

NASSAU COUNTY DEPARTMENT OF HEALTH

200 COUNTY SEAT DRIVE MINEOLA, NY 11501 VOICE: 516 227-9500 FAX: 516 227-9696



Temporary Residence Fire Safety Plan

Establishment Information				
Establi	ishment Name:			
Establi	ishment Address:			
City/Vi	illage: Zip Code:			
1)	The local Fire Department is:			
	The telephone # is:			
2)	Emergency phone numbers:			
	Electric:			
	Gas:			
	Water:			
3)	Type of smoke detectors provided: □ Battery- operated □ Hardwired			
4)	Are heat detectors provided? ☐ Yes ☐ No			
5)	Is there a central alarm panel? \square Yes \square No			
6)	Where is central alarm panel located?			
7)	Who is responsible for the monthly inspection and documentation of the smoke	detectors		
	fire extinguishers, and carbon monoxide?			
	☐ Engineer ☐ General Manager ☐ Other (Specify)			
	Where will the records be kept (Records are required to be on-site and available	for		
	inspection at all times)?			
	☐ Front Desk ☐ Engineer's office ☐ Manager's office			
	☐ Other (Specify)			

8)	Who is responsible for the monthly inspection and documentation of the emergency
	lights and exit signs?
	☐ Engineer ☐ General Manager ☐ Other (Specify)
	Where will the records be kept (Records are required to be on-site and available for inspection at all times)?
	☐ Front Desk ☐ Engineer's office ☐ Manager's office
	☐ Other (Specify)
9)	Who is responsible to make sure all exits and exit pathways are free and clear of
	obstructions at all times (check all that apply)?
	☐ Engineer ☐ General Manager ☐ Other (Specify)
10)	Who is responsible to make sure features such as doors designed to prevent the spread of
	fire and smoke are maintained (check all that apply)?
	☐ Engineer ☐ General Manager ☐ Other (Specify)
11)	Where will the fire safety and evacuation plan be located (Records are required to be on-
	site and available for inspection at all times)?
	☐ Front Desk ☐ Engineer's office ☐ Manager's office
	□ Other (Specify)
12)	What is your evacuation plan in the event of fire or emergency (provide a floor plan
	with escape routes and meeting points clearly labeled)?

	hat is your procedure for identifying and assisting guest with special needs in the even
	fire or emergency?
4) Ho	ow are guest to be notified in the event of fire or emergency (check all that apply)?
	Alarm □ Public address system □ Strobe lights □ Telephone warning system
	Television monitor announcements \Box Door to door by staff (if safe to do so)
	Other (Specify)
	ho is responsible to ensure that flammables and hazardous materials are properly ored?
	Engineer
6) W	here are flammable items (paint, gasoline, etc.) stored?
	In fire-resistant cabinet (location)
	In a separate, locked and unoccupied building
П	Other (Specify)

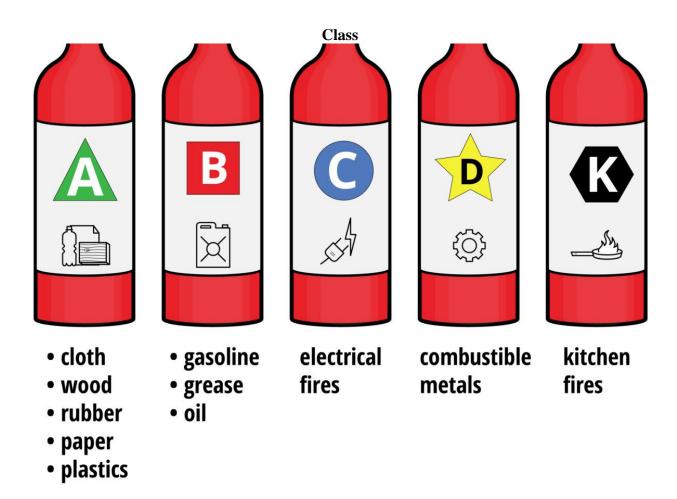
17) Wh	no is responsible to ensure that exposed wires, overloaded electrical outlets and
ext	ension cords are not present?
	Engineer General Manager Other (Specify)
18) Wh	no is responsible to ensure that laundry equipment is maintained and that lint build-up
on	filters and exhaust ducts is prevented (check all that apply)?
	Engineer Housekeeping/ Laundry Staff Other (Specify)
19) Do	es establishment provide a fuel-fired appliance system for cooling, heating or
ven	ntilation?
Yes	s (If yes- an <u>electrically hardwired digital</u> carbon monoxide alarm is
req	uired on each level where sleeping quarters are located. You must document
loc	<u>ation(s)</u>).
No	
20) Do	es establishment provide any fuel-fired appliances? (IE. Hot water heaters, pool
hea	aters, dryers, etc.)
Yes	s
No	<u>. </u>
Ac	digital electrically hardwired carbon monoxide alarm is required in dwelling
uni	its and sleeping areas sharing a common wall with, or located directly above or
bel	low, a room containing a fuel-fired appliance.
Lis	st all rooms requiring an electrically hard-wired digital carbon monoxide alarm.

21) Does establishment provide dwelling units or sleeping areas in a corridor that also serves
a room containing a centralized fuel-fired appliance?
Yes (If yes- a digital hard-wired carbon monoxide alarm shall be located within
40 feet of all doors to dwelling units or sleeping areas. You must document location(s).
No
22) Digital hard-wired carbon monoxide requirements are <u>in addition</u> to any carbon monoxide regulations from other regulatory agencies. Please contact Nassau County Department of Health with any questions regarding carbon monoxide requirements.
23) Number of Rooms
24) Number of Floors
25) Please check one: ☐ Interior Corridor ☐ Exterior Corridor
26) Does your facility have an emergency source of electrical power? ☐ Yes ☐ No
27) Are staff trained in CPR and First Aid? ☐ Yes ☐ No
28) Does your facility have a cooling tower? ☐ Yes ☐ No
NYS requires require registration and periodic reporting of testing, inspection, and certification of cooling towers. Information can be found at: https://www.ny.gov/services/register-cooling-tower-and-submit-reports
29) Who is responsible to ensure cooling tower is inspected and certified? □ Engineer □ General Manager □ Other (Specify) □ N/A
30) Who is responsible to ensure that all existing staff are up to date on training and that new employees will be properly trained with respect to fire prevention or emergencies?

☐ Engineer ☐ General Manager ☐ Other (Specify)				
31) How frequent are staff trained with respect to fire prevention or emergencies? □ Weekly □ Monthly □ Quarterly □ Other (Specify)				
 32) The operator shall report to the Nassau County Department of Health within 24 hours of notification of any of the following occurrences: A) An injury or illness occurring at a swimming pool, bathing beach or recreational spray ground. B) A condition suspected of affecting the quality of life of the on-site potable water supply or constituting a public health hazard. 				
C) An illness suspected of being food or water-borne to have resulted from the consumption of food or water at the temporary residence.D) An illness related to exposure to carbon monoxide within a temporary residence.E) All fires and chemical spills which result in a report or call to a fire or police				
department. 33) Who is responsible to report items listed in #28 to the Nassau County Department of Health? □ Engineer □ General Manager □ Other (Specify)				
34) The Nassau County Department of Health telephone #'s to report items listed in #28 above are: 516-227-9717 (regular work hours) or 516-742-6154 (weekends, off hours, holidays)				

One copy must be submitted to the Nassau County Department of Health and an additional copy must be maintained on your premises.

Fire Extinguishers



There are several types of fire extinguishers that may be found in temporary residence establishments:

<u>Class A</u>- Used for cloth, wood, rubber, paper, various plastics and regular combustible fires. The extinguishing agent is usually water or foam.

<u>Class B</u>- Used for gasoline, grease and oil fires. The extinguishing agent is either a dry chemical or carbon dioxide.

<u>Class C</u>- Used for energized electrical fires. The extinguishing agent is either a dry chemical or carbon dioxide.

<u>Class D</u>- Used for combustible metals (not very common in temporary residences). The extinguishing agent is a dry powdered chemical.

<u>Class K</u>- Used for kitchen fires, including oil grease and fat. The extinguishing agent is a dry or wet chemical.

It is common to see fire extinguishers that combine several classes together.

ABC- This is an all-purpose fire extinguisher that works on class A, B, and C fires.

