

# Fairhaven Fire EMS Department

## FIRE PREVENTION DIVISION

Form FP-15/01

revised 02/2017

### NOTICE TO PROSPECTIVE BUSINESSES STATEMENT OF INTENDED USE

Various processes and situations in commercial and industrial establishments can create fire and life safety hazards. In order to provide a reasonable degree of safety to life and protection of property, specific requirements have been established under Massachusetts General Law, Chapter 148 and Commonwealth of Massachusetts Regulations (527 CMR 1). Under 527 CMR 1, Massachusetts uses the NFPA 1 Fire Code 2012 Edition / 2015 Edition effective 09/2017) with additional amendments. To help us assess what particular laws apply to your business, please provide the following information:

If you need assistance with the document, please contact the Deputy Chief at 508-994-1428.

#### PART 1: BUILDING INFORMATION

Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Number of Buildings: \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Square Footage: \_\_\_\_\_

#### PART 2: BUSINESS OPERATIONS

| GENERAL FIRE PREVENTION |   | NO | YES |
|-------------------------|---|----|-----|
| 1                       | Will you be storing more than 2500 cubic feet of miscellaneous Combustible Materials? (IE: Wood, Rubber, Tires, Plastics, Cardboard, Etc..) |    |     |
| 2                       | Will you have a rubbish container greater than 6 cubic yards?   |    |     |
| 3                       | Will you store more than 300 cubic yards of Mulch?  |    |     |
| 4                       | Will you store or handle Combustible Fibers in excess of 100 cubic feet?  |    |     |
| 5                       | Will your operation produce a combustible dust?   |    |     |
| 6                       | Will you store/handle an aggregate quantity of Aerosol Products in excess of 500lbs net?  |    |     |
| 7                       | Will you be performing any Cutting or Welding Operations?   |    |     |
| 8                       | Will you be maintaining a Fuel Facility at your location?   |    |     |
| 9                       | Will you be Cooking in any form within your building?   |    |     |
| 10                      | Will you operate an industrial oven?  |    |     |
| 11                      | Will you operate a "CLEAR ROOM"?  |    |     |
| 12                      | Will you be repairing automobiles, recreational vehicles, motorcycles, or small engines?  |    |     |
| 13                      | Will you be perfuming Auto Body work, including painting or parts and/or cars?  |    |     |
| 14                      | Will you conduct Dry Cleaning operations?   |    |     |
| 15                      | Will you be conducting live performances as part of your business?  |    |     |
| 16                      | Will you be serving alcohol as part of your business?   |    |     |

| OIL, OTHER COMBUSTIBLE LIQUIDS, AND FLAMMABLE SOLIDS |   | NO | YES |
|--|---|----|-----|
| 17   | Will your business store or use any flammable or combustible liquids?   |    |     |
| 18   | Will your business store or use waste oil as a result of your operations?   |    |     |
| 19   | Will you store or handle a Flammable or Combustible material for general use?   |    |     |
| 20   | Will you store or handle a Flammable or Combustible material for the use of Spraying, Dipping, and/or Coating? (IE: Paint, Varnish, Plastics) |    |     |
| 21   | Will you store or use Alcohol Based Hand Rub in excess of 10 gallons total in aggregate?  |    |     |
| 22   | Will you store or use any Flammable Solids greater than 100lbs?   |    |     |

PLEASE RETURN ENTIRE PACKAGE TO:

MAIL: Fairhaven Fire EMS Department / Fire Prevention Division, 146 Washington St , Fairhaven, MA 02719

EMAIL: fireadmin@fairhaven-ma.gov

FAX: 508-994-1515

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| EXPLOSIVES, MODEL ROCKETRY, FLAME EFFECTS |   | NO | YES |
|---|---|----|-----|
| 23  | Will you store, manufacture, or use any explosive with the operation of your business?    |    |     |
| 24  | Will you store Solid Propellant Model Rocket Motors >50lbs                                |    |     |
| 25  | Will you store ammunition for use or sale?  |    |     |
|   | If yes to question 25; What will be the total amount of rounds stored in aggregate? _____ |    |     |
| 26  | Will you use any open flame or flame effect in the performance of your business?          |    |     |

| GASES, INCLUDING LIQUID PETROLEUM GASES (LPG) AND LIQUID NATURAL GAS (LNG) |   | NO | YES |
|--|---|----|-----|
| 27   | Will you be storing more than 42 lbs. or LPG for general use?                                 |    |     |
| 28   | Will you be storing LPG for the Purpose of Heating, Cooking, or Generator Use?                |    |     |
| 29   | Will you be storing LPG for the Purpose of operating equipment? (IE: Forklift)                |    |     |
| 30   | Will you be storing any compressed gas in any building, in any cylinder size for use or sale? |    |     |

| HAZARDOUS MATERIAL - Material that poses a significant or potential hazard to humans/environment. |   | NO | YES |
|---|---|----|-----|
| 31  | Will you be storing or conducting a process that will produce a hazardous material?                   |    |     |
|   | If yes to 31, will you be classifying your Hazardous Material as a "Trade Secret" >                   |    |     |
|   | If yes to 31, will you be classifying your Hazardous Material as "Confidential Business Information"? |    |     |
| 32  | * Please attach an MSDS sheet for each chemical/hazardous material to this form.                      |    |     |

### PART 3: FIRE PROTECTION

| GENERAL FIRE PROTECTION  |  | NO | YES |
|--|--|----|-----|
| 1  | Is your business's fire protection (Smoke/Heat Detectors, Pull Stations and/or Sprinkler System, part of a larger complex like a business center or a strip mall)? |    |     |
| <p>If you answered " YES " to the above question, please skip the reminder of this part and proceed to PART 4.</p> <p>If you answered " NO " to the above question then you will be required to complete the rest of this section.</p> <p style="text-align: center;"><b>You are required to maintain all Fire Detection and Fire Protection Systems in there current state or modified by the Building Department as required by 527CMR1.0 (NFPA 1 - 2012/2015 Edition)</b></p> |  |    |     |
| 2  | Does your business have an approved fire detection system (smoke and/or heat detectors)?   |    |     |
|  | Is this system Monitored?  |    |     |
|  | If monitored please indicate the company responsible for monitoring? _____   |    |     |
|  | When was the last inspection or the next schedule inspection of your fire alarm system: _____  |    |     |
| 3  | Does your business have an automatic sprinkler system?   |    |     |
|  | If yes, who will maintain the system? _____  |    |     |
|  | If Yes, when was the last inspection or the next schedule inspection? _____  |    |     |
| 4  | Does your business have a Stand-Pipe System?   |    |     |
|  | If Yes, what is the location of the Fire Department Connection (FDC)? _____  |    |     |

### PART 4: BUILDING ACCESS / HOURS OF OPERATION

| BUILDING ACCESS and HOURS OF OPERATION   |   | NO | YES |
|--|---|----|-----|
| 1  | Does the building have a Fairhaven Fire Department approved Supra ® Box?                          |    |     |
| 2  | Will the front door and rear door locks be changed from the previous occupant?                    |    |     |
|  | If Yes, please provide an updated key(s) to the Fairhaven Fire Dept. to be placed in Supra ® Box. |    |     |
| <p><i>If no to question 6, Massachusetts Fire Code requires that all businesses provide access to facilitate entry into a building in the event of fire or other emergency. Please contact the Fairhaven Fire &amp; EMS Department for more information.</i></p> |   |    |     |
| 3  | What will be the days of operation? S M T W T F S (circle all that apply) Hours? : _____ to _____ |    |     |
| 4  | How many employees will be in the building at peak times? _____                                   |    |     |

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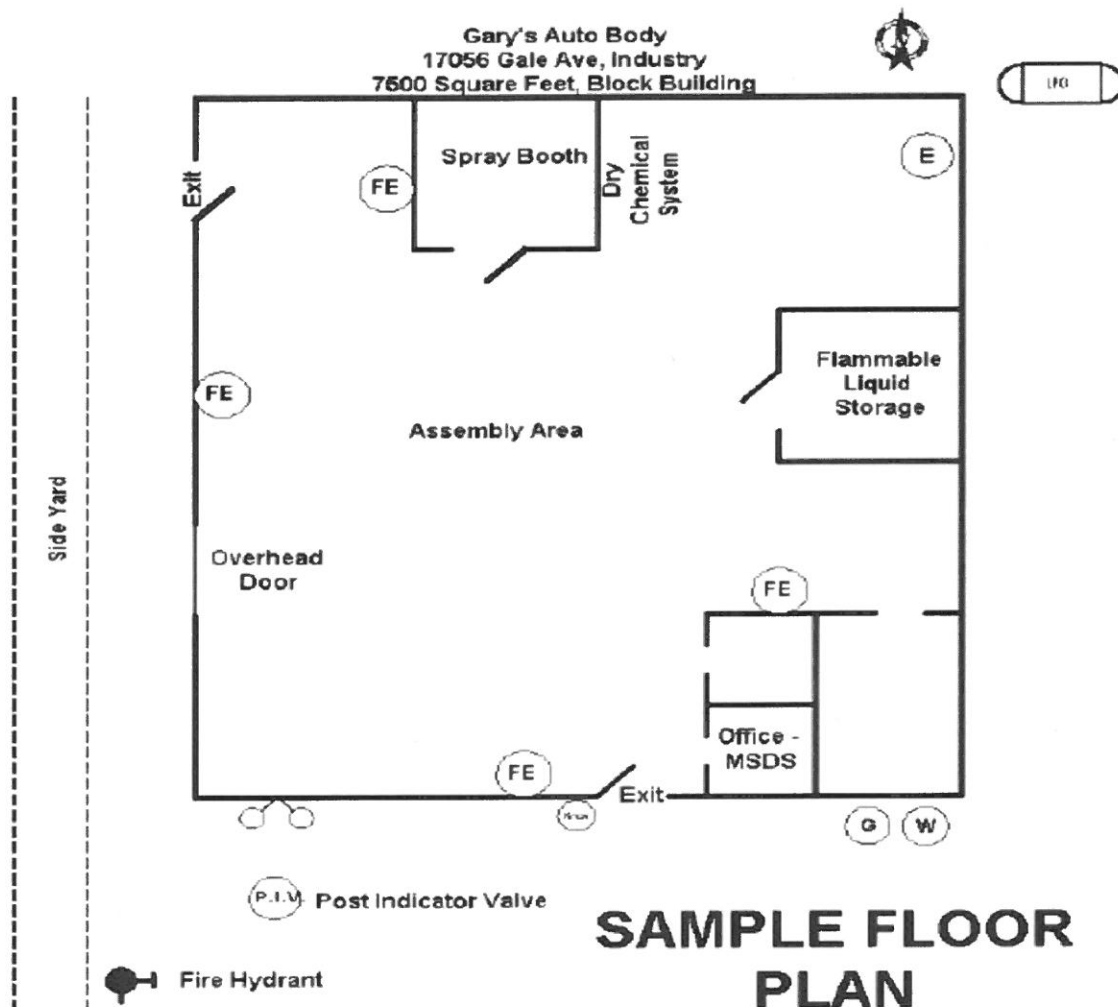
### PART 5: FLOOR PLAN LAYOUT

The Fairhaven Fire & EMS Department will create a pre-fire plan for your business. This layout will be shared with the Fairhaven Police Department in the event of a police related incident. This layout gives us the location of all the hazards, building utility shut offs, fire alarm devices, sprinkler connections, exits, and overall business layout.

Please map out a layout of the building and submit it with your questionnaire so we can create the plan.

Measurements are not necessary but are useful during the plan creation.

### SAMPLE LAYOUT



### SAMPLE FLOOR PLAN

Gale Avenue

- |                    |                        |                    |
|--------------------|------------------------|--------------------|
| (G) Gas Shut-Off   | (FE) Fire Extinguisher | (KNOX) Access Keys |
| (W) Water Shut-Off | (E) Electrical Panel   |                    |

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**FAIRHAVEN FIRE/EMS**  
**Emergency Contact Information**

**PLEASE COMPLETE DURING INSPECTION AND RETURN TO INSPECTOR. IF FORM  
CANNOT BE COMPLETED DURING INSPECTION RETURN AS SOON AS POSSIBLE TO**

**Email: [admin@fairhavenfire.org](mailto:admin@fairhavenfire.org) Fax: 508-994-1515**

**OR return to 146 Washington Street, Fairhaven, MA 02719**

COMPLETE ALL SECTIONS LEGIBLY AND IN FULL

The information obtained below is used in the event of an emergency at the business location.

Please provide at least 1 additional contact person in the case that an owner cannot be reached

**BUSINESS INFORMATION**

Name of Business

Address of Business

Business Telephone Number

Business Fax Number

Email Address\*

\* If you wish to receive your inspection reports via email vs. mail please check box

☐

Business Owner

Address of Owner

Owner's Telephone

Home

Cell

Additional Business Owner

Additional Owner's Address

Additional Owner's Telephone

**PROPERTY OWNER INFORMATION (If different from Business Owner)**

Name of Property Owner

Address of Property Owner

Property Owner Telephone

**EMERGENCY CONTACT NUMBERS (persons other than the owner(s) that have access to the building)**

Name

Home Telephone

Mobile Telephone

1

2

3

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

Form completed by:

Date:

FFD Initials