

LIFE SAFETY INFORMATION

TYPE OF CONSTRUCTION: _____

NUMBER OF STORIES: _____

NUMBER OF UNITS: _____

STUDENT HOUSING: _____

SENIOR LIVING: _____ AGE _____

ASSISTED LIVING: _____

HUD HOUSING: _____

SUBSIDIZED: _____

SINGLE ROOM OCCUPANCY: _____

HANDICAPPED/DISABLED _____ IF, SO NEED
PERCENTAGE _____

DAYCARE CENTER _____

TYPE OF COMMERCIAL OCCUPANCY: _____

SQUARE FOOTAGE: _____

BUILDING UPDATES:(PLEASE DENOTE YEAR COMPLETED)

WIRING: _____ PLUMBING _____ ROOF _____

OCCUPANCY RATE _____

NUMBER OF BLDGS _____

SPRINKLERED:

STANDPIPES:

EMERGENCY LIGHTING:

HARD WIRED/BATTERY OPERATED SMOKE DETECTORS :

FIRE EXTINGUISHERS(UNITS & HALLWAYS:

MARKED EMERGENCY EXITS:

BUZZER ENTRY:

DOORMAN(24HOUR)
SECURITY CAMARAS:
HOW MANY MEANS OF INGRESS/EGRESS:
OF ELEVATORS:
ELEVATOR MAINTENANCE CONTRACT ON FILE:
LAKE OR POND ON PREMISES?
FENCED?
SWIMMING OR BOATING ALLOWED?
NUMBER OF POOLS?
FENCED WITH SELF LATCHING GATES?
DIVING BOARDS OR SLIDES?
LIFE GUARDS
DEPTH ADEQUATELY MARKED?