

**INTERIM LIFE SAFETY MEASURES
CONSTRUCTION PROJECT EVALUATION WORKSHEET**

PROJECT TITLE/NUMBER: Repair by Replacement Roof Building 221 / 578-16-017

BUILDING/ROOM NUMBER: 221

SERVICE/SECTION RESPONSIBLE: *FMS/Project Planning*

EFFECTS ON LIFE SAFETY

Provide a brief description of the project and any effects it is likely to have on life safety. Examples include: closing of an exit; use or storage of flammable materials on-site; installation of a dust barrier; blocking streets, driveways or access roads; impairment of fire detection and/or suppression systems; and removal of doors.

Description:

The building is to receive an entirely new, weathertight, roofing system. Approximately 26,500 SF of existing EPDM Roof shall be removed down to the metal deck level and replaced with a new Thermoplastic polyolefin (TPO) roofing system. Approximately 500 LF of new metal flashing will be installed along the pent houses. Install new cast iron roof drain bodies and drain dome baskets.

SPECIFIC SAFETY CONCERNS

Will any of the work to be performed during this project as currently planned compromise or impair the use of the critical elements of fire protection listed below?

1. FIRE ALARM SYSTEMS: YES ☐ NO ☒

If YES is checked above, provide additional details, including number of devices affected and length of time systems will be impaired, on a separate sheet.

2. AUTOMATIC FIRE SPRINKLER SYSTEMS: YES ☐ NO ☒

If YES is checked above, provide additional information including the size and occupancy of the area affected, and the anticipated duration of the impairment.

3. EXITS (STAIRWELLS, CORRIDORS & DOORS): YES ☐ NO ☒

If YES is checked above, provide additional information including the type, number, and location of exits, which will be obstructed, and the anticipated duration of the impairment.

4. ACCESS TO EMERGENCY VEHICLES & PERSONNEL: YES ☐ NO ☒

If YES is checked above, provide additional information including location of blockage, how access will be obstructed, and the anticipated duration of the impairment.

5. INTEGRITY OF SMOKE &/OR FIRE COMPARTMENTS: YES ☐ NO ☒

If YES is checked above, provide additional information including size, location, number, and purpose of penetrations, which will be made.

(Project Coordinator)

May 24, 2016
DATE

(Lawrence Doyle, Acting Chief, Project/Planning)

May 25, 2016
DATE

ADDITIONAL COMMENTS

1. FIRE ALARM SYSTEMS: None.
2. AUTOMATIC FIRE SPRINKLER SYSTEMS: None
3. EXITS (STAIRWELLS, CORRIDORS & DOORS): None.
4. ACCESS TO EMERGENCY VEHICLES & PERSONNEL: None
5. INTEGRITY OF SMOKE &/OR FIRE COMPARTMENTS: None.