

## **NFPA LIFE SAFETY CODE CHECKLIST**

Compliance is mandatory for programs certified under Part 589, 594 or 595. Full compliance will typically be feasible for new construction. For alterations either (a) design to comply, (b) indicate additional work required for compliance and cost, (c) indicate which requirements are not technically feasible (provide detailed explanations.) Meet the requirements of the appropriate chapter and section (including those requirements incorporated by, reference) of NFPA Life Safety Code, 2012 Edition, pertaining to residential board and care facilities. If one or more of the code requirements cannot be met **(in existing construction only)** consider “equivalency concepts” as per Section 1.5 and NFPA 101A “Alternative approaches to life safety”. The relevant chapters differentiate between new and existing building and between small and large facilities.

### ***Part 594***

#### **CHAPTER 24 – ONE- AND TWO-FAMILY DWELLINGS**

### ***Part 589 and 595***

#### **CHAPTER 32.1 - NEW CONSTRUCTION GENERAL REQUIREMENTS**

#### **CHAPTER 32.2 - NEW CONSTRUCTION SMALL FACILITY**

#### **CHAPTER 32.3 - NEW CONSTRUCTION LARGE FACILITY**

#### **CHAPTER 33.1 - EXISTING BUILDING GENERAL REQUIREMENTS**

#### **CHAPTER 33.2 - EXISTING SMALL FACILITY**

#### **CHAPTER 33.3 - EXISTING LARGE FACILITY**

(SMALL FACILITY IS 16 BEDS OR LESS)

**This checklist must be completed by a license architect, engineer, or Life Safety**

**Code expert who is familiar with the property in question.**

Program Type:  Crisis Residence (Part 589)  
 Adult Community Residence (Part 595)  
 Children/Youth Community Residence (Part 594)

Property Street Address: \_\_\_\_\_ Bed Capacity: \_\_\_\_\_

City: \_\_\_\_\_

Is facility Small  New

Large  Existing

Specify construction classification. Refer to NFPA 220 Standard on Types of Building Construction:

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<b>A</b>	<b>Specify evacuation capability of proposed population (Existing Buildings only)</b>	
32.2.1.2	Prompt	<input type="checkbox"/>
32.3.1.2	Slow	<input type="checkbox"/>
33.2.1.2	Impractical	<input type="checkbox"/>
33.3.1.2		
<b>B</b>	<b>Please answer the following questions for Part 594 facilities</b>	
	Indicate if means of escape comply with the following requirements:	
24.2.2.1	Number of means of escape	Y <input type="checkbox"/> N <input type="checkbox"/>
24.2.2.2	Primary means of escape	Y <input type="checkbox"/> N <input type="checkbox"/>
24.2.2.3	Secondary means of escape	Y <input type="checkbox"/> N <input type="checkbox"/>
24.2.3	Arrangement of means of escape	Y <input type="checkbox"/> N <input type="checkbox"/>
24.2.4	Doors	Y <input type="checkbox"/> N <input type="checkbox"/>
24.2.5	Stairs, landings, ramps balconies or porches	Y <input type="checkbox"/> N <input type="checkbox"/>
24.2.6	Hallways	Y <input type="checkbox"/> N <input type="checkbox"/>
	Is protection provided as required by the appropriate chapter and section?	
24.3.3	Interior finish	Y <input type="checkbox"/> N <input type="checkbox"/>
24.3.4.1	Smoke alarms or detection system	Y <input type="checkbox"/> N <input type="checkbox"/>
24.3.4.2	Carbon monoxide and carbon monoxide detection systems	Y <input type="checkbox"/> N <input type="checkbox"/>
24.3.5	Has automatic sprinkler system been provided?	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>C</b>	<b>Please answer the following questions for Small Part 589 or 595 facilities</b>	
	Indicate if means of escape comply with the following requirements:	
32.2.2.1	Number of means of escape/egress	Y <input type="checkbox"/> N <input type="checkbox"/>
33.2.2.1		
32.2.2.2	Primary means of escape/egress	Y <input type="checkbox"/> N <input type="checkbox"/>
33.2.2.2		
32.2.2.3	Secondary means of escape/egress	Y <input type="checkbox"/> N <input type="checkbox"/>
33.2.2.3		
32.2.2.4	Enclosure of interior stairs	Y <input type="checkbox"/> N <input type="checkbox"/>
33.2.2.4		
32.2.2.5	Doors	Y <input type="checkbox"/> N <input type="checkbox"/>
33.2.2.5		

32.2.3 33.3.3	Is protection provided as required by the appropriate chapter and section?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.2.3.1 33.2.3.1	Is protection of vertical openings provided?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.2.3.2 33.2.3.2	Is protection of hazardous areas provided?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.2.3.3 33.2.3.3	Do interior finishes comply with Section 10.2?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.2.3.4 33.2.3.4	Has a manual fire alarm with occupant notification and smoke detection been provided?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.2.3.5 33.2.3.5	Has an automatic sprinkler system been provided?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.2.3.6 33.2.3.6	Is protection of corridor walls and separation of sleeping rooms provided?	Y <input type="checkbox"/>	N <input type="checkbox"/>
<b>D</b>	<b>Please answer the following questions for Large Part 595 facilities</b>		
32.3.1.3 33.3.1.3	Does the building comply with minimum construction requirements?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.2.2 33.3.2.2	Do all components of escape/egress comply to the requirements of the appropriate chapter and section?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.2.3 33.3.2.3	Capacity of means of egress	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.2.4 33.3.2.4	Number of exits	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.2.5 33.3.2.5	Arrangement of means of egress	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.2.6 33.3.2.6	Travel distance to exits	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.2.7 33.3.2.7	Discharge from exits	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.2.8-10 33.3.2.8-10	Illumination, Emergency lighting and Marking of exits	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.3 33.3.3	Is protection provided as required by the appropriate chapter and section?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.3.1 33.3.3.1	Is protection of vertical openings provided?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.3.2 33.3.3.2	Is protection of hazardous areas provided?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.3.3 33.3.3.3	Do interior finishes comply with Section 10.2?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.3.4 33.3.3.4	Has a manual fire alarm with occupant notification and smoke detection been provided?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.3.5 32.3.3.5	Has an automatic sprinkler system been provided?	Y <input type="checkbox"/>	N <input type="checkbox"/>

32.3.3.6 33.3.3.6	Is protection of corridor walls and separation of sleeping rooms provided?	Y <input type="checkbox"/>	N <input type="checkbox"/>
32.3.3.7 33.3.3.7	Is subdivision of building spaces provided?	Y <input type="checkbox"/>	N <input type="checkbox"/>

If "no" is checked for any of the above, please explain.

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List all exceptions used.

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Has alternative approach to life safety been used?      Y     N

If yes, state required code that could not be met, and attach FSES calculations for Residential Board and Care Facility (101A Chapter 7).

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**\*Please attach any related floor plans and/or drawings, as well as scope of work, narrative, and cost estimates. \***

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Signature and title of person completing this form

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_