

**FIRE SAFETY
BUILDING PROFILE INFORMATION
for
Agricultural Livestock Structures**

INDEX

	<u>Subject</u>	<u>Page No.</u>
<u>FIRE SAFETY BUILD PROFILE</u>		
Introduction	2
	Emergency Listings – 24 Hours a Day.....	2
Section 1	Building Profile.....	3
Section 2	Schematic Diagrams.....	4

INTRODUCTION

The implementation of the Fire Safety Building Profile helps ensure effective utilization of building contact information and building construction and schematics. The Fire Safety Building Profile should be designed to suit the resources of each individual building or complex of buildings.

EMERGENCY LISTINGS / 24 HOURS A DAY

Ownership			
Building Owner:	Phone:	Res: ()	Cell: ()
		Bus: ()	Ext:
Address:			
City:	Postal Code:	Fax: ()	Pager: ()
		Email:	
		Email:	

Keyholders			
(Enter keyholder information in the order of priority for contacting)/Person's Position			
1.			
Name:	Phone:	Res: ()	Cell: ()
Position:		Bus: ()	Ext:
Address:		Fax: ()	Pager: ()
2.			
Name:	Phone:	Res: ()	Cell: ()
Position:		Bus: ()	Ext:
Address:		Fax: ()	Pager: ()

Section 1 BUILDING PROFILE

Building Information		
Common Name of Building:		
Address:		
Municipality:		Postal Code:
Number of Buildings:	Building Dimensions:	Building Area: meters square
Type of Building: Combustible or Noncombustible		Are Buildings Identified: Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate which of the following activities take place in your building: <input type="checkbox"/> Pig <input type="checkbox"/> Beef <input type="checkbox"/> Dairy <input type="checkbox"/> Chicken/Turkey <input type="checkbox"/> Other		
Describe in your own words the operations taking place in your building and quantity of livestock:		
Building Construction		
Floor Construction;	Roof Construction;	Exterior Construction;
Do you have fire separation control devices? Yes <input type="checkbox"/> No <input type="checkbox"/>	Interior Construction; Walls/Ceiling:	Is there interior roof access? Yes <input type="checkbox"/> No <input type="checkbox"/> Where:
Photovoltaic/Solar Panel: Yes <input type="checkbox"/> No <input type="checkbox"/> Roof <input type="checkbox"/> or Standalone <input type="checkbox"/>		
Do you have hazardous materials stored on site (i.e. chemicals)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list the materials and location: Do you have manure stored on site? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list if solid/liquid and location:		
Building Access		
<input type="checkbox"/> Lock Box <input type="checkbox"/> Entry Code <input type="checkbox"/> Alarm Company Location: _____		
Onsite Building Information / Must be indicated on your building diagram		
<input type="checkbox"/> Fire Safety Plan	Revised Date:	Location:
<input type="checkbox"/> WHMIS Information		Location:
<input type="checkbox"/> Other		Location:
Staffing Levels		
<u>Supervisory:</u>	Total Number:	Morning Shift:
		Afternoon Shift:
		Evening Shift:
<u>Worker/Support Staff:</u>	Total Number:	Morning Shift:
		Afternoon Shift:
		Evening Shift:

Section 3 SCHEMATIC DIAGRAMS

See attached Example Floor Plan and Example Aerial Photograph.