

## परिशिष्ट १

### FIRE SAFETY CHECK LIST FOR BUILDINGS

1. NAME OF THE BUILDING : EKNATH AYURVED RUGNALAYA.
2. USE OF BUILDING : HOSPITAL BUILDING
3. ADDRESSED : GAT NO.690/1/2,DHAKANE VASTI,AAKHEGAON ROAD,SHEVGAON.
4. TELEPHONE NO :02429-295448
5. EMAIL -ID : ayurcollege\_shevgaon@yahoo.com
6. WEBSITE ADDRESS :www.ayurvedpravara.com
7. NAME OF BUILDING INCHARGE : MR.SHASHIKANT RAMDAS GANESH  
(ADMINISTRITIVE OFFICER)
8. NAME OF ADMINISTRATIVE AND TEL.NO :MR.SHASHIKANT RAMDAS  
GANESH9404746186
9. BUILDING INCHARGE NAME & TEL.NO : MR.SHASHIKANT RAMDAS GANESH
10. BUILDING OWNER /OCCUPANCIES NAME & ADDRESSED BUILDING TYPE : TRUST
11. BUILDING SPECIALITY IF ANY : HOSPITAL
12. BUILDING OCCUPANCIES TOTAL NO : 01
13. BUILDING STRUCTURAL DETAILS :
  - a. BUILDING HEIGHT : 10.05MTR
  - b. NO OF FLOORS : G+2
  - c. TOTAL BUILT UP AREA: 6000.00SQ.MTR
  - d. APPROCHED ROAD : 6.00 MTRS NORTH
  - e. BUILDING OPEN SPACES –
    1. EAST -107.00MTR
    2. WEST-40.00 MTR
    3. SOUTH- 19.00 MTR
    4. NORTH – 57.00 MTR
    5. NO OF EXIST : 5
    6. EXIST WIDTH : 4.00 MTRS
    7. NO OF STAIRCASE : 02 /01 RAMP
    8. STAIRCASE WIDTH : 5.00 MTRS
    9. NATURE OF FLOORING EXIST ROUTES : KOTA
    10. PARTITIONS IF ANY – NO
    11. MATERIAL USED FOR PARTITIONS : NO
    12. BASEMENT IF ANY : NO
    13. NO OF BASEMENT : NO
    14. AREA OF BASEMENT : NO
14. BASEMENT UTILITY : NO
15. MATERIAL STORED IF ANY IN BASEMENT :NO
16. TOTAL NO OF ROOMS / FLOORS : G+2



17. TOTAL NO OF ROOMS IN BUILDING : 60
18. NO OF TOILETS PER FLOOR : 16
19. EXTERIOR FACADING / CLADDING OF BUILDING GLASS : NO
20. OVERHEAD WATER TANK CAPACITY : 60,000 LTR
21. UNDERGROUND WATER TANK CAPACITY : 50,000 LTR
22. BUILDING INTERIOR NATURE : NORMAL
23. NO OF LIFTS WITH CAPACITY : NO
  - a. PASSENGER LIFT :
  - b. FIRE LIFT :
  - c. SERVICE LIFT-
  - d. STRECHER LIFT :
24. ELECTRICAL AUDIT : YES
25. ANNUAL TEST REPORT COPY : YES
26. INTERIOR LOCATION : NORMAL
27. CANTEEN / PANTRY / KITCHEN LOCATION & AREA : PANTRY
28. FUEL USED / NO.OF CYLINDERS ,LOCATON : YES
29. ANY OTHER ASSEMBLY AREAS / LOCATION : 500 SQMTR IN FRONT OF BUILDING
30. STORED ROOM LOCATION : YES/GROUND FLOOR
31. STORED ROOM AREA : 200.00SQMTR
32. TRANSFORMER/ GENERATOR LOCATION ,CAPACITY – 1 TRANSFORMER -500 KVA NEAR  
MAIN GATE . 1 GENRATOR 250 KVA
33. AIR CONDITIONING TYPE : SPILT-04 NOS
34. BUILDING UTILITIES : AYURVED HOSPITAL
35. NO OPRATION THEATERS / HALLS : OPRATION THEATERS – 02
36. TOTAL NO SEATING BEDS : 250
37. NO MAXIMUM OCCUPANCIES OF IN BUILDING – 250
38. NO OF VISITORS : 200 PER DAY
39. MACHINERY IF ANY : SONOGRAPHY-1 , X-RAY-2
40. TYPE OF DETAILS OF MATERIAL STORED IN STOERROOM : STATIONERY,LOUNDRY
41. LPG / CNG : 02
42. GAS UTILITY : PANCHKARMA/PANTRY
43. TOTAL NO OF EMPLOYEES: 210
44. NO OF STAFF TOTAL SHIFT WISE :IN 3 SHIPS
45. NO OF SECURITY STAFF TOTAL SHIFWISE : 39/3 SHIPS
46. PERMISSIONS & APPROVALS :
47. WHEATER BUILDING PLANS SANCTIONED BY COMPETENT AUTHORITY /GOVT.TOWN  
PLANNING AHMEDNAGAR (COPY OF SANCTIONED PLAN)
48. WHEATHER FINALS NO'S OBTAINED – IF YES SUBMIT COPY : YES
49. BUILDING COMPLETION CERTIFICATE OBTAINED (YES/NO), IF YES,SUBMIT COPY :YES
50. FIRE FIGHTING INSTALLATION DETAILS :
51. ACTIVE FIRE PROTECTION



- a. WHEATHER FIXED FIREFIGHTING SYSTEM(RISER –DOWN COMER) INSTALLED  
YES/NO : **NO**
- b. FIRE SMOKE DETECTORS / SPRINKLERS / MANNUAL CALL POINTS/ PA SYSTEM  
INSTALLED YES / NO : **NO**
- c. SPECIAL PUBLIC ADDRESSED SYSTEM INSTALLED IF ANY : **NO**
- d. IF YES , IS IT OPRATING /WORKING CONDITION : **NO**
- e. FIRE FIGHTING PUMP DETAILS (ELECTRICAL/DISEAL,OUTPUT,HP,HEAD,ETC):- **NILL**
  - i. MAIN PUMP :
  - ii. JOCKEY PUMP :
  - iii. SPRINKLER PUMP :
  - iv. STAND BY PUMP :
- f. DISEAL PUMP :
- g. EMERGENCY BACKUP ARRENGEMENT : **NO**
- h. WHEATHER FIRE SYSTEM & EMERGENCY LIGHTING ATTACHED EMERGENCY  
BACKUP : **NO**
- i. FIRE FIGHTING WATER TANK CAPACITY :
- j. NO.OF.LOCATION OF FIRE EXSTINGUISHER: **AS PER IS-2190**
- k. TYPE OF FIRE EXSTINGUISHER ABC,CO2 TYPE LAST INSPECTED : **15-06-2024**

**52. WHEATHER AUTOMATIC FIRE DAMPERS PROVIDED IN CENTRAL AC DUCTS**

- i. CONDUCTED TO BE DETECTION SYSTEM : **NA**
- ii. LAST INSPECTED / MAINTENANCE CARRIED OUT : **NO**

**53. OTHER INFORMATION**

- i. FIRE LIFT IF ANY : **NO**
- ii. ELECTRICAL MCB/ACB/ELCB PROVIDED :
- iii. FIRE STOP RATING DOOR PROVIDED : **NO**
- iv. IF YES, RATING OF DOORS HRS: **NO**
- v. WHEATHER FIRE PLANS INSTALLED INEACH WARD : **NO**
- vi. WHEATHER FIRE EMERGENCY INSTRUCTIONS BOARD INSTALLED ON EVERY  
FLOOR: **YES**
- vii. VERTICAL SHAFT SEALED : **NO**
- viii. FIRE STAFF PROVIDED : **NO**
- ix. NO.OF STAFF TRAINED FOR BASIC FIRE FIGHTING : **09**
- x. SECURITY STAFF TRAINED : **YES**

**54. FIRE PREVENTION & AWARENESS MEASURE :**

- i. FIRE MOCK DRILL CONDUCTED IF ANY YES/NO : **YES**
- ii. IF YES, DATE OF RECENT DRILL SUBMIT REPORT : **06-01-2025**
- iii. WHEATHER EVACUATION DRILL CONDUCTED, YES/NO IF YES INDICATES  
PERIODICALLY : **YES**



iv. RESPONSIBLE PERSON IN CASE OF EMERGENCY :

- NAME : MR.SHASHIKANT RAMDAS GANESH
- ADDRESS : RESIDENTIAL QUARTER
- MOB.NO : 9404746186

v. IF,THE FIRE OFFICER EMPLOYED :-YES

- NAME : MR.PRASHANT SHINDE
- ADDRESS : THA.NIMGAON,SHEVGAON
- MOB.NO : 8379991386
- EXPERIENCE : 3 YEARS

vi. SECURITY OFFICER : YES

- NAME : MR. BHARATRAO BARDE
- ADDRESS: AT-POST,TAL-SHEVGAON.
- MOB NO : 9420395121
- QUALIFICATION :12<sup>TH</sup>

55. REFUGE AREA, IF ANY LOCATION AREA ETC.: YES GROUND FLOOR

56. ASSEMBLY POINT IDENTIFIED ON GROUND LOCATION : YES

57. LIST OF OTHER STAFF TRAINED FOR HANDALING FIRE RELATED EMERGENCIES : YES

58. WHEATHER ADEQUATE FIRE & SAFETY DIRECTIONAL SIGNAGES BOARDS INSTALLED : YES

59. NO OF AMBULANCE IF ANY WITH CAPACITY : 01

60. NO OF OTHER VEHICALS ,THAT CAN BE UTILIZED IN CASE OF EMERGENCY :01

61. NO OF TYPES OF SMOKAE VASKS :NO

62. WHEATHER ASSEMBLY POINT IS CLEARLY MARKED : YES

63. IS LICENSED AGENCY APPOINTED FOR SIX MONTHY : YES

64. NAME & DETAILED OF AGENCY LICENSED : NO

65. ADDITIONAL OBSERVATION IF ANY : NO

66. RECOMMENDATIONS IF ANY : SMOKE DETECTON SYSTEMS & FIRE ALARM SYSTEMS PLEASE INSTALLED.

INSPECTING AUTHORITY

NAME:- Mr.Rakesh Kendurkar

(Om Sai Fire Services)

DATE:-03-03-2025

SIGN:-



*Etish*

BUILDING INCHARGE



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**INSPECTION REPORT**

1. NAME & ADDRESS OF THE BUILDING : EKNATH AYURVED RUGNALAYA.  
GAT NO.690/1/2,DHAKANE VASTI,AAKHEGAON ROAD,SHEVGAON.
2. TYPE OF OCCUPANCY :AYURVED HOSPITAL
3. DETAILS OF PREVIOUS NOC :NO
4. FIRE SAFETY DIRECTIVES LETTER NO :NO
5. DATE OF INSPECTION : 03-03-2025
6. NAME OF INSPIRING OFFICER : MR.RAKESH.V.KENDURKAR (OM SAI FIRE SERVICES)
7. NAMES & DESIGNATION OF OFFICERS -MR.SHASHIKANT RAMDAS GANESH  
(ADMINISTRITIVE OFFICER)
8. IF ANY, REPRESENTING OWNER/TRUST  
OCCUPIER OF THE BUILDING
9. YEAR OF CONSTRUCTION :2004

NO	MINIMUM STANDARD FOR PREVENTION & FIRE SAFETY	REQUIREMENT AS PER NBC 2005	PROVIDED AT SITE	REMARKS (MEETS/DOSEN'T MEET REQUIREMENT)
1	ACCESS TO BUILDING <ul style="list-style-type: none"><li>ROAD WIDTH</li><li>GATE WIDTH</li><li>WIDTH INTERNAL ROAD</li></ul>	12 MTR 1.5 MTR 9 MTR	06.00 MTR 4.0 MTR 6.00 MTR	MEETS MEETS MEETS
2	MEANS OF EGRESS			
3	<ul style="list-style-type: none"><li>NO OF STAIRCASE</li><li>UPPER FLOORS</li><li>BASEMENT</li></ul> B. WIDTH OF STAIRCASE <ul style="list-style-type: none"><li>UPPER FLOORS</li><li>BASEMENT</li></ul> C. PROTECTION OF EXISTS <ul style="list-style-type: none"><li>FIRE CHECK DOOR</li><li>PRESSURIZATION</li></ul> D. NO OF CONTINUOUS STAIRCASE TO TERRACE	02 02 02 1.5 MTR	02 2.2 MTR	MEETS MEETS
	D. NO OF CONTINUOUS STAIRCASE TO TERRACE	R	02	MEETS
	E. STAIRCASE LOBBY	01	2.2 MTR	MEETS
	F. WIDTH OF CORRIDOORS		2.00 MTR	MEETS
	DOOR SIZE			
	COMPARTMENTATION <ul style="list-style-type: none"><li>FIRE CHECK DOOR</li></ul>	R	NO	MEETS



	<ul style="list-style-type: none"> <li>SEALING OF ELECTRICAL SHAFTS</li> <li>FIRE RATING OF SHAFTS DOOR</li> <li>SIZE OF COMPARTMENT</li> <li>FIRE DAMERS</li> </ul>			
	<b>SMOKE MANEGEMENT SYSTEM</b> <ul style="list-style-type: none"> <li>BASEMENT</li> <li>UPPER FLOOR</li> </ul>			DOESNT MEETS
	<b>FIRE EXSTINGUISHERS</b> <ul style="list-style-type: none"> <li>TOTAL NOS</li> <li>TYPES</li> <li>IS MARKING</li> </ul>	R	YES, AS PER IS 2190 44 NOS ABC 15-06-2024	MEETS
	<b>FIRST-AID HOSE REELS.</b> <ul style="list-style-type: none"> <li>TOTAL NOS OF EACH FLOOR</li> <li>LENGTH OF HOSE REEL HOSE</li> <li>NOZZLE DIAMETRE</li> </ul>	R	NO	DOESNT MEETS
	<b>AUTOMATIC FIRE DETECTION &amp; FIRE ALARM SYSTEM</b> <ul style="list-style-type: none"> <li>TYPES OF DETECTORS</li> <li>LOCATION OF MAIN PANNEL</li> <li>LOCATION OF REPETER PANNEL</li> <li>ALTERNATE SOURCE OF POWER</li> <li>HOOTERS LOCATION</li> </ul>	R	NO	DOESNT MEETS
	<b>MANUALLY OPRATED ELECTRICAL FIRE ALARM SYSTEM</b>	R	NO	DOESNT MEETS
	<b>PUBLIC ADDRESS SYSTEM</b>	R	NO	DOESNT MEETS
	<b>AUTOMATIC SPRINKLER SYSTEM</b> <ul style="list-style-type: none"> <li>BASEMENT</li> <li>UPPER FLOOR</li> <li>SPRINKLER ABOVE FALSE CEILING</li> </ul>	R	NO	DOESNT MEETS
	<b>INTERNAL HYDRANTS</b> <ul style="list-style-type: none"> <li>SIZE OF RISER DOWN COMER</li> <li>NO OF HYDRANTS PER FLOOR</li> <li>HOSE BOX</li> </ul>	R	NO	DOESNT MEETS
	<b>YARD HYDRANTS</b> <ul style="list-style-type: none"> <li>NO OF HYDRANTS</li> </ul>	R	NO	DOESNT MEETS



	PUMPING ARRANGEMENTS <ul style="list-style-type: none"> <li>• GROUND LEVEL</li> <li>• DISCHARGE MAIN PUMP</li> <li>• HEAD OF MAIN PUMP</li> <li>• NO OF MAIN PUMP</li>   <li>• JOCKEY PUMP OUTPUT</li> <li>• STAND BY PUMP OUTPUT</li> <li>• AUTO STARTING/ MANNUAL STOP</li> <li>• PUMP HOUSE ACCESS</li> <li>• TERRACE LEVEL</li> <li>• DISCHARGE OF PUMP</li> <li>• HEAD OF THE PUMP</li> <li>• POWER SUPPLY</li> </ul> AUTO START PUMP	R	NO  M	DOESNT MEETS
	CAPATIVE WATER STORAGE FOR FIRE FIGHTING <ul style="list-style-type: none"> <li>• UNDERGROUND TANK CAPACITY</li> <li>• DRAW OFF CONNECTION</li> <li>• FIRE SERVICE INLET</li> <li>• OVERHEAD TANK CAPACITY</li> </ul>	R	NO	DOESNT MEETS
	EXIST SIGNAGE	R	YES	MEETS
	PROVISION OF LISTS <ul style="list-style-type: none"> <li>• PRESSURIZATION OF LIFT</li> <li>• PRESSURIZATION OF LIFT LOBBY</li> <li>• COMMUNICATION OF FACILITY IN LIFTCAR</li> <li>• FIREMAN GROUNDING SWITCH</li> <li>• LIFT SINAGES</li> </ul>	R	NO	DOESNT MEETS
	STANDBY POWER SUPPLY	R	YES	MEETS
	REFUGE AREA <ul style="list-style-type: none"> <li>• TOTAL AREA</li> <li>• LOCATION</li> </ul>	R	YES  IN FRONT OF BULDING	MEETS
	FIRE CONTROL ROOM <ul style="list-style-type: none"> <li>• CONTROL PANNEL</li> <li>• DETECTORS SYSTEM</li> <li>• FLOW SWITCH PANNEL</li> </ul>	R	NO  REQUIRED	MEETS



	<ul style="list-style-type: none"> <li>• PA SYSTEM</li> <li>• BATTERY BACKUP</li> <li>• BUILDING FL.PLAN</li> </ul>			
	SPECIAL FIRE PROTECTION SYSTEM FOR PROTECTION SPECIAL RISK :	NA	-	-

THE FIRE PROTECTION SYSTEM PROVIDED IN THE BUILDING WERE TEST CHECKED AND FOUND SANCTIONAL / DYSFUNCTIONAL AT THE TIME OF INSPECTION.KEEPING IN VIEW THE EXTENT OF COMPLIANCE OF THE MINIMUM STANDERD ON FIRE PREVENTION & FIRE SAFETY REQUIRED UNDER THE RULES.

IT IS PROPOSED AS FOLLOWS:

TAKE FIRE AUDIT& EVACUATION DRILL IN EVERY SIX MONTH.

NOTE:- \* SMOKE DETECTON SYSTEMS & FIRE ALARM SYSTEMS SHOULD BE INSTALLED.

\* FIRE FIGHTING SYSTEMS SHOULD BE INSTALLED.

**INSPECTING AUTHORITY**

NAME:- Mr.Rakesh Kendurkar

(Om Sai Fire Services)

DATE:-03-03-2025

SIGN:-



**BUILDING INCHARGE**

NAME:-Mr.Shashikant Ramdas Ganesh

( Administrative Officer)

SIGN:-

