____ Initial H. When impaired equipment is restored to normal working order, the impairment coordinator shall verify that all of the following procedures have been implemented (OFC 901.7.6):
- Necessary inspections and tests have been conducted to verify that affected systems are operational.
 - Supervisors have been advised that protection is restored.
 - The fire department has been advised that protection is restored.
 - The building owner/manager, insurance carrier, alarm company, and other involved parties have been advised that protection is restored.
 - The impairment tag has been removed.
- _____ Initial I. A copy of the Fire Protection Impairment Plan; All System Impairment Permit(s), Fire Watch Logs, and Associated Documents shall be keep at the job site, in a **RED 3 Ring Binder**, for review by the Fire Code Official as needed.

Plan Acknowledgment

Agent for Owner:

☐ Tenant ☐ Architect/Engineer ☐ Attorney ☐ Plan Service Firm ☐ Other _____

Name (Contact Person)	Street Address	City	State	Zip

Telephone Number	Extension	Fax Number	E-Mail Address

I am the ☐ Owner ☐ Agent for the Owner of this ☐ 4(or more) family dwelling ☐ Commercial

- Any system that is out of service shall be reported to Division of Fire at 614.221.2345. A system being placed "On-Test" and still in-service, while sprinkler / alarm contractor(s) are on-site, does not have to be reported to the Division of Fire.
- I understand that if I need assistance developing a risk mitigation plan I may contact the Columbus Division of Fire Emergency Preparedness and Planning Coordinator at 614.645.7641 Ext. 7-5628.
- I understand that I can discuss the parameters of a fire watch or seek approval to perform a fire watch by contacting the Public Assembly Section at 614.645.7641 Ext. 7-5641.
- I understand that this acknowledgment is important and I have told the truth on it and all attached papers.

Print Full Name

Date

Signature

FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SEC. 2921.13(A) (5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO (6) SIX MONTHS IMPRISONMENT & A FINE OF \$1,000.00.

Directions:

Complete the form above, once completed print and initial where indicated. Sign the last page and email the completed document to: CFDConstructionSafetyPlans@columbus.gov or click on SUBMIT button below.

The form will be reviewed and an email sent indicating if the form was accepted or rejected. Once accepted, random inspection(s) will be made to monitor compliance with the impairment plan. If violations of the plan is noted during these inspections construction will be halted until all violation have been corrected.