(Authoritative English text of this Department Notification No. Home-F(F)6-1/2011 dated 05.01.2011 as required under clause (3) of Article 348 of the Constitution of India).

 **Government of Himachal Pradesh**

 **Department of Home (F)**

No. Home-F(F)6-1/2011 Dated 05.01.2012

**Notification**

 In exercise of the powers conferred under section 3 of the Himachal Pradesh Public Service Guarantee Act, 2011 and Rule-4 of the Himachal Pradesh is pleased to notify various services, authorities and time limits under the Act in respect of HP Fire Services Department as under:-

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | Name of Service/ Public Service | Designated Officer | Format of the application | List of Documents required to obtain service | Person who can request for service | Time limit for service | First appellate authority | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | Issue of Fire Report | Divisional Fire Officer/ Station Fire Officer/Sub Fire Officer | Application on plain paper | No document required, however application should include dated time and place of Fire. | Any Person | 7 days | Chief fire Officer | No Fees required |
| 2 | Issue of NOC for the fire safety | Chief Fire Officer | Application on plain paper | Site Plan, recommendations of Divisional Fire Officer of the concerned area. | Any person | 30 days | Director Fire Services, HP | No fees required |

 The request for service on the application/form prescribed alongwith specified documents can made to the designated officer or to a person subordinate to him authorized to receive such application. An acknowledgement of which will be issued as per Himachal Pradesh Public service Guarantee Rules, 2011. All designated officers are required to issue order for authorized person and display in the Notice Board as per section 5 of the act.

 An appeal under section 6 can be filed before the first appellate authority within thirty days from the date of rejection of application or the expiry of the stipulated time limits.

 An appeal against the order of the First Appellate Authority can be filed before the State Information Commission, Himachal Pradesh, who is the second appellate Authority.

**By order**

**Principal Secretary (Home) to the**

**Government of Himachal Pradesh**

**FORM “A”**

**APPLICATION FORM FOR GETTING N.O.C. FROM FIRE SERVICES DEPARTMENT**

1. Name and address of the firm/company......................................................................

2 Name and contact No. of the owner............................................................

3 Location of building and type of construction....................................................................

4. Type of Business..................................................................

5 Whether the property is OWN/RENTED/LEASED (attach documentary roof)…………….

6. Plot area........................

7. Covered area (at ground level)/..................

8. Height of building.................

9. Nos of floor...................

10. Total covered area of the building........................ (attach approved drawings of the building from TCP/MC

11. No. of the workers/officials.......................................

12. Mode and type of production...................................

13. Electrical wiring system........................sanctioned electrical load...............

14. List of raw material.

15. Name of finished products ... …...............

16. Detail of insurance, if any..

17. Distance from nearest Fire Station...................................................

18. Whether fresh NOC or Renewal..................................................

19. Details of First Aid Fire Fighting equipment/extinguishers already installed within the Premises:-

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Type of Extinguishers** | **Capacity** | **Qty.** | **Make** | **Sr. No./****explosive No.** | **Years of Mfg** | **Date of purchase** | **Remarks/ Refilling date** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |

Fixed Fire Fighting Installation:-

a) Yard Hydrants/Landing Valve b) Riser

c) Down Comer d) Hose Reel

e) Automatic Sprinkler system f) Automatic Detection and AlarmSystem

g) Manually Operated Electric Fire Alarm System h) Deluge valves & Monitors etc.

i) Delivery Hoses j) Emergency Branch etc.

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.

……………………………………………………………………………………………..

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

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

27. Other information:

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 / Stamp

**FORM-"B"**

**STANDARD INSPECTION REPORT FORM**

**Himachal Fire Services**

**INSPECTION REPORT**

1. Sub: Issue of Fresh or Renewal NOC..............................................................

2. Date of Inspection.................................................................................................

3. Name of inspecting Officer...................................................................................

4. Name & address of the building...........................................................................

5. Type of occupancy....................................................................................................

6. Constructional/features:-

a) Plot area: ............................. m2 b) Covered area: .............................. m2

c) Number of floors:- ………….. d) Total covered area of all floors……… m2

e) Height of building …. ……...mtrs. f) No of Staircase :

g) Compartmentation (Location and rating of fire walls. ...........................

7. Raw Material...................................................................................................................

8. Name of finished product( for industries etc.)...............................................................

9. Details of flammable and hazardous material................................................................

10. Details of Fire Extinguishers:-

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Type of Fire Extinguishers** | **Capacity.** | **Qty.** | **Make** | **Sr. No./****explosive No.** | **Years of Mfg** | **Remarks****Date of Refilling** |
| 1 | CO2 |  |  |  |  |  |  |
| 2 | Mech Foam |  |  |  |  |  |  |
| 3 | DCP/ABC |  |  |  |  |  |  |
| 4 | Water Type |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |

**11. Fixed Fire Fighting Installation:-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Minimum Standards for fire Prevention and Fire Safety** | **Requirements** | **Provide at****site** | **Remarks/****MR/NMR** |
| **1** | **First-Aid Hose Reel** |  |  |  |
|  | Total numbers on each floor |  |  |  |
|  | Length of hose reel hose. | mtrs |  |  |
|  | Nozzle diameter | mm. |  |  |

**12. Automatic Fire Detection and Alarming System**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Minimum Standards for fire Prevention and Fire Safety** | **Requirements** | **Provide at****site** | **Remarks/****MR/NMR** |
|  | **Type of detector** |  |  |  |
|  | * Location of Main Panel
 |  |  |  |
|  | * Location of Repeater Panel
 |  |  |  |
|  | * Alternate sources of power
 |  |  |  |
|  | * Hooters Location
 |  |  |  |
| **13** | **MOEFAS** |  |  |  |
| **14** | **Public Address System** |  |  |  |
|  | * Basements
 |  |  |  |
|  | * Upper Floor
 |  |  |  |
| **15** | **Sprinkler above false ceiling** |  |  |  |
| **16** | **Internal Hydrants** |  |  |  |
|  | * Size of riser/down comer
 |  |  |  |
|  | * Number of hydrants per floor
 |  |  |  |
|  | * Hose Box
 |  |  |  |
| **17** | **Yard Hydrants** |  |  |  |
|  | * Total number of hydrants
 |  |  |  |
|  | * Hose Box
 |  |  |  |
| **18** | **Pumping Arrangements** |  |  |  |
|  | * Ground Level
 |  |  |  |
|  | * Discharge of main pump
 |  |  |  |
|  | * Head of main pump
 |  |  |  |
|  | * Number of main pumps
 |  |  |  |
|  | * Jockey pump output
 |  |  |  |
|  | * Standby pump out put
 |  |  |  |
|  | * Head of main pump
 |  |  |  |
|  | * Standby pump head
 |  |  |  |
|  | * Auto staring/Manual
 |  |  |  |
|  | * Stopping
 |  |  |  |
|  | * Pump House Access
 |  |  |  |
|  | * Terrace level
 |  |  |  |
|  | * Discharge of pump
 |  |  |  |
|  | * Head to the pump
 |  |  |  |
|  | * Power supply
 |  |  |  |
|  | * Auto starting of pump
 |  |  |  |
| **19** | * **Capacity water Storage for Fire Fighting**
 |  |  |  |
|  | * Underground tank capacity
 |  |  |  |
|  | * Fire Services inlet
 |  |  |  |
|  | * Overhead Tank capacity
 |  |  |  |
| **20** | **Exit Signage** |  |  |  |
| **21** | **Provision of lifts** |  |  |  |
|  | * Pressurization of lift shaft
 |  |  |  |
|  | * Pressurization of lift lobby
 |  |  |  |
|  | * Communication in lift car
 |  |  |  |
|  | * Fireman's Grounding
 |  |  |  |
|  | * Switch
 |  |  |  |
|  | * Lift Signage
 |  |  |  |
| **22** | **Standby power supply** |  |  |  |
| **23** | **Refuge Area** |  |  |  |
|  | * Total area
 |  |  |  |
|  | * Location
 |  |  |  |
| **24** | **Fire Control Room** |  |  |  |
|  | * Detector system panel
 |  |  |  |
|  | * PA System Panel
 |  |  |  |
|  | * Battery backup
 |  |  |  |
|  | * Building Floor Plans
 |  |  |  |
| **25** | **Special Fire Protection****Systems for Protection of****Special Risks, if any.** |  |  |  |

**26 General requirements.**

1. Escape route.............................................................

2. No of LPG cylinder..............................................

3. Electric wiring......................................................

4. Electric meter board...............................................

5. Basement................................................................

6. Emergency telephone No. board...........................

7. Generator Set...............................................................

8. Whether the staff and security personnel are well conversant with the operation of fire fighting equipments installed in the premises.

**27. Compliance of recommendations, if any, made in previous inspection.**

**28. Whether the fire protection systems provided in the building were tested, checked and found functional at the time of inspection. .................**

**29. NOC(fresh or renewal) :**

* + Recommended (give reasons)
	+ Not recommended(give reasons)

Signature of the Inspecting Officer

Name................................................

Designation: .....................

Remarks /Recommendation of FPO, HQ. Shimla