



**Fixed Fire Fighting Installation:-**

a) Yard Hydrants/Landing Valve	Yes No	b) Riser	Yes No
c) Down Comer	Yes No	d) Hose Reel	Yes No
e) Automatic Sprinkler system	Yes No	f) Automatic Detection and Alarm System	Yes No
g) Manually Operated Electric Fire Alarm System	Yes No	h) Deluge valves & Monitors etc.	Yes No
i) Delivery Hoses	Yes No	j) Emergency Branch etc.	Yes No

20. Water supply (a) Under Ground Static Water Storage Tank with capacity.....

b) Terrace Tank with capacity.....Water source.....

21. Pump capacity in LPM.

a) Pump House at Ground level .....

b) Pump at Terrace level .....

22. Detail of safety equipments, if any i.e. Protective Suits, Entry Suit , B.A. Set etc.

23. Whether the workers / other staff are well conversant with the operation of first aid fire fighting equipments installed in the premises.....Yes No

24. Detail of flammable and hazardous materials along with Physical and Chemical data.

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25. Whether P. A. system is installed.....Yes No

26. Compliance/ recommendation, if any, made in previous inspection.....Yes No

27. Other information:.....

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It is certified that the information provided in this form, is correct. No information has been concealed, misrepresented or falsified. I understand that in the event of any wrong information provided in this form the NOC is liable to be withdrawn / cancelled by the Fire Services

Signature

Seal / StampS