

City of Boston Licensed Premises (Fire) Safety Plan Checklist

This checklist is required, as documentation that employees of places of assembly/ licensed premises are trained in their duties in case of fire, panic or other emergency {required 527 CMR 10.13(2)(a)}. All items on the checklist shall be completed unless otherwise indicated. In response to each item, please circle **Y (yes)** to indicate that the item is complete or **N (no)** that it is not complete.

1. Permits

- Y N a. Is a current Boston Fire Department Place of Assembly Permit posted near the main exit of the room or space {527 CMR 10.17(1)(c)}?
Y N b. Is a current ISD Certificate of Inspection posted near the main exit of the room or space?

2. Overcrowding

- Y N a. Are employees familiar with the legal maximum occupant capacity for each room, level or space?
Y N b. Are there written procedures directing employees on how to control capacity of each room, level or space?

3. Emergency Planning - Are employees trained and drilled to know:

- Y N a. What their specific duties are to assist patrons during an emergency evacuation?
Y N b. Who is assigned to meet the fire department at the main entrance in the event of fire or other emergency?
Y N c. How to activate an alarm and/or to alert management to any condition that requires evacuation?
Y N d. How to notify the fire department (DIAL 9-1-1) and what information to give when reporting a fire or emergency (refer to guidelines)?
Y N e. The location of all exits?
Y N f. How to direct patrons to the nearest exit, or alternate exit, if blocked?
Y N g. How to evacuate patrons who may need assistance because of a disability or because of a language barrier?
Y N h. Does your location have entertainment such as live music, DJ, Radio, TV, etc?
Y N i. If 3 h. answer is yes, are procedures in place to shut off the entertainment and turn on the house lights for evacuation?

4. Means of Egress - The owner/manager shall check egress facilities before occupying the building. If the inspection reveals that the means of egress is obstructed, inaccessible, locked, fastened or otherwise unsuited for immediate use, admittance to the building shall not be permitted. Are employees trained to inspect the following prior to admittance of patrons {527CMR 10.17(4)(a)}:

- Y N a. That all means of egress were inspected prior to the building being occupied?
Y N b. That exit signs are installed and illuminated at all exits and indicate the direction of egress?
Y N c. That all exit pathways are illuminated with emergency lights & emergency lights are maintained and tested on a regular schedule.
Y N d. That exit doors are unobstructed and open easily in the direction of egress?
Y N e. That all door hardware operates properly?
Y N f. That all interior exit stairways and passageways are free of storage or objects, which restrict egress or present a hazardous condition?
Y N g. That aisles leading to an egress door are at least 44" wide and free of tables, showcases, vending machines or other objects, which would restrict egress?
Y N h. That exits are free from draperies or similar hangings?
Y N i. Are fire escape ladders, balconies or exterior stairways used as part of the means of egress?
Y N j. If 4 i. is yes, That fire escape ladders, balconies and stairways are in good operating order, illuminated, free from ice and snow, and that employees are trained to operate a drop down exterior fire escape stairway or ladder?
Y N k. If 4 i. is yes, That there are no vehicles or objects, such as dumpsters or trash containers placed under a drop down fire escape that would interfere with the means of egress or with fire department operation's in the event of an emergency?

5. Fire Detection Systems

- Y N a. Is your location equipped with an automatic fire alarm system? If yes answer 5b through 5g.
Y N b. Are appropriate employees trained on how the system functions?
Y N c. Do employees know the locations of all manual pull stations and how to operate them?
Y N d. Is your fire alarm system monitored offsite by a central station monitoring company?
Y N e. Is your fire alarm notification system local (only sounds alarm on premise & the Boston Fire Department is not automatically notified)?
Y N f. Is the fire alarm system and related equipment, regularly tested and maintained by a qualified individual?
Y N g. Are the fire alarm system's testing and maintenance records on site and available for review by the Boston Fire Department?

6. Automatic Fire Sprinkler Systems

- Y N a. Is your location equipped with an automatic sprinkler system? If yes, answer 6b through 6g:
Y N b. Is your sprinkler system monitored offsite by a central station monitoring company?
Y N c. Are fire department connections accessible?
Y N d. Are appropriate employees familiar with the location of the main sprinkler valve?
Y N e. Are fire sprinkler heads clean and unobstructed (no material stored closer than 18 inches from ceiling)?
Y N f. Is the sprinkler system and related equipment regularly tested and maintained by a qualified individual?
Y N g. Are the sprinkler system's testing and maintenance records on site and available for review by the Boston Fire Department?

7. Fire Extinguishers and Cooking Equipment

- Y N a. Are portable fire extinguishers present and suitable to the conditions and hazards provided?
Y N b. Are designated employees trained on how to operate the portable fire extinguishers?
Y N c. Is your location equipped with a kitchen hood suppression system? If yes, answer 7d through 7h:
Y N d. Is the kitchen hood suppression system operational?
Y N e. Is the inspection tag current?
Y N f. Is appropriate staff trained on how to manually operate the hood exhaust suppression system?
Y N g. Are hood ducts cleaned and maintained on a regular schedule or as needed by a qualified individual?
Y N h. Are maintenance records on site and available for review by the Boston Fire Department?

8. General Housekeeping

- Y N a. Areas free of excessive combustibles (see guidelines for additional information on general housekeeping)?

LOCATION NAME _____ LOCATION ADDRESS _____

OWNER/MANAGER (PRINT NAME) _____ PHONE # _____

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY ON THIS _____ DAY OF _____ 2003 _____

By _____