

HOUSES OF WORSHIP (Max. 15 occupants for overnight stay) PRELIMINARY SURVEY CHECKLIST - FDNY & DOB				
Congregation		Borough:		B:-L:
Building Address:		ZipCode:		
Block:		BIN:		
Lot:		Floor Plans Available:		
Date of Site visit:		C of O:		
Inspectors Present:		FDNY : DOB : Richard Rosen		
Item	Survey Question	Information / Data		
Building Characteristics				
1	Current occupancy classification/use			
2	Number of stories (not including basement or cellar)			
3	Any basements/cellars? Indicate numbers			
4	Combustible or noncombustible construction			
5	Within Flood zone (Y/N) - if Y, identify zone designation			
6	Possible sleeping area location in building (e.g. ground floor or upper story)			
Safety Features		Feature Present (Y/N/unknown)	If not present, is it feasible to remedy or mitigate? (Y/N)	Comments
Fire Protection Systems				
7	Sprinklers in sleeping areas			
8	Sprinklers throughout building			
9	Fire alarm throughout building If yes, system type (e.g. 1 or 2-way voice communication, or full evacuation)			
10	Partial Fire alarm in sleeping area If yes, system type (e.g. 1 or 2-way voice communication, or full evacuation)			
11	Central monitoring/fire command station for fire alarm system? If yes, indicate which one			
12	Smoke detectors (if yes, hardwired? Y or N)			
13	Single/stand-alone Smoke Alarms (if yes, battery-operated or hardwired?)			
14	Carbon monoxide alarms (if yes, hardwired? Y or N)			
15	Single/stand-alone Carbon monoxide Alarms (if yes, battery-operated or hardwired?)			
Means of Egress				
16	Min. two (2) means of egress from every above-grade floor intended for sleeping			
17	Min. two (2) means of egress from basement and cellar intended for sleeping			
18	Stairs, interior, enclosed			
19	Stairs, exterior			
20	Fire escapes, indicate number of fire escapes			
21	Exit signs			
Other Building Features		Feature Present (Y/N/unknown)	If not present, is it feasible to remedy or mitigate? (Y/N)	Comments
22	Operable windows in sleeping areas?			
23	Heating and/or cooling			
24	Showers, toilets, lavatories, min 2 each			
25	Kitchen, Separated from possible sleeping areas			
26	Commercial cooking (range hood) system such as Ansul system in the kitchen			
Operational Features				
27	Existing Certificate of Occupancy or other supporting documentation for occupancy			
28	Outstanding DOB or FDNY Violations (list Violation numbers)			
29	For fire alarm system, staffed by Fire/Life Safety System Director or other Certificate of Fitness holders			
30	Existing FDNY permits for sprinkler/standpipe, alarm system, refrigerating systems, generators, propane, fuel oil, open flames, places of assembly, or child care			
FDNY/DOB DETERMINATION		Forward to RDP (Y/N/with conditions)	Comments	
Site is acceptable for further review by RDP and consideration for TUP				