



Guidance Note on Fire Safety Measures in Primary Healthcare Facilities

Quality and Patient Safety Division

National Health Systems Resource Centre, New Delhi



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Background

Fire safety is a critical concern in healthcare facilities due to their inherent vulnerabilities, including patients with limited mobility, extensive use of electrical equipment, and the presence of flammable and combustible materials. Most fire incidents in these settings arise due to inadequate fire prevention practices, unsafe handling of hazardous substances, and insufficient safeguards related to electrical installations. To improve service quality and ensure safety, the Ministry of Health and Family Welfare (MoHFW) has introduced the National Quality Assurance Standards (NQAS), which require healthcare facilities to comply with statutory regulations such as obtaining a valid Fire NOC from the respective state fire department. Although the requirement for a Fire NOC is not uniformly mandatory across all primary healthcare facilities and varies based on state-specific norms, many states face challenges in achieving this due to infrastructural limitations and procedural hurdles.

To address these concerns, a guidance note has been developed outlining the minimum essential fire safety requirements for

- A. Ayushman Arogya Mandir - Primary Health Centres (AAM-PHCs)
- B. Ayushman Arogya Mandir- Sub Health Centres (AAM-SHCs)
- C. Ayushman Arogya Mandir- Urban Sub Health Centres(AAM-USHC)

This guidance note aims to strengthen fire preparedness through the provision of basic fire fighting equipment, structured staff training, adherence to compliance protocols, and regular safety audits conducted by designated teams.

All the above listed facilities need to provide evidence of meeting the explicit fire preparedness measures before these facilities are taken for NQAS assessments.

*It is important to note that this guidance note is intended solely to support primary healthcare facilities in meeting the fire safety requirements outlined under the National Quality Assurance Standards (NQAS) for certification purposes. It does **not absolve** facilities from the statutory obligation to obtain a valid **Fire NOC** from the Fire Safety Department, nor does it override any state-specific fire safety regulations that are applicable to healthcare establishments. Facilities must continue to ensure full relevant legal and regulatory mandates.*

*More over these guidelines **do not** supersede the guidance provided in National Building Code 2016 and revisions thereof and the state regulations will still be applicable to the health facilities*



FIRE SAFETY REQUIREMENTS AS PER NATIONAL QUALITY ASSURANCE STANDARDS (NQAS) FOR PRIMARY HEALTHCARE FACILITIES



Implementation of National Quality Assurance Standards (NQAS) in the healthcare facilities ensures safety of the healthcare personal, patients and visitors. NQAS includes all the essential elements for ensuring fire safety in the healthcare facilities which are included as measurable elements and check points in the standard framework. For primary healthcare facilities, NQAS standards focus on fire safety preparedness by the healthcare facilities without waiving off the requirement of having a valid Fire NOC from Fire Safety Department.

Each primary healthcare facility is required to submit the evidence of meeting the explicit fire preparedness measures before these facilities are taken for NQAS assessments.

The table highlighting the requirements of fire safety under National Quality Assurance Standards is kept as **Annexure: I**

GENERAL REQUIREMENTS FOR ENSURING FIRE SAFETY IN HEALTH CARE FACILITY

All the health care facilities are needed to be met with the requirements for the fire safety and relating to the following matters: -

- Fire Extinguishers.
- MOEFA (Manually operated fire electric alarm)
- Public Address System.
- Exit Signage.
- Assembly Area

For ensuring the fire and life safety measures each health facility needs to ensure that it provides:

- Fire Extinguishers are required at prominent places
- Sand buckets have to be installed at prominent places
- Signage for fire alarms and fire extinguishers has to be given in lobbies, assembly areas and any other escape routes.
- Exit route is available and exit doors must not be kept locked
- Mock fire drills must be conducted at regular intervals (once in each quarter)
- Waste and scrap materials must be cleared immediately from lobbies.



MINIMUM ESSENTIAL PRE- REQUISITE FOR FIRE SAFETY PREPAREDNESS



- **A. FIRE SAFETY PLAN**

A fire safety plan is a procedure that outlines what staff needs do in case of fire in the health facility. All staff of the healthcare facility is needed to be trained on the fire safety plan of the facility so that staff readily responds and act to prevent and control the fire as per the set protocols.

Fire Safety Plan includes the following:

Regular inspection of the healthcare facility

A dedicated person needs to be responsible for the inspection of the healthcare facility focusing on risk factors in regards to the fire. The risk factors may include non-availability of fire safety equipment, non-functional fire safety equipment, loose or hanging wires, obstructed exits, improper storage of inflammable or combustible material etc. A fire safety inspection checklist for regular inspection is given as **Annexure VI**

Sensitization meeting for awareness among Staff: During sensitization meeting, few points like- potential hazard and risk in the facility, importance of preparing Fire Safety Plan, important precautions necessary for fire, importance of review of the plan etc to be discussed.

Formation of Rapid Response Team: After having the sensitization meeting, facility should form a Rapid Response team with the facility staff. Facility I/C will be the Chairperson & one pro-active staff will be the convenor of the team.

Define Roles & Responsibilities: Define the roles and responsibilities of the rapid response team for generating desired actions during fire emergency. This team is also responsible to identify the probable structural risk, non-structural risk etc.

Training: Facility should ensure that fire safety mock drills to be conducted at once in each quarter with the support of District Fire Services. Records of the trainings and response time to be monitored. Any discrepancies in the mock drill is noted down and appropriate CAPA are undertaken by the facilities which may include retraining of the staff

Plan the Fire Evacuation Map: An evacuation map represents the directions for evacuating the patient/staff during fire emergency. Create an easy-to-understand evacuation plan and display in all the required places to guide the patient/staff during fire emergency. The fire exits should be marked by arrows or signages in the map. The prepared map should be displayed at all strategic locations for the staff and patients, indicate with words such as "YOU ARE HERE", in capital, bold and coloured font which will help them to understand their nearest evacuation route in case of fire. Sample of fire evacuation route map is given in **Annexure-III**

Signage: The fire exit routes are displayed prominently, and routes are cluttered free. The illuminated fire exit signage and evacuation routes should be installed in the prominent locations in vernacular language. In addition to the fire exit signs which are invariably fixed or/ from ceiling, it is proposed that some exit signs may be installed at lower heights (up to 1.2 to 1.5 metres) and self-illuminating strips on the floor for convenience of patients/attendants to identify exit routes.

The Emergency number of the local Fire Station needs to be displayed prominently in strategic locations, e.g., Registration counter, Nursing Station, entry and exit points, etc.



Evacuation of non-ambulatory Patients: In the event of an emergency, all non-ambulatory patients shall be advised along with an attendant to go to assembly point. Under some circumstances, where it may be life threatening for the non-ambulatory patient and their attendant to remain in that location, the patient must be evacuated by the members of the Rapid Response Team

Patient Prioritization for Evacuation

Although in primary health care facilities there are limited numbers of admissions but in case of need of immediate evacuation, prioritization of patients with respect to the limited physical resources available for evacuation is among the most logistically and ethically challenging tasks involved in the evacuation. There is no single priority model that will function equally in all healthcare facilities and all circumstances.

Thus it is suggested, in any evacuation that is severely time-sensitive, where there are immediate and broad threats to life safety, the priority must be to get as many patients out as possible. Therefore, acuity model may be adopted requiring patients needing the most assistance and most time to “package” for transportation to be the last to move.

The default priority in these situations may be:

1. Patients who are in immediate danger
2. Ambulatory patients
3. Patients in general ward who require some transport assistance
4. Patients in procedural units (Labour Room).

1. Fire Exit/Evacuation plan

- Evacuation Plans shall be prepared and displayed at every room. The plan of the building clearly showing Emergency Exits, layout, etc should be kept at strategic points. Exit door should be openable and free from any materials which will obstruct way.
- All the fire exits should be kept without any hindrance. Ramps should be ensured free of obstructions.
- Corridors and exits should be clear of equipment, boxes, cartons and furniture so that they do not block evacuation routes or exits during emergency.
- Exits should be seen and identifiable in emergency. Fire Exit signage on should be well illuminated/ self-glowing, as per NBC guidelines.
- Keep available an updated listing of all personnel with physical disabilities who cannot move unaided. Ensure provision and arrangements for moving them out of exits.
- Ensure that all persons on the are notified of fire through public address system or by manual alarm and all are evacuated to assembly area. A search must be conducted in the lavatories to ensure all are out.
- Designated place (Assembly Area) for assembly of patients and staff in case of fire, shall be properly marked.
- After evacuation, perform a head count to ensure that all staff and admitted clients known to have occupied the facility have been evacuated.

2. Fire Alarm System (Manual)

- All health facilities shall be equipped with Manually operated electrical fire alarm system with one or more call boxes located at different locations.
- The call boxes shall be so installed that they do not obstruct the exit ways and yet their location can easily be noticed from either direction. The base of the call box shall be at a height of 5 feet from the floor level.



- The call boxes shall be of the break glass type without any moving parts or any other action on the part of the person operating the call boxes for triggering the fire alarm.
- It is desirable to have an automatic fire detection system is a system of fire detectors installed in a building or other space which are connected to a control panel capable of providing an automatic warning when a detector responds to a fire.
- Fire alarm system needs to be periodically tested and records to be maintained for the same.

3. Portable Fire Fighting Installations (Fire Extinguishers):

- Almost all fires are small in their incipient stage and can be put out quickly if the proper fire fighting equipment is available and the person discovering the fire has been properly trained. A fire can be prevented or extinguished by removing any one of the fire triangle elements i.e., heat, fuel and oxygen.
- Different types of fire extinguishers are designed to fight different types of fire. The three most common types of fire extinguishers are air-pressurized water, carbon dioxide (CO₂), and dry chemical.
- Facility needs to install adequate nos. of fire extinguisher (as per the specification) in the health facility. E.g., One ABC type fire extinguisher/100 sq. meter area.
- Extinguishers need to be installed at least 4 inches off the ground up to a maximum of 5ft. If extinguishers heavier than 40 lbs, they can only be kept up to 3 ft 6 inches off the ground.
- Extinguishers need to be located along normal paths of travel. This is because extinguishers should be available to occupants when evacuating.
- Extinguishers also need to be installed in places where they're visible, but if an obstruction is unavoidable then there needs to be a sign provided to indicate the extinguisher's location.
- Fire Extinguisher details like type of Extinguisher, their capacity and date of expiry/refilling etc. should be affixed on the extinguisher. Preventive maintenance of firefighting equipment needs to be ensured. Records of such maintenance are needed to be kept with the healthcare facilities. (**Annexure VII**)
- Instructions to operate Fire extinguisher" should need to be displayed near the extinguisher and all staff must be trained to use fire equipment.

Type of Extinguisher to be used in Specific Class of Fire

Type of Extinguisher ↓	Class of Fire			
	Class A Wood , paper, textile	Class B Flammable liquids oil, petrol, spirit	Class C Compressed gases	Class E Electronic equipment
Water Type	√	x	x	x
Foam	√	√	x	x
Dry Powder	√	√	√	√*
CO ₂ gas	x	√	x	√
Wet Chemical	√	x	x	x
Water Mist	√	x	x	√

**It is recommended that in case of fire caused in electronic appliances the dry powder type of extinguisher is not used as it may leave a residue and may damage the equipment, thus in case of electronic fire use of CO₂ type of extinguisher is recommended*



Suggested type of extinguisher to be used in specific areas

Area	Type of Extinguisher
OPD, Wards and circulation areas	ABC type
Labour room	ABC type
Laboratory	CO2
ILR	CO2 gas
DG Sets	ABC
Electrical Panel	CO2

4. Training of facility staff

- All staff shall be trained in Fire safety training and phased Evacuation in case of emergency. Fire brigade/Department could be engaged to provide training.
- There should be refresher training at least twice in a year to ensure that all staff are familiar with the fire precautions for the workplace and are reminded of the actions to take in an emergency.
- All staff, including full time, part-time staff, security staff, cleaning staff and contractors should be trained and instructed in:
 - Basic Fire Prevention practices and risk awareness
 - Actions to be taken when a fire is discovered or an alarm is heard.
 - RACE protocol(Rescue, Alarm, Confine and Extinguish)
 - Selection and use of fire-fighting equipment to contain or exterminate fire.
 - Their role for assisting vulnerable clients, like Neonates, non-ambulatory, Geriatric, especially abled clients for their safe evacuation.
 - Process shutdown and shutting down of non-essential equipment, stopping machines and processes and isolating power supplies.
 - Incident reporting procedures, including for “near miss” events and false alarms.(Annexure V)
- All training records need to be maintained.

5. Fire drill

- Fire/Evacuation mock drills shall be conducted periodically in every quarter, and records shall be properly maintained. (Annexure IV)
- District Fire Stations will assist during such drills.
- External Observers shall be invited for each evacuation drill and observations shall be noted specially.

6. Statutory Compliance

- **All legal/ statutory compliance needs to be ensured, as per the State Fire Department and NOC need to be obtained from the State Fire Department.**
- For Smaller Health Facilities (AAM- SHC,PHC) which are not covered under the National Building Code or the State Fire departments, an undertaking from the **Head of the department (District)** stating fire safety measures are in place and adhered to at all times in the health facility could be submitted for applying NQAS National Assessment.
- A sample format for providing undertaking is provided in **Annexure –II**
- As a part of fire prevention and facility preparedness, Fire Safety Audit needs to be done for single storeyed PHCs and AAM-SHC before applying for National Quality Assurance Standard (NQAS) Assessment to ensure that the health facility has implemented



adequate fire safety measures.. Detail Note on the Fire Safety Audit is provided as **Annexure VIII**



7. Fire Buckets

Use of Water/sand through use of fire buckets, in the suppression of the fire is the classical system for ensuring the fire safety in any of the building. The fire buckets are needed to be placed at easily assessable locations like major exits points or landing areas of the ramps. The buckets are needed to be placed at grills or hangers. The buckets installed must comply with the requirements of the standards as specified in IS 2546: 1974 (Reaffirmed in 2005); Specification for Galvanized Mild Steel Fire Bucket

8. Public Address system

Public address system is used as a separate emergency communication system requirement from the alarm system which is needed to alert the occupants of the healthcare facility in case of an emergency notification.

SPECIFIC REQUIREMENTS

Fire Safety for DG Sets

A Soak pit of approved design shall be provided around the DG Sets installed in the facility. It is suggested not to store the oil in vicinity of the DG sets and appropriate fire extinguisher is installed along with the DG sets.

Sterilization Area

As sterilization process is undertaken in the sterilizers which are high pressure and heat producing equipment special attention is required in respect to fire safety in this area. Sterilization area is needed to be provided with the exhaust provision and also with adequate fire safety equipment.

Housekeeping

To eliminate fire hazards, good housekeeping, both inside and outside the healthcare facility, needs to be strictly maintained. Good housekeeping boils down to regular upkeep of the premises, keeping things in their places and regular waste disposal. Good housekeeping reflects good management style and a strong desire to follow fire prevention practices.

Gas Cylinders

All the gas cylinders are needed to be stored in manner that prevents them from abnormal mechanical shock and heat exposure. The filled cylinders are needed to be stored separately from the empty cylinders. All the cylinders are needed to secure with the provision of chains to prevent fall.

Secure Storage of Compressed Gas Cylinders

- Valve protection caps in place when not in use
- Cylinder valves closed when work is finished
- Compressed gas cylinders secured in an upright position
- Regulators in proper working order
- All the cylinders in the manifold area of the hospital are secured properly from falling through use of chains and hooks



Storage of Combustible and Inflammable Material



Healthcare facility needs implement the proper storage of combustible and inflammable material in the healthcare facility. Facility needs to make a list of all the combustible material available in the facility and store the same as per the supplier directions.

Ideally the storage of the combustible and inflammable material is needed to be done in the metal cabinets and all such cabinets are needed to be conspicuous labelled with **“FLAMMABLE MATERIAL- KEEP FIRE AWAY”**

Waste Management

Each healthcare facility is needed to ensure that waste management i.e storage of the waste is proper and is timely disposed of from the healthcare facility

Prohibition of Smoking

As per the MoHFW guidelines it is mandatory to display the No Smoking Signage at the prominent places in the healthcare facilities and all the visitors and staff need to follow the instructions strictly

Electric Audit

Facilities are supposed to conduct annual Electrical Audit of the healthcare facilities to evaluate the potential hazards and to identify the risk areas for determining the actions to minimize the hazards. The minimum essential components health care facilities must focus during the electrical audit must include:

- Physical inspection of loose hanging wires, open electrical connections and switch boards
- Insulating mats near HT and LT panels
- Installation of danger signs
- Load Calculations of power points
- Earthing protection systems
- Review of electrical safety procedures and historical incidents
- All safety devices, such as switches, Miniature Circuit Breakers(MCBs, Earth leakage circuit breakers (ELCBs) etc. are to be maintained in proper functioning order and any sign of overheating/overloading shall be immediately attended.
- All the air conditioners present in the health facility building needed to be well maintained and with functional dampers

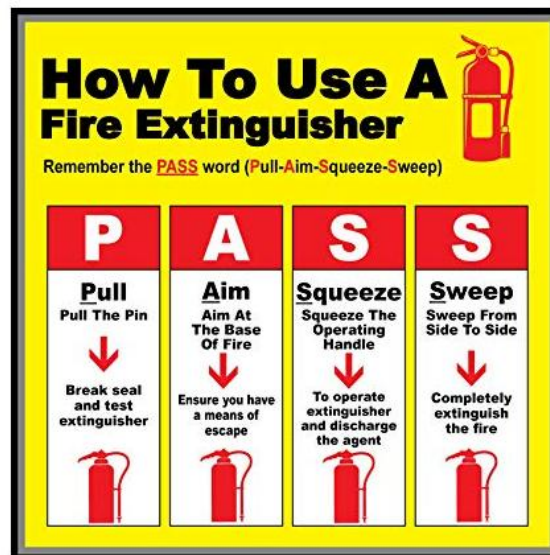
Recommendation of the Fire Exits

- It is preferable that facility is provided with exits sufficient to permit safe egress of occupants in case of fire
- Every exit shall be continuously maintained free of all obstructions for full use in case of fire
- Fire exit doors must open towards outside and in should not obstruct the width of the corridor or landing when open
- Objects like tables, chairs or any other temporary/ permanent structures in exit access corridors shall be avoided as this may result in congestion and also impeding smooth flow of personnel in case of fire emergency
- If the facility has installed “Access Controlled Doors” and electromagnetic doors, a manual release device shall be provided in the readily accessible vicinity of the egress door with signage (PUSH TO EXIT)



OPERATING PROTOCOL OF FIRE EXTINGUISHER

- Though the fire extinguishers come in number of shapes and sizes they all operate in a similar manner. The basic protocol of the operating the Fire Extinguishers in case of a noticed fire are enumerated as follows:
- The step for operating the fire extinguisher includes “**PASS PROTOCOL**”
- **P: Press or Pull Pin:** Pull the pin at the top of the extinguisher the keeps the handle from being accidently pressed
- **A: Aim at the base of fire:** Aim the nozzle toward the base or source of the fire
- **S: Squeeze handles:** Stand approximately 8-10 feet away from the fire and squeeze (Press) the top lever to discharge the extinguisher. If you release the handle, the discharge will stop
- **S: Spray and Swipe** at the base of fire: Sweep the nozzle back and forth at the base of the fire. After the fire appears to be out, watch it carefully since it may re-ignite



DOS AND DONT'S IN CASE OF FIRE

DOS	DONT'S
Raise the alarm, alert everyone and Stay Calm	Don't panic and Don't Run
Escape using nearest escape route	Never stand up in case of fire, always crawl low under the smoke and try to keep mouth covered with a wet handkerchief or piece of cloth
While leaving an area or premises close the doors behind, only after ensuring that no one is left behind	Never go back to the burning building for any reason
Escape forming a queue at a normal pace	Don't secure open the fire doors
In case of closed door, feel the door with the back of hand, the gap between the door and door frame, knob of the door for heat. Even if the door feels cool brace your shoulder	Don't create panic or cause others to panic



against the door and open it carefully. If heat or smoke comes , shut the door and use an alternate escape route	
If trapped in smoke logged area, lie down ,keep nose close to the floor and crawl towards nearest exit point	Do not try to use the fire extinguisher if one don't know how to operate
If trapped in room, close the doors and block any gaps which might let smoke or fumes through. Call for help or shout to attract the attention of the rescue team or others	Do not stop to protect or collect the belongings
Security must switch off the main power supply	Do not use any electrical/ electronic equipment
Use a portable fire extinguisher to put out the fire	Do not congest towards ONE EXIT only, use alternate EXIT
When one is putting out the fire through use of fire extinguisher second person must fetch the other cylinder as a back up	Do not endanger yourself while fighting the fire

FIRE SAFETY PROTOCOLS

Formation of Rapid Response Team (RRT)

Rapid Response Team (RRT) framed in the healthcare facility is the first responder in event of the fire. The RRT is needed to be trained on fire safety measures. It is suggested that the RRT framed at the healthcare facility is designated for at least 3 months for sustaining the efforts and practices in relation to the fire safety.

Composition of RRT:

NAME OF THE HEALTH CARE FACILITY : RAPID RESPONSE TEAM				
S no	Name of the Staff	Designation	Contact no	Mobile no
1.		Medical Officer		
2.		Pharmacist		
3.		Lab Technician		
4.		DEO		
5.		Sanitation Staff		
6.		Nursing Officer		
		Security Staff		

Role and Responsibility of Rapid Response Team

Primary of Role of RRT will be:

- To respond to any fire incidence in the healthcare facility.
- To raise the alarm
- To extinguish / control the fire
- To conduct periodic inspections of the healthcare facilities
- To conduct the regular trainings of the staff in respect to the fire safety
- To conduct the periodic mock drills on fire safety and maintaining the records of the same
- To do the gap analysis based on periodic inspections and mock drills and take appropriate corrective actions



- To maintain the repository of the external support agencies i.e Fire Safety Agencies, Fire Tenders, Ambulance support, nearest referral centre.

Fire Emergency Response Plan

In response to the Fire Incidence following steps are needed to be followed:

Step 1: Individual discovers the fire will raise the alert through manual fire alarm or by shouting loudly **“FIRE FIRE FIRE THREE TIMES”**

Step 2: Starts immediate action to fight the fire (without panic) & with the assistance of colleagues in the close vicinity. **‘PICK UP FIRE EXTINGUISHERS FROM THE CLOSEST POINT’.**

Step 3: RRT framed in the healthcare facility responses to the call and also pull the fire buckets for the containment of/ extinguishing the fire.

Step 4: If the fire is not contained/ extinguished the facility immediately calls up the Fire tenders on the contact numbers maintained with the facility.

Step 5: When the fire is extinguished Medical Office In charge will assess the damage and prepare a report

Step 6: The quality team along with the RRT, of the facility will do the Root Cause Analysis of the cause of the fire and will take appropriate Corrective Action and Preventive Actions (CAPA) for the identified cause.

If possible and there is a system of Public address in the facility following announcement is needed to be made on PA system for information of the all

“LADIES AND GENTLEMEN, YOUR ATTENTION PLEASE.THERE IS AN EMERGENCY IN THE BUILDING. PLEASE EVACUATE BY THE NEAREST EXIT.FOLLOW ALL INSTRUCTIONS GIVEN BY THE FIRE SAFETY TEAM. REMEMBER DO NOT USE THE LIFTS. THANK YOU”

MAINTENANCE PLAN FOR FIRE-RELATED EQUIPMENT

The healthcare facility needs to have a maintenance plan for fire-related equipment. In doing so it adheres to the manufacturer’s recommendations.

The components of this plan are:

- The healthcare facility has fire extinguishers for all types of fires (Multi-Purpose Fire extinguishers), fire buckets filled with sand.
- The RRT check these on monthly basis for optimal presence and functioning, expiry dates are checked, along with the pressure in the extinguishers etc.
- The reporting of these checks is submitted to the Medical Officer In charge monthly basis and records are kept.
- Any parts or components that are found missing or are found damaged/ non-working in the fire equipment are changed/ replaced by the identified agencies.



- Fire extinguishers nearing expiry date are informed to the Medical Officer In charge three months prior to the impending expiry. These are then suitably replaced before their term expires.

- Labels are put on all fire equipment that has its inventory number, date of purchase/ installation and due date of replacement/ expiry etc. Also the location of such equipment is mentioned on this label for easy replacement in case of its displacement in panic situation.
- It is preferable if there is dedicated budget for this activity

FIRE PRECAUTIONARY MEASURES TO BE TAKEN BY HEALTHCARE FACILITY

- All the working staff of healthcare facility shall be trained on how to use firefighting equipment in case of fire
- Firefighting equipment shall be checked at regular interval
- Mock drills in case of fire are needed to be conducted in every quarter for fire safety preparedness and any discrepancies in the mock drills are needed to be worked upon
- It is recommended that healthcare facilities may avoid use of fabric curtains and foam based mattress as a preventive measure for fire safety risks.



Fire Safety Requirements as per NQAS for Primary Healthcare Facilities				
S. No	Requirement			ME Reference and Department
	Measurable Element (ME)	Checkpoint	MOV	
Primary Health Centres				
1.	The facility Ensures fire Safety Measures including fire fighting equipment	Department has functional fire extinguisher		C 2.4, Labour Room , OPD , IPD, Laboratory
2.	The facility Ensures fire Safety Measures including fire fighting equipment	Fire exit signs are displayed at critical areas		C 2.4 , General Administration
		There is system to track the expiry dates and periodic refilling of the extinguishers	Check some for some fire extinguishers valid expiry date	
		Periodic Training is provided for using fire extinguishers		
		Staff is skilled to operate fire extinguishers	Ask staff for demonstration	
		Periodic mock drills for fire safety are organized at the PHC		
Urban Primary Health Centres				
3.	The facility ensures fire safety measures including fire fighting equipment	Pharmacy has plan for safe storage and handling of potentially flammable materials.	Check for trash (empty cartons) stored in the store; flammables are stored separately; no smoking zone; and availability of fire extinguishers and extinguisher is not time barred	C 1.7, Pharmacy
4.	The facility ensures fire safety measures including fire fighting equipment	Laboratory has functional fire extinguisher	Check for Date of expiry & competency of staff to operate	C 1.7, Laboratory
5.	The facility ensures fire safety measures including fire	Fire exit signs are displayed at critical areas		C 1.7 General Administration
		There is system to		



	fighting equipment	track the expiry dates and periodic refilling of the extinguishers		
		Periodic Training is provided for using fire extinguishers		
		Staff is skilled to operate fire extinguishers		
		Periodic mock drills for fire safety are organized at the PHC		
6.	The facility has requisite licenses and certificates, as required for operation of a health facility	Availability of NOC for Fire Safety		D 4.6, General Administration
Ayushman Arogya Mandir-Sub Health Centre (AAM- SHC)				
7.	The facility ensures physical safety including electrical and fire safety of infrastructure	AAM- SHC has installed fire extinguisher and staff know how to operate it	"(1) Fire extinguisher ABC type (2) Check expiry date & refill date is displayed (3) PASS- Pull the pin, A- Aim at base of fire, S- Squeeze the lever, S -Sweep side to side (4) Check exists are clutter free "	C 1.2



Annexure-II:

Undertaking regarding Fire Safety Measures by Head of the District Health Department.

UNDERTAKING

I, Dr..... as Head of the District Health Department of..... (*Name of the District*) do hereby solemnly affirm and state as follows-

1. That I/We have taken all the required Fire Prevention and Safety Measures in (*Name of the Health Facility*) of (*Name of State*) and always maintained in an efficient working condition for use by the facility staff or the members of fire services or both in the event of outbreak of fire.
2. That the said health facility has ensured staff training on fire safety, fire mock drill, availability of adequate Fire extinguishers and other necessary fire safety measures.
3. The facility has successfully undergone the fire safety audit and has scored the compliances as per requirement.
4. The facility has submitted the CAPA for the discrepancies found during the fire safety audit to the state quality assurance committee
5. This undertaking is issued for the purpose of applying for NQAS National assessment Only.

Signature:

Name of the Head of the Dist. Health Dept:

Designation:

Date:

Seal:

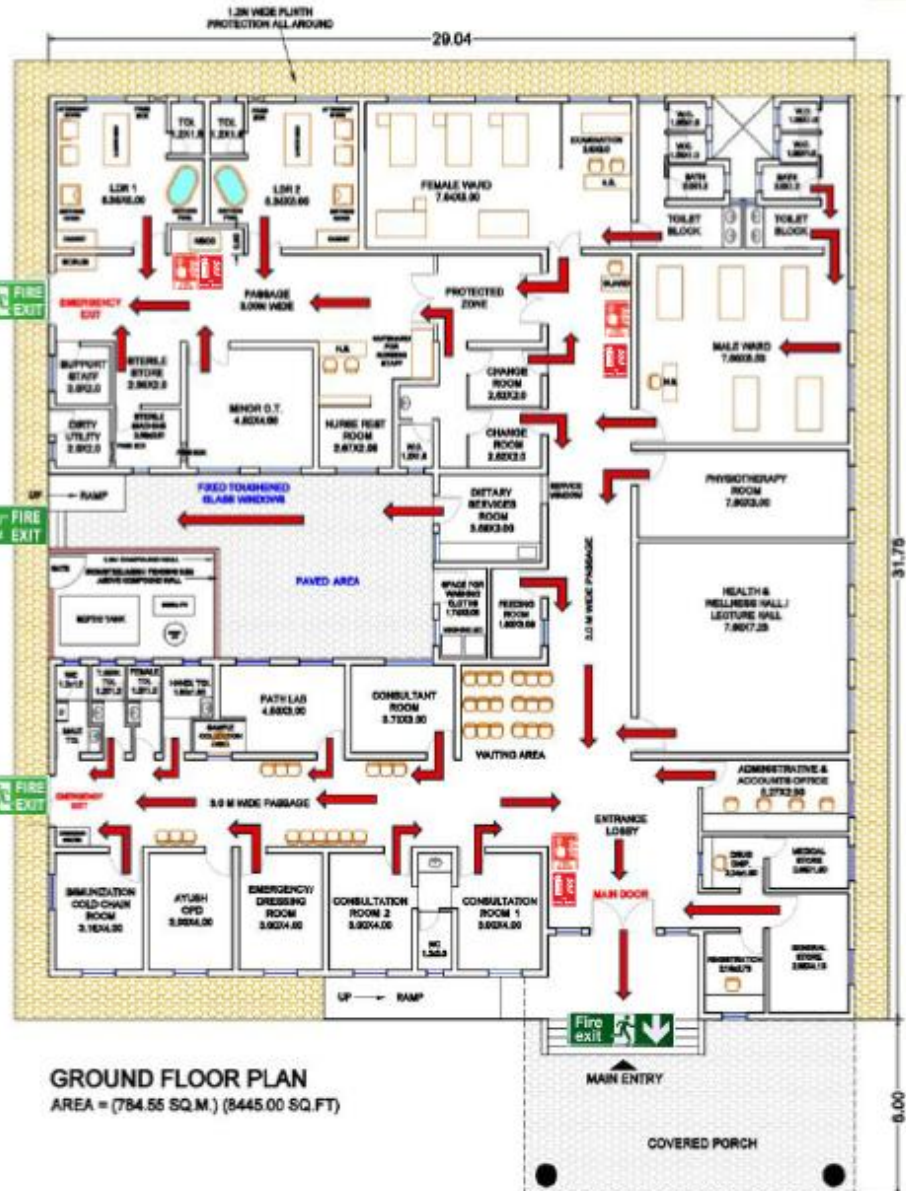


Annexure III:

Sample of Fire Evacuation Route Map: As per Layout Given in IPHS 2022

- In case of emergency:**
- Remain calm, do not Panic
 - Remove all persons from danger
 - Leave the building using nearest fire exit route & assembly area
 - Activate the fire alarm
 - Inform the fire station (102)

- In the Assembly Area:**
- Account the person missing from the building
 - Report any person missing, to fire brigade
 - DO NOT re-enter the building until the "ALL CLEAR" is given by the fire officer



GROUND FLOOR PLAN
AREA = (784.55 SQ.M.) (8445.00 SQ.FT)



Fire Mock Drill Format



Name of the Healthcare Facility				
Fire Mock Drill		Date & Place of Drill:		
S.N	Event	Yes/No	Actual time taken	Time in minutes
1	Mock Drill Start Time	--	--	NA
2	Alert/ Alarm Activated			00:00
3	Main Switch Turned off at			00:05
4	Generator Switched on at			00:10
5	Type of Fire Detected			
6	Fire Fighter responded with or without Extinguisher			
7	Fire Extinguisher taken & Used			
8	Fire Restricted / Eliminated			00:30
9	Risk areas cordon off			
10	Evacuation started			
11	Patient Evacuation started			
12	Material evacuation			
13	Front Office Activated			
14	Assembly Point Activated			
15	Roll Calls of the persons taken			
16	Census of the patients taken			

Details of Discrepancies observed:



Fire Incidence Reporting Format

Date of Incidence: _____ Time of Incidence: _____ Location/
Department _____

Type of Incidence: Major Fire___ Minor Fire___ Electrical Short circuit/ Spark___ Obstructed
Exits___ Non Functioning Fire Safety Equipment _____ Any other _____

Details of Incidence:

Immediate Action Taken at the time of Incidence:

Further Action Required	Expected time of Completion	Actual Time of Completion

Name and Signature of the reporting Person: _____

Name and Signature of the Medical Officer In charge : _____

****The form is needed to be filled for each fire incidence in the facility***

**FIRE SAFETY INSPECTION CHECKLIST (INTERNAL)**

S. NO.	CHECK POINTI	YES / NO	REMARKS
	FIRE EXITS		
1.	Fire Exits are not obstructed		
2.	Fire Exits are easily open able		
	All the fire exits are provided with self-closing mechanism		
3.	The fire exits are provided with auto glow Fire Exit signage		
4.	Auto glow/ Illumination signage is in working order		
5.	Fire Exits leads to open spaces		
6.	All the means of fire egress areas are needed		
	FIRE EXTINGUISHER/ FIRE SAFETY EQUIPMENT		
7.	Adequate number of fire extinguishers are in place		
8.	Type of extinguisher installed is suitable as per the fire risk of the area		
9.	The fire extinguishers are marked with date of service and next due date of service		
10.	Extinguishers are securely mounted or are placed in secure cabinets		
11.	The access to extinguishers is restriction free		
12.	Fire extinguishers installed are rust free		
13.	Height of the installed extinguisher is easily approachable		
14.	The Fire safety alarm in working order		
15.	Sprinkler system is in working order		
16.	Sprinkler system is tested on yearly basis		
	ELECTRICAL SAFETY		
17.	All the electric panels are secured properly with the closable and lock shutters		
18.	Extensions cords are not used in place of the permanent electric fittings		



19.	The major electric panels like HT panel and LT panel are provided with rubber mats for safe working		
20.	There is no loosed electric wiring in the facility		
21.	Electric panel are not overloaded or obstructed		
22.	No broken or faulty switches are available in the facility		
23.	Circuit breakers are labeled as per the electric supply		
24.	The access to major electrical panels are restricted		
25.	No multiple plug adaptor is being used in the facility		
26.	No exposed wires in the circuit		
27.	No broken electric cover plates		
28.	All the alternate power supply appliances like UPS are checked for overheating		
29.	Server rooms are provided with appropriate cooling mechanism		
30.	Sand buckets are provided at the appropriate locations		
	STORAGE OF MATERIALS		
31.	All the materials are stored as per the manufacturer instructions		
32.	All the flammable liquids are stored in a secure manner i.e. on the floor		
33.	The store area for storage of the materials is provided with appropriate fire safety appliances		
34.	The combustible materials are identified		
35.	The combustible materials are stored away from the ignition source		
36.	No condemned or waste material is stored		
	COMPRESSED GASES/ CYLINDERS		
37.	Value Protection Caps in place when not in use		
38.	Cylinder valves are closed when work is finished		
39.	Compressed gas cylinders are stored in an upright position		
	GENERAL		



40.	No condemned or combustible material is stored near the heat generating equipment		
41.	All the pathways are provided with the auto glow or illumination signage for fire exit		
42.	“No smoking” signage is displayed at appropriate locations in the hospital		
43.	Department wise exit layout plans are displayed		
44.	Fire safety protocol are displayed		
45.	Work instructions related to the fire safety appliances are displayed along with the fire safety appliances		
46.	Staff is aware and trained on the fire safety protocol of the facility		
47.	Staff is aware and trained in regards with use of fire extinguishers		
48.	All the fire exit doors are not closed at any time		
49.	Access road to the facility is restriction free for the movement of the fire brigades in case of fire incident		



MONTHLY INSPECTION RECORD OF FIRE EXTINGUISHERS

Healthcare facilities needs to undertake the monthly inspection of all the fire extinguisher installed in the facility against the listed points and all the deficiencies observed must be reported to fire safety officer/ Administrator/ In charge of the Health Care Facilities (HCF)

- Total Number of Fire Extinguishers installed in the building: _____
- All have been inspected: Yes _____ / No _____

S. No.	Check Points
1.	Visible
2.	Unobstructed
3.	Designated location
4.	Locking Pin Intact
5.	Tamper Seal is unbroken
6.	Obvious Physical Damage
7.	Corrosion
8.	Clogged Nozzle
9.	Pressure Gauge in operational range
10.	Operating Instructions legible and facing outwards
11.	Service date and Expiry Date pasted
12.	Extinguisher turned upside down at least three times

- All passed Inspection: Yes _____ / No _____
- Number of extinguisher which does not pass the inspection: _____
- Notified MO IC: Yes _____ / NO _____

Name and Signature of Inspecting person: _____



**NOTE FOR FIRE SAFETY AUDIT UNDER NATIONAL QUALITY ASSURANCE STANDARDS FOR PRIMARY
LEVEL HEALTH FACILITIES
(Single Storeyed PHC ,AAM-SHC& AAM- USHC)**

Background:

Fires can be devastating, especially in a healthcare facility where many people who need to be evacuated may be vulnerable – immune-compromised, on life support, and incapable of moving on their own. There are special requirements that must be met with while evacuating such people in case of fire emergencies. But before that – “fires must be prevented”.

This note is meant to ensure safety at healthcare facility only and will not be considered as a substitute of statutory requirement of having a valid Fire NOC from Fire Department.

As a part of fire prevention and facility preparedness, Fire Safety Audit needs to be done for single storeyed, stand-alone PHCs, AAM-SHC & AAM-USHC before applying for National Quality Assurance Standard (NQAS) National Assessment to ensure that the health facility has implemented adequate fire safety measures.

Process of Fire Safety Audit:

Fire safety audit will be done by a member of Government Health department/ Public Works Department (PWD)/ Civil Engineer Department/ NGO (working in fire safety)/ Fire safety Engineer/ NQAS Assessor. This auditor will be appointed by the State Quality Assurance Committee.

A prior information needs to be shared with the facility regarding the date and time of audit.

The facility which is not able to avail the fire NOC will submit the application (**Appendix -1**) to State Quality Assurance Committee for conducting the Fire Safety Audit, to be able to apply for National Level NQAS Certification.

Audit team during their visit to the facility will fill-up the checklist (**Appendix-2 for PHC and Appendix -3 for AAM- SHC and AAM- USHC**) based on the following assessment methods and scoring system:

- ✚ **Observation (OB):** Where information can be gathered through direct observation e.g., Display of Fire related IEC, signages etc.
- ✚ **Record Review (RR):** Where information can be extracted from the records available at the facility. For example- Record of training, mock drill etc.
- ✚ **Staff Interview (SI) :** Where staff is needed to be interviewed or staff competency is to be evaluated; like Training on use of extinguishers, response in case of fire emergency.

Scoring System: Following general principles may follow in giving the score:

- ✚ **Full compliance:** If the information gathered gives the impression that all requirements of checkpoints are being met, full compliance (score 2) should be provided for that checkpoint.
- ✚ **Partial compliance:** For providing partial compliance at least 50% or more requirements should be met. For partial compliance a score of 1 mark is given.
- ✚ **Non-compliance:** Non-compliance is assigned to when facility fails to meet at least 50 % of the requirements given in a checkpoint. In this case,0 score is given.



Following are the other points, which should be taken into consideration during fire safety audit under NQAS:

1. All areas/departments of the facility should be assessed for arriving the scores. Fire safety audit should not be done sample basis.
2. There is no option for "Not Applicable". All check points must be either given full compliance, partial compliance, or non-compliance.
3. This is facility level checklist. There is no departmental checklist. The compliance to a checkpoint applicable to multiple departments should be arrived after assessing all the applicable departments.

Eligibility Criteria: The facility must have achieved at least 90% score in the Fire Safety Audit to apply for NQAS National assessment and must have taken appropriate Corrective and Preventive Actions (CAPA) in low scoring attributes and must submit the evidences of the CAPA undertaken to the State Quality Assurance Committee (SQAC) within 30 days of the fire audit

Following are the requirement to be submitted along with the Application for NQAS National Assessment of AAM-PHC, AAM-SHC & AAM- USHC :

- I. Signed Fire Safety Audit checklist by the entire assessor (Eligible Score 90% or more).
- II. A short Video Clip which includes-name of the facility, installed fire extinguishers with date of expiry, fire exit routes, fire exit signages, fire evacuation map, conducted fire training & Fire mock drill etc. Video should not be more than 1 Minute.
- III. Undertaking by the District Health Authority that facility is complying with all the Fire Safety Measures.



Appendix 1

Application format to be submitted to State Quality Assurance Committee for conducting the Fire Safety Audit

Letter no.

Date –

To,

Chairperson

State Quality Assurance Committee,

State of

Address:

Request for Fire Safety Audit of Health Facility

Dear Sir/ Madam,

We are happy to inform you that at (Name and type of the healthcare facility) health facility in district State/ UT has ensured the Fire Safety Measures in the health care facility as per the guidance provided in the NQAS standards,

As facility is not yet able to avail the Fire NOC from Fire Safety Department, it is requested to conduct a “Fire Safety Audit”, in the health facility, to ensure the compliance against the fire safety requirements. On meeting the criteria of the audit facility is intending to go for National Level Quality Certification against NQAS standards.

Please find enclosed the evidences of fire safety measures in place at healthcare facility.

Thanking you,

Yours Sincerely

Name and Signature of In charge of Healthcare facility



Name of Healthcare facility	
District and State	
Name of MOIC	
Facility operation in Rented or Government Building	

A. Two Pictures of location/Place where Fire extinguisher is installed within the facility

B. Type and quantity of Fire extinguisher installed

- Total Extinguishers in the facility.....
- Details of the installed Extinguishers

Extinguisher no	Type of Extinguisher	Site of installation

C. Extinguisher functionality monitoring mechanism

- Monthly monitoring – (y/n)
- Name of responsible staff.....
- Picture of Fire Extinguisher Monitoring (Expiry and refilling date) charts:**



D. Fire Exit Layout Plan of Facility



E Date of Last Mock drill

Name of Facilitator for Mock Drill.....

F. Detail of Staff trained on Fire preparedness and operating Fire extinguishers.

Sr No	Name of Staff	Designation	Name of Trainer

G. Any previous fire outbreak incidence reported in last one year –

Y.....No.....

- If Yes, mention Date of incidence
- Cause of Fire.....
- **Corrective Action Report: (Attach, if applicable)**

I hereby declare that above information given by me is correct. All the necessary firefighting equipment, its functionality has been verified and necessary training has been imparted to the staff to ensure the fire safety at the healthcare facility.

Name and Signature of the Facility In-charge

**Fire Safety Audit Checklist for Primary Health Centres**Name of the District,
StateDate of
Assessment

Health Facility Name

Facility Type (PHC)

Assessor details :

Name of the Assessor

Designation

Mobile no

Email Id

A	Facility Details:	
1	Total Area of the Plot (sq.mt.)	
2	Number of blocks/ buildings	
3	Height of the building	
4	Total built up area of ground floor	
5	Width and height of all boundary gates provided for entry and exit	
6	Health facility is approachable by Fire Truck	

S I	Checkpoints	Means of verification	Assessment Method	Comp liance (0/1/2)	Remarks
1.	Fire Exit plan is available	Check for exit plan to guide the patient/staff during fire emergency. The fire exits should be marked by arrows or signages in the map.	OB		
2.	Fire Exit plan is displayed on each floor	The prepared map should be displayed at all strategic locations for the staff and patients, indicate with words such as "YOU ARE HERE",	OB		



		in capital, bold and coloured font which will help them to understand their nearest evacuation route in case of fire			
3.	Designated Rapid Response Team is available	Check for the official order for designated Rapid Response team in the facility with their roles and responsibility.	RR		
4.	Team meets at defined interval for periodic review of facility for fire safety preparedness	Check for Minutes of the meeting and CAPA undertaken for any discrepancies during inspections, variations in mock drills etc	RR		
5.	Display of IEC on Do's & Don'ts during fire emergency	Check the display of Do's & Don'ts during fire emergency in all prominent locations.	OB		
6.	Fire Exit Signages are available at appropriate location	Check for fire exit signages are available at appropriate place	OB		
7.	Fire exit signages are in self-illuminated	Fire exit signages are self-illuminated in case power cut/during night-time.	OB		
8.	Fire emergency exit routes are available	Check the availability of Fire emergency exit routes in the facility.	OB		
9.	Fire emergency exit routes are clutter free	Check the emergency exit is free from any obstacles and are open all the times	OB		
10.	Fire Alarm system is available (Manual / Automatic)	Manual or automatic fire alarm system should be available in each floor	OB		
11.	Designated Assembly point is demarcated	Check for demarcated and exclusive assembly point in case of fire emergency	OB/ /SI		
12.	All staff of the health facility are trained fire safety measures and emergency procedure	Training on- Dos & Don'ts, basic Fire Prevention practices, Process of shutting down of non-essential equipment etc-should be conducted at	RR		



		least twice in a year.			
13.	All staff are trained on how to use fire extinguisher in case of fire	Formula for operating Fire extinguishers: RACE - Rescue, Alarm, Contain, Extinguish & PASS - Pull, Aim, Squeeze and Sweep side to side	SI		
14.	All staff are trained on their roles in evacuating non ambulatory client in case of fire emergency	Check the knowledge of staff on their roles & process of evacuating non ambulatory client in case of fire emergency	RR/SI		
15.	Emergency drills/rehearsals conducted regularly	Fire Mock drills are conducted at least once in each quarter	RR/SI		
16.	Training records are maintained	Record of training should be maintained meticulously	RR		
17.	Mock drill records are maintained	Record of mock drill should be maintained meticulously	RR		
18.	Actions are taken on the mock drill variations	RRT take appropriate CAPA for the discrepancies found during the mock drill	RR		
19.	Adequate no. of Fire Extinguishers is available	One (1) ABC Type Fire Extinguisher of 4.5 kg /100 Sq.mt	OB		
20.	One fire extinguisher is available near Main Power Supply panel or HT Panel/ LT Panel	One CO2 type fire extinguisher should be available near the Main Power Supply Panel.	OB		
21.	Fire Extinguishers installed in places where they're easily visible to all	Fire extinguishers are placed in visible locations.	OB		
22.	Extinguishers are located along normal paths of travel for easy accessibility	Fire extinguishers are placed in such a location that it should be accessible to all.	OB		
23.	Extinguishers are installed at proper height.	Installed at least 4 inches off the ground up to a maximum of 5ft.	OB		
24.	Instruction to operate Fire Extinguisher is displayed near the	Formula for operating fire extinguisher (PASS to be displayed near the	OB		



	extinguisher	extinguisher as per the type of extinguisher installed			
25.	Type of Extinguisher, their capacity mentioned on the Fire Extinguisher	Check for type of fire extinguisher, and their capacity mentioned in the extinguisher.	OB		
26.	Check expiry date and due date of refilling is mentioned on the Extinguisher	Check the date of expiry & next date of refilling.	OB		
27.	Preventive maintenance of the fire Extinguisher is done, and records are maintained	Preventive maintenance record includes-date of refilling, next date of refilling, functionality status etc	RR		
28.	Periodic Inspections of the facility is carried out by Fire Safety Committee for ensuring the structural and non-structural components are safe	Periodic inspection records includes the inspection of facility for loose handing wires , proper storage of flammable materials , intact switch boards, proper storage of housekeeping material, checking pressures of installed extinguishers etc	RR		
29.	RRT take CAPA for the discrepancies found during inspection rounds	RRT take CAPA for the discrepancies including the maintenance, training of staff etc	RR		
30.	Provision of Public Address system	System of raising alarm is there in the facility	OB		
31.	Fire Buckets are installed	There is provision of the fire buckets filled with sand at the entrance of the facility or at a demarcated area	OB		

Total Checklist Score = 62	Score Obtained during Fire audit =	Percentage=.....%
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Name of Auditor	Signature of Auditor	Date of Audit



Fire Safety Audit Checklist for AAM- SHC/AAM-USHC

Name of the District,
State

Date of
Assessment

Health Facility Name

Facility Type (AAM-
SHC/ AAM- USHC)

Assessor details :

Name of the Assessor

Designation

Mobile no

Email Id

SI	Checkpoints	Means of verification	Assessment Method	Compliance (0/1/2)	Remarks
1.	Fire Exit plan is available and displayed	The fire exits should be marked by arrows or signages in the map. The prepared map should be displayed at all strategic locations for the staff and patients, indicate with words such as "YOU ARE HERE", in capital, bold and coloured font which will help them to understand their nearest evacuation route in case of fire	OB		
2.	Designated Person is responsible for Fire Safety in the facility	Check for the official order for designated person in the facility with clear roles and responsibility.	RR		
3.	Quality Team meets at defined interval for periodic review of facility for fire safety	Check for Minutes of the meeting and CAPA undertaken for any discrepancies during	RR		



	preparedness	inspections, variations in mock drills etc			
4.	Display of IEC on Do's & Don'ts during fire emergency	Check the display of Do's & Don'ts during fire emergency in all prominent locations.	OB		
5.	Fire Exit Signages are available at appropriate location	Check for fire exit signages are available at appropriate place	OB		
6.	Fire exit signages are in self-illuminated	Fire exit signages are self-illuminated in case power cut/during night-time.	OB		
7.	Fire emergency exit are clutter free	Check the emergency exit is free from any obstacles and are open all the times	OB		
8.	Provision of raising the alarm is available	System is available for raising the alarm in case of fire	OB		
9.	All staff of the health facility are trained fire safety measures and emergency procedure	Training on- Dos & Don'ts, basic Fire Prevention practices, Process of shutting down of non-essential equipment etc- should be conducted at least twice in a year.	RR		
10.	All staff are trained on how to use fire extinguisher in case of fire	Formula for operating Fire extinguishers: RACE - Rescue, Alarm, Contain, Extinguish & PASS - Pull, Aim, Squeeze and Sweep side to side	SI		
11.	Emergency drills/rehearsals conducted regularly	Fire Mock drills are conducted at least once in each quarter	RR/SI		
12.	Training records are maintained	Record of training should be maintained meticulously	RR		
13.	Mock drill records are maintained	Record of mock drill should be maintained meticulously	RR		



14.	Actions are taken on the mock drill variations	RRT take appropriate CAPA for the discrepancies found during the mock drill	RR		
15.	Adequate no. of Fire Extinguishers is available	One (1) ABC Type Fire Extinguisher /100 Sq.mt	OB		
16.	One fire extinguisher is available near Main Power Supply panel or HT Panel/ LT Panel	One CO2 type fire extinguisher should be available near the Main Power Supply Panel.	OB		
17.	Fire Extinguishers installed in places where they're easily visible to all	Fire extinguishers are placed in visible locations.	OB		
18.	Extinguishers are located along normal paths of travel for easy accessibility	Fire extinguishers are placed in such a location that it should be accessible to all.	OB		
19.	Extinguishers are installed at proper height.	Installed at least 4 inches off the ground up to a maximum of 5ft.	OB		
20.	Instruction to operate Fire Extinguisher is displayed near the extinguisher	Formula for operating fire extinguisher (PASS to be displayed near the extinguisher as per the type of extinguisher installed	OB		
21.	Type of Extinguisher, their capacity mentioned on the Fire Extinguisher	Check for type of fire extinguisher, and their capacity mentioned in the extinguisher.	OB		
22.	Check expiry date and due date of refilling is mentioned on the Extinguisher	Check the date of expiry & next date of refilling.	OB		
23.	Preventive maintenance of the fire Extinguisher is done, and records are maintained	Preventive maintenance record includes-date of refilling, next date of refilling, functionality status etc	RR		
24.	Periodic Inspections of the facility is	Periodic inspection records includes the	RR		



	carried out by quality team for ensuring the structural and non-structural components are safe	inspection of facility for loose handing wires , proper storage of flammable materials , intact switch boards, proper storage of housekeeping material, checking pressures of installed extinguishers etc			
25.	Quality Team take CAPA for the discrepancies found during inspection rounds	Quality team take CAPA for the discrepancies including the maintenance, training of staff etc	RR		
26.	Fire Buckets are installed	There is provision of the fire buckets filled with sand at the entrance of the facility or at a demarcated area	OB		

Total Checklist Score = 52	Score Obtained during Fire audit =	Percentage=.....%
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Name of Auditor	Signature of Auditor	Date of Audit



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