



**BOSTON FIRE DEPARTMENT
FIRE PREVENTION DIVISION
1010 MASSACHUSETTS AVE. BOSTON, MA, 02118
LABORATORY REGISTRATION**

I _____ certify on this date _____ that the laboratory
(Authorized Institutional Official) *(Date)*

facility, as defined in CBC 11-5c.2(c), that is owned or operated by _____ and
(Business or organization name)

is located at _____ in Boston, Ma., with the following dimension:
(Official address of laboratory building)

- (check one)* 1 sqft – 25,000 sqft 25,001 sqft – 100,000 sqft
 100,001 sqft – 250,000 sqft Greater than 250,001 sqft

is to the best of my knowledge in conformance with the Boston Fire Prevention Code, 527 CMR, NFPA Code 45, NFPA 30, as well as the following specific provisions *(check boxes)*:

- Fire Prevention Order 86-1 as it applies to the posting of signage for the identification of hazardous materials.
- Fire alarms systems, fire pumps, sprinklers and standpipes maintained as required by NFPA 25 and NFPA 72.
- All annual permits issued by BFD for storage/use of hazardous materials are readily available on premises.
- All licenses and certificates of registration (if applicable) are readily available on premises.
- Emergency information is ready and available through 24 hour security personnel or Boston Repository Box including the following: a) Floor plans or other means or materials to assist 1st responders in locating laboratories within the facility, b) Access cards and/or keys to all areas within the laboratory facility, and c) Name and contact information of at least one 24 hr emergency coordinator for the facility who is knowledgeable about the nature of the operations and the hazards present or who has immediate access to a person who is knowledgeable about same.
- Written policies, practices and/or procedures have been adopted to ensure compliance with registration provisions.

The Emergency Contact Person for this facility is: _____ *(Print full name)*

The direct telephone number of the Emergency Contact Person is: _____

I, as the institutional official executing this application on behalf of the applicant named above, certify that the information contained herein is true and correct to the best of our knowledge and belief. *(Must be an Authorized Institutional Official who is effectively assigned the responsibility and authority appropriate to assure the accuracy of this statement.)*

Signed under the pains and penalties of perjury.

(Type or print name) By: _____
(Signature)

(Title of Position) Date: _____

Phone Number: _____ Email address: _____

Mailing Address: _____

In case of non-compliance with any Fire Department or Building Department order, or City Ordinance, the Commissioner reserves the right to order an independent 3rd party review, at the owner's expense, completed by a qualified, credentialed professional, examining the entire lab facility for compliance with all above registration items. This review in no way prohibits or delays the Fire Department or Building Department from proceeding legally regarding any violation within said facility.