



GOVERNMENT OF SINDH
OFFICE OF THE ADDITIONAL CONTROLLER
CIVIL DEFENCE KARACHI-SOUTH
MOINUDDIN ROAD, RAMSWAMI
OPPOSITE POLICE HOSPITAL KARACHI.



**PHYSICAL INSPECTION SURVEY REPORT IN RESPECT OF
ADOPTION OF FIRE PREVENTIVE MEASURES AND ASSOCIATED ARRANGEMENT.**

PART-I

(TO BE FILLED IN BY DEPARTMENT / OFFICE / ESTABLISHMENT / UNIT / AGENCY / CONCERNS).

01. Type of Installation / Business. _____
02. Name of the Area Police Station. _____
03. Name of Concerns Person with Cell Number. _____
04. Name and Designation of Head of the Department / Office. _____
05. Date of Inspection. _____
06. Legislation. _____
07. Name of Person responsible for maintenance of Fire Fighting / Associated Arrangements. _____

08. Total Numbers of Staff / workers / employed / engaged.
 - (a) Numbers of Staff. _____
 - (b) Number of other Persons _____
09. Occupancy (Whether Multi Storied, If so, Give Floor-wise position with approved Plan). _____
 - (a) Office Rooms. _____
 - (b) Lounge / Halls. _____
 - (c) Store Rooms. _____
 - (d) Garages. _____
 - (e) Parking Place. _____
 - (f) Kitchen. _____
 - (g) Pump Rooms. _____
 - (h) Operation Theatres. _____
 - (i) Air Conditioner Plant. _____
 - (j) Electric Motor Rooms and Others, If any including sophisticated machinery. _____
 - (k) Wards and Verandahs / Halls. _____
 - (l) Stair Case. _____
10. Type of material being stored / dealt with whether or not inflammatory / easy combusting. _____
11. Plot No. and area whether owned or rented (Give name of appropriate ownership). _____

12. Whether adequate Fire Fighting Equipments Associated Arrangements exists. _____
- (a) Fire Extinguishers. _____
 - (b) Sprinkler System (Water / Gas). _____
 - (c) Fire Buckets. _____
 - (d) Hose-Reel. _____
 - (e) Other Static / Fixed. _____
 - (f) Total Number of Gas Masks and Breathing apparatus. _____
 - (g) Detection System / Detectors, If Available / Fitted. _____
 - (h) Means of Escape (Size and Location). _____
 - (i) Fire Blankets. _____
 - (j) Whether Fire Alarm / Warning System / Fire detection system exists. _____
 - (k) Trained personnel in various Civil Defence Courses, If so, Give numbers of each. _____
 - (l) Any other safety equipments / arrangements exists. _____
 - (m) Provide details of the name of Company whose supply the Fire and Safety appliances or refilling the existing Fire Extinguishers. _____
13. Whether Gas Boiler exists in the premises / Vicinity / Building. _____
14. Total Number of A.Cs / Boilers and Plant exists / fitted in the building premises. _____
15. Whether Emergency Generator Exists in the Building Premises or Public Utility. _____
16. Whether Building Premises Insured, If So, Give the name of concerned Insurance Corporation. _____
17. Total Number of Offices Existing in the Building Premises. _____
18. Present Condition of the Fire Appliances. _____
- N.B. Site Plan duly approved by appropriate agency / Authority is to be attached. _____
19. Source of Water in Existence. _____
- (a) KDA / KMC Line. _____
 - (b) Overhead Tank Capacity. _____
 - (c) Underground Tank Capacity. _____
 - (d) Nearest Hydrant / Reserve Water Line. _____
 - (e) Whether Separate Tank is provided for fire reserve, If So, State Capacity _____
 - (f) Total Number of Hydrants in existence. _____
 - (g) Whether alternate arrangement of water is available. _____
20. Type of Electric and Gas Fitting Service. _____
- (a) Open. _____
 - (b) Concealed. _____

- 21. Automatic Protection / Fixed Installations _____
- 22. Provision of First Aid. _____
- (a) Provision of Equipments according to scale. _____
- (b) Provision of Ambulance. _____
- (c) Selection of suitable accommodation. _____
- (d) Whether or not dispensary facilities exists. _____
- (e) Whether or not suitable facilities of a Doctor Exists. _____

PART-II

(TO BE FILLED IN BY CIVIL DEFENCE AUTHORITIES)

- 01. Type / Classification of Building / Premises. _____
- 02. Maintenance and Sitting position of the appliances. _____
- (a) Building Premises. _____
- (b) Storing Conditions. _____
- (c) Electric Wiring. _____
- (d) Means of Escape. _____
- (e) Fire Drills. _____
- (f) First Aid Fire Fighting Equipments. _____
- (g) Fixation of Responsibility. _____
- (h) Call Points. _____
- (i) Types of Sounders. _____
- (j) Provision of Equipments According to Scale. _____
- 03. Fire Risks Category. _____
- (a) Common Causes of Fire. _____
- (b) Special Causes of Fire. _____
- 04. Fire Hazards. _____
- (a) Inner. _____
- (b) Outer. _____
- 05. Maintenance and Adequate Facilities of First aid. _____

PART-III

(TO BE MADE / RECOMMENDED BY CIVIL DEFENCE AUTHORITIES)

- 01. Water Capacity in Gallons. _____
- (a) Over Head. _____
- (b) Under Ground. _____
- (c) Any other sources is available. _____
- 02. Fire Fighting Equipments / Associated Arrangements. _____

- (a) Water Type. _____
- (b) Dry Chemical Powder. _____
- (c) Foam Type. _____
- (d) Co2 Type. _____
- (e) Halotron Type. _____
- (f) Trolley Mounted Type. _____
- (g) Fire Blankets _____
- (h) Fire Buckets. _____
- (i) Fire Warning System. _____
- (j) Type of Sounder. _____
- (k) Call Points. _____
- (l) Automatic Detectors. _____
- (m) Fixed Installations. _____
- (n) Fire Routine. _____
- (o) Equipments Scale Position. _____
- (p) Any Other Safety Equipments _____
- 03. Electrical / Gases Installation Position. _____
- 04. Organization of Fire Fighting Parties. _____

(A) ONE FIRE PARTY CONSISTING OF EVERY 2000 SQ. YDS. OR PART THEREOF ON EACH FLOOR TO BE ORGANIZED AS DETAILED BELOW (ATTACHED SEPARATE LIST IN CASE OF MORE THAN ONE PARTY.

S.NO.	NAME	DESIGNATION	CELL NUMBER	PROFESSIONAL OFFICE ADDRESS	HOME ADDRESS
01.		Leader			
02.		Member			
03.		Member			
04.		Member			
05.		Member			

- 05. Trainings. _____
- (a) Fire Party Members _____
- (b) Other Staff Members / Occupants. _____
- 06. First Aid Facilities / Arrangements. _____

N.B. A PLAN OF THE TRAINING OF THE PERSONNEL SHOULD BE CHALKED OUT IN CONSULTATION WITH THE CIVIL DEFENCE AUTHORITIES AND THEREOF FURNISHED TO THE ADDITIONAL CONTROLLER, CIVIL DEFENCE OFFICE, KARACHI-SOUTH, HOUSE IN CIVIL DEFENCE OFFICE KARACHI-SOUTH, MOINUDDIN ROAD, RAMSWAMI, OPPOSITE POLICE HOSPITAL KARACHI.

- 07. List of Persons with Telephone Numbers to be contacted during any sort of Emergency. _____
- (a) Civil Defence Authorities. _____
- (b) Nearest Fire Brigade. _____
- (c) Central Fire Brigade. _____
- (d) Bomb Disposal Squad. _____
- (e) Police Emergency Centre. _____
- (f) Head of the Department / Office. _____
- (g) Nearest K-Electric, Sui Gas Complaint Centre. _____
- (h) Any Others. _____
- 08. Any other Special Recommendations by Inspecting Authority. _____

N.B. IN CASE OF MULTI-STORIED BUILDING / BLOCK, SEPARATE PROFORMA FOR EACH STORY / BLOCK FLOOR-WISE SHOULD BE FILLED IN.

SIGNATURE OF THE PERSON WITH SEAL
RESPONSIBLE FOR ESTABLISHMENT OF
PRESCRIBED ARRANGEMENTS.

PHYSICALLY INSPECTED SURVEYED BY
MR. _____
DESIGNATION _____
CIVIL DEFENCE DEPARTMENT

OR

SIGNATURE WITH SEAL OF HEAD OF THE
DEPARTMENT / OFFICE / ESTABLISHMENT /
UNIT / AGENCY / CONCERNS.