



Bermuda Fire & Rescue Service
Fire Risk Survey Assessment Form

All Information Is Used For Bermuda Fire & Rescue Service Official Records and Will Not Be Used For Any Other Purpose

Name of Premise:

Address of Premise:

Parish: **Postal Code:**

Mailing Address: (if not same as above).....
.....

Primary Contact

Name: **Tel:** (Tel:) (Cell)

Email : **Role:**

Owner

Name: **Tel:** (Tel:) (Cell)

Email :

Fire Safety Plan for the Building? Yes No

Last Fire Drill: (D/M/Y)

Building Information

Floor Size (sq.ft.): **Total Height:** **Building Status:** Occupied
 Under Renovation
 Pending Permit
 Vacant (Secured)
 Vacant (Unsecured)

Number of Stories: **Above Grade** (Street Level): **Below Grade:**

Construction Type: Concrete/Steel **Year Built:**
 Concrete/Wood
 Concrete (Prefab)
 Steel Frame
 Bermuda Stone

Occupancy Type: Mercantile Residential Care Residential
 Business Apartment Building Day Care
 Education Detention Storage

Occupant Load: **Number of Units/Tenants:**

Associated Businesses (additional space provided on page 7):

Name:

Floor Level: Unit Number: Size (sq.ft):

Name:

Floor Level: Unit Number: Size (sq.ft):

Name:

Floor Level: Unit Number: Size (sq.ft):

Fire Alarm System

Fire Alarm Type: Conventional **Make:** **Model:**
 Addressable
 N/A

Type of Detection: Smoke (Ion) Combo (Heat/Smoke)
 Smoke (Photo) Smoke Alarm (Battery)
 Heat (ROR) Smoke Alarm (Hard Wired)
 Heat (Fixed) Other

Type of Signals: N/A Horn/Strobes
 Multiple Types Strobe Only
 Bells Speaker Strobe

Monitored: (Y/N) (if Yes) **Monitoring Company:**

Location of Main Fire Alarm Panel:

Location of Remote Annunciator: **No. of Zones:**

Software Version: **Last Software Update:**

Maintenance Company:

Date of Last Test: **Test Frequency:** Annual Bi Annual
 Monthly Quarterly
 Scheduled Weekly

Controlled/Monitored Components:

Fire Pump

Type of Fire Pump: Diesel Electric Centrifugal Vertical Turbine

Make: **Model:**

Rated Capacity: (gpm @ psi)

Maintenance Company:

Date of Last Test: **Test Frequency:**
(See Test Frequency for Fire Alarm System)

Location of Fire Pump:

Fire Pump Documentation Available: Yes No

Sprinkler System

Type of System: Wet Wet Pipe/Preaction **Pre action Type:** Single Interlock
 Dry N/A Double Interlock
 Preaction Non Interlock

Type of Sprinkler: Standard Response Early Suppression/Fast Response Extended Coverage
 Quick Response Control Mode/Specific Application

Commodity Classification: Ordinary Hazard (Group 1) Extra Hazard (Group 1) Light Hazard
 Ordinary Hazard (Group 2) Extra Hazard (Group 2)

Type of Standpipe System: Automatic (Wet) Manual (Wet) **Standpipe Class:** I
 Automatic (Dry) Manual (Dry) II
 III

Spare Sprinkler Cabinet Location:

Other Considerations: High Piled Storage Encapsulation
 Rack Storage Flammable/Combustible
 Solid Shelving Hazardous Materials

Location of Fire Department Connections:

Water Supplies

Type of Water Supply: Above Ground Tank Below Ground Tank Other
 City Water BLDC

Other:.....

Location of Water Tank(s):.....

Total Capacity of Water Tanks (US. Gallons):

Are the Water Tanks Accessible? Yes No

Does the Fire Suppression System have a dedicated Water Supply? Yes No

Hazardous Materials / Flammable Liquids / Flammable Gases

Are there any LPG Cylinders on the Property? Yes No

Size of Cylinders: Number of Cylinders:

Location of Cylinders:

Service Provider: Other:

Are Flammable Liquids Stored on Site? Yes No

Type: Other:

No. of Tanks: Capacity of Tanks (US Gallons):

Location of Tanks:

Type: Other:

No. of Tanks: Capacity of Tanks (US Gallons):

Location of Tanks:

What Hazardous Materials are Stored on Site?

Location of Storage:

Capacity of Storage (US Gallons):

Associated Businesses

Name:

Floor Level: Unit Number: Size (sq.ft):

Name:

Floor Level: Unit Number: Size (sq.ft):

Name:

Floor Level: Unit Number: Size (sq.ft):

Name:

Floor Level: Unit Number: Size (sq.ft):

Name:

Floor Level: Unit Number: Size (sq.ft):

Name:

Floor Level: Unit Number: Size (sq.ft):

Name:

Floor Level: Unit Number: Size (sq.ft):

Name:

Floor Level: Unit Number: Size (sq.ft):

Submitted by

Name:

Signature:

Role: Building Owner Building Owners Representative

Date: