Pre-Construction Risk Assessment for Fire and Life Safety

Date:	○ E&O ○ FMD ○ FPDC	
Building Name:		Building Number:
Contractor:	On-Site Contact and Phone:	
Project Name and Location:		
Project Number or Work Order Number:		

Provide a current life safety floor plan indicating the project boundaries and protected spaces in adjoining compartments (to include interstitial spaces if included in the scope of the project). All life safety system components must be clearly identified.

	Y	N	N/A
Are there occupied spaces adjacent to the project area?	○	○	○
Will an equivalently rated construction barrier be provided to separate the project area from other portions of the building?	○	○	○
Will means of egress be affected within the project area or adjacent spaces?	○	○	○
Are alterations, removal, or impairments to any automatic fire protection systems planned?	○	○	○
Are alterations, removal, or impairments to the fire alarm system planned?	○	○	○
Within the project area, are any new **VERTICAL** openings or alterations to existing vertical openings (including penetrations of any size) planned? *(Examples: ceilings/tiles, chases, shafts, linen chutes, etc.)*	○	○	○
Within the project area, are any new **HORIZONTAL** openings or alterations to existing horizontal openings (including penetrations of any size) planned? *(Examples: roll-down, horizontal sliding, swinging fire/smoke doors, etc.)*	○	○	○
Will smoke evacuation systems remain operational?	○	○	○
Any structural support components affected? *(Examples: load bearing walls, structural steel, etc.)*	○	○	○

What are the normal working days/hours for this project?

If work continues on weekends or holidays, detail hours below:

Any Life Safety System Deficiencies (i.e., "yes" answers) noted above shall require the completion of an ILSM assessment.

Attach ILSM Matrix and any additional documentation to this form.

Project Manager:	**PM Phone and Email:**

Fire and Life Safety Division Representative: Choose a specialist... **SUBMIT**