

<b>FIRE SAFETY SURVEY REPORT - 2000 LIFE SAFETY CODE</b> <b>Intermediate Care Facilities for the Mentally Retarded</b> <b>APARTMENT HOUSE</b>	1. (A) PROVIDER NO.  K1	1. (B) MEDICAID I.D. NO.  K2
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**PART I — 32 or 33 — Residential Board & Care Occupancies — Requirements**  
**PART II — 7.7 (101A, 2001) — Fire Safety Evaluation System for Board & Care (Optional)**

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY	2. (A) MULTIPLE CONSTRUCTION (BLDGS)  A. BUILDING _____ B. WING _____ C. FLOOR _____  K3	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)	A. <input type="checkbox"/> Fully Sprinklered (All required areas are sprinklered) B. <input type="checkbox"/> Partially Sprinklered (Not all required areas are sprinklered) C. <input type="checkbox"/> None (No sprinkler system) K0180
4. DATE OF SURVEY  K4	DATE OF PLAN APPROVAL  K6	SURVEY UNDER: 9. <input type="checkbox"/> 2000 <input type="checkbox"/> Chapter 32 New <input type="checkbox"/> Chapter 33 Existing  K7	

E-SCORE		E-Score	Level of Evacuation Difficulty
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>		≤ 1.5	Prompt
		> 1.5 ≤ 5.0	Slow
		> 5.0	Impractical

K5

5. SURVEY FOR CERTIFICATION OF: APARTMENT HOUSE -  
LEVEL OF EVACUATION DIFFICULTY (*check one*)

7.  Prompt                      8.  Slow                      9.  Impractical

K8

6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY	e. NUMBER OF ICF/MR BEDS CERTIFIED FOR MEDICAID	e. NUMBER OF ICF/MR BEDS CERTIFIED FOR MEDICAID
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7. A.  THE FACILITY MEETS, BASED UPON (*check all appropriate boxes*):

1.  COMPLIANCE WITH ALL PROVISIONS      2.  ACCEPTANCE OF A PLAN OF CORRECTION      4.  FSES      5.  PERFORMANCE BASED DESIGN

B.  THE FACILITY DOES NOT MEET THE STANDARD

K9 SURVEYOR ( <i>Signature</i> )	TITLE	OFFICE	DATE
SURVEYOR ID K10			
FIRE AUTHORITY OFFICIAL ( <i>Signature</i> )	TITLE	OFFICE	DATE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

**INSTRUCTIONS FOR COMPLETING THIS FORM (CMS-2786X)  
SUITABILITY OF AN APARTMENT BUILDING TO HOUSE A BOARD AND CARE OCCUPANCY**

1. **FIRST** complete FORM CMS-2786Y (*Small Facility Survey Report*)
2. **NEXT** complete **THIS** form, to rate the suitability of the Apartment Building to House a Board and Care Occupancy.  
**NOTE: The items on this form refer to the part of the building the Board and Care Occupancy (Apartment).**
3. If using NFPA 101A Figure 7.7 — FSES/BC — Rating the Building, complete Part I of this form **FIRST**.  
**NOTE: When using this form, you must also complete a CMS 2786Y.**

ID PREFIX	SUITABILITY OF AN APARTMENT BUILDING TO HOUSE A BOARD AND CARE OCCUPANCY	MET	NOT MET	N/A	REMARKS	APARTMENT HOUSE
<b>NOTE: You must complete a CMS-2786Y for each Apartment unit with a Board &amp; Care Occupancy.</b>						
<b>BUILDING CONSTRUCTION</b>						
K12	<p>Minimum Construction Requirements: (Based on highest story normally used by residents) PROMPT and SLOW</p> <p><b>One and Two Story</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Any construction type of one-hour or greater fire rating or,</li> <li><input type="checkbox"/> Type IV (2HH) or,</li> <li><input type="checkbox"/> Fully sheathed or,</li> <li><input type="checkbox"/> With automatic sprinkler system throughout, in accordance with Section 9.6 and 9.7.</li> <li><input type="checkbox"/> <i>Exception: One story any construction type and no more than 30 residents capable of prompt evacuation.</i></li> </ul> <p><b>Three to Six Stories</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Type I, II or III construction of one-hour or greater fire rating or,</li> <li><input type="checkbox"/> Type IV construction with automatic sprinkler system throughout in accordance with Section 9.6 or 9.7.</li> <li><input type="checkbox"/> <i>Exception: Three or four story facilities of type V (000), sheathed and with automatic sprinkler system throughout, in accordance with Sections 9.6 and 9.7.</i></li> </ul> <p><b>More than Six Stories</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Type I or II (222) construction or,</li> <li><input type="checkbox"/> Type II (111) construction or,</li> <li><input type="checkbox"/> Type III (211) construction or,</li> <li><input type="checkbox"/> Type IV (2HH) with automatic sprinkler system throughout in accordance with Sections 9.6 and 9.7.</li> </ul> <p>Minimum Construction Requirements: (Based on highest story normally used by residents) PROMPT and SLOW</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Type I or II (222) construction, beyond 75 feet in height with automatic sprinkler protection throughout in accordance with Section 9.6 and 9.7.</li> <li><input type="checkbox"/> Type II (111) construction, limited to three stories with automatic sprinkler protection throughout in accordance with Sections 9.6 and 9.7</li> <li><input type="checkbox"/> Type II (000), III (211), IV (2HH), V (111) limited to one story with automatic sprinkler protection throughout in accordance with Section 9.6 and 9.7. 32.3.1.3, 33.3.1.3</li> </ul>					

ID PREFIX	SUITABILITY OF AN APARTMENT BUILDING TO HOUSE A BOARD AND CARE OCCUPANCY	MET	NOT MET	N/A	REMARKS	APARTMENT HOUSE
<b>HAZARDOUS AREAS (Outside B &amp; C Units)</b>						
K29	<p>Where buildings are without suppression or detection systems, or have total automatic detection or partial sprinkler protection every hazardous area shall be separated by construction of one-hour fire rating. Openings shall be protected by smoke-actuated automatic or self-closing fire doors, with a ¾ hour fire rating or the area is equipped with an automatic sprinkler system.</p> <p>Hazardous areas include, but are not limited to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Boiler and heater rooms</li> <li><input type="checkbox"/> Laundries</li> <li><input type="checkbox"/> Repair shop</li> <li><input type="checkbox"/> Rooms or spaces used for storage of combustibles or equipment deemed hazardous by the authority having jurisdiction.</li> </ul> <p>Where buildings have an automatic extinguishment system installed in accordance with NFPA 13, areas may be smoke-resisting construction.</p> <p>30.3.2, 31.3.2, 8.4</p>					
K211	<p>2000 EXISTING</p> <p>Where Alcohol Based Hand Rub (ABHR) dispensers are installed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The corridor is at least 6 feet wide</li> <li><input type="checkbox"/> The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)</li> <li><input type="checkbox"/> The dispensers shall have a minimum spacing of 4 ft from each other</li> <li><input type="checkbox"/> Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet.</li> <li><input type="checkbox"/> Dispensers are not installed over or adjacent to an ignition source.</li> <li><input type="checkbox"/> If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 483.470</li> </ul> <hr style="border-top: 1px dashed black;"/>					

ID PREFIX	SUITABILITY OF AN APARTMENT BUILDING TO HOUSE A BOARD AND CARE OCCUPANCY	MET	NOT MET	N/A	REMARKS	APARTMENT HOUSE
K211	<p>2000 NEW</p> <p>Where Alcohol Based Hand Rub (ABHR) dispensers are installed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The corridor is at least 6 feet wide</li> <li><input type="checkbox"/> The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)</li> <li><input type="checkbox"/> The dispensers shall have a minimum spacing of 4 ft from each other</li> <li><input type="checkbox"/> Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet.</li> <li><input type="checkbox"/> Dispensers are not installed over or adjacent to an ignition source.</li> <li><input type="checkbox"/> If the floor is carpeted, the building is fully sprinklered. 18.3.2.7, CFR 483.470</li> </ul>					
<b>MANUAL FIRE ALARM</b>						
K51	<p>Apartment buildings with more than three stories or more than eleven units shall have a fire alarm system, not a presignal type, with occupant notification accomplished automatically and without delay in accordance with Section 9.6, 30.3.4, 31.3.4.</p> <p>An annunciator panel shall be provided.</p> <p>31.3.4.3.2.</p>					
K155	<p>Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p>					
<b>SMOKE DETECTION AND ALARM (Outside B &amp; C)</b>						
K109	<p>Every living unit within the apartment building regardless of number of stories, number of apartments, sprinkler system or other detection system shall have approved single or multiple station smoke detectors installed, powered by house electrical service.</p> <p><input type="checkbox"/> <i>Exception: Where the building is equipped with a total automatic smoke detection system throughout.</i></p> <p>30.3.5, 31.3.4.4</p>					

ID PREFIX	SUITABILITY OF AN APARTMENT BUILDING TO HOUSE A BOARD AND CARE OCCUPANCY	MET	NOT MET	N/A	REMARKS	APARTMENT HOUSE
<b>AUTOMATIC SPRINKLER (Outside B &amp; C)</b>						
K56	Where buildings are required to be protected throughout by an approved automatic sprinkler system and where a partial system is required, the system shall be in accordance with Section 9.7. 30.3.5					
K64	Portable fire extinguishers shall be provided in hazardous areas in accordance with Section 9.7.4.1 unless the building is provided with an appropriate supervised automatic sprinkler system. 30.3.5.7					
K154	Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1					
	A. Date sprinkler system last checked and necessary maintenance provided. _____					
	B. Show who provided the service. _____					
	C. Note the source of the water supply for the automatic sprinkler system. _____					
	<i>(Provide, in REMARKS, information on coverage for any non-required or partial automatic sprinkler system.)</i>					
<b>SEPARATION OF B. C. UNIT AND ITS EXIT ROUTES</b>						
K38	2000 EXISTING  Exit access corridors shall be protected as follows:  <input type="checkbox"/> 1. Where buildings do not have an automatic sprinkler or detection system, corridor walls shall have one-hour fire rating.  <input type="checkbox"/> 2. Where buildings have a partial sprinkler or detection system, corridor walls shall have 3/4 hour fire rating.  <input type="checkbox"/> 3. Where buildings have an automatic sprinkler system through, corridor walls shall have 1/2 hour fire ratings.  31.3.6					

ID PREFIX	SUITABILITY OF AN APARTMENT BUILDING TO HOUSE A BOARD AND CARE OCCUPANCY	MET	NOT MET	N/A	REMARKS	APARTMENT HOUSE
	2000 New Exit access corridor walls shall consist of fire barriers in accordance with 8.2.3 that have no less than 1/2 hour fire resistance rating. Exception: In buildings protected throughout by an approved automatic sprinkler system in accordance with 29.3.5, no fire resistance rating shall be required, but the walls and all openings therein shall resist the passage of smoke. 30.3.6, 32.4.2, 31.3.6					
K18	Doors between apartments and corridors shall be self-closing and have a minimum 20 minute fire rating. 30.3.6.2, 31.3.6.2					
<b>EXIT SYSTEM</b>						
K32	At least two acceptable exits, remote from each other, are provided for each floor or fire section. At least half of the required number of units of exit width shall lead directly to the street. <input type="checkbox"/> Exception No. 1: A living unit with direct exit to street at ground level or an outside stairway or an enclosed stairway, of one hour fire rating, serving that unit only, may have a single exit. <input type="checkbox"/> Exception No. 2: Where there are a maximum of four living units per floor with no more than 20 feet from each unit's entrance door to an exit, may have a single exit of a smokeproof tower or outside stair in accordance with 5.2.3. <input type="checkbox"/> Exception No. 3: Where there is no more than three stories and living units are separated, vertically and horizontally by 3/4 hour fire rating, may have a single exit if the stairway is of one hour construction, serving as access with a maximum of 35 feet from each unit's entrance door to exit. 7.3, 30.2.4, 31.2.4, 32.3.2.4					
K35	Capacity of exits in number of persons per unit of exit width is in accordance with 7.3. 30.2.3.1, 31.2.3.1					
<b>EXIT ACCESS</b>						
K36	Travel distance from the door of a room in a living unit to a corridor door and a living unit entrance door to the nearest exit are in accordance with Table A.31.1. 30.2.6.					

ID PREFIX	SUITABILITY OF AN APARTMENT BUILDING TO HOUSE A BOARD AND CARE OCCUPANCY	MET	NOT MET	N/A	REMARKS	APARTMENT HOUSE
<b>INTERIOR FINISH</b>						
K14	Interior finish on walls, ceilings and floors are in accordance with and shall apply to the parts of means of egress serving the apartments used as a residential board and care occupancy. 30.3.3, 31.3.3.					
<b>VERTICAL OPENINGS</b>						
K20	Stairways, elevator shafts and other vertical openings are in accordance with 30.3.1, 29.3.1, 31.3.1					
<b>SMOKE CONTROL</b>						
K24	Exit access corridors shall be provided with smoke barriers in accordance with Section 8.3. The maximum length of each smoke compartment shall be 200 feet. Smoke dampers are not required.  <input type="checkbox"/> <i>Exception No. 1: Where buildings have an automatic sprinkler system throughout.</i> <input type="checkbox"/> <i>Exception No. 2: Where exit access is through an atrium 8.2.5.6.</i> <input type="checkbox"/> <i>Exception No. 3: Where exterior exit access provides access to two exits 7.5.3.</i> <input type="checkbox"/> <i>Exception No. 4: Buildings complying with 31.3.7, Exceptions 1,2, and 3.</i> <input type="checkbox"/> <i>Exception No. 5: Buildings with exits maximum 50 feet apart.</i> <input type="checkbox"/> <i>Exception No. 6: Where each dwelling unit has direct access to exterior at grade. 31.3.7, 33.4.3.3.</i>					
K44	Horizontal exits required to limit maximum gross area shall be as specified in 7.2.4.2. 31.2.2.5					
<b>SPECIAL FEATURES</b>						
K126	Where buildings are greater than six stories with 1 total automatic fire detection system per N.F.P.A. 72E, but without an automatic sprinkler system, the interior exit access corridors shall be continuously pressurized at a minimum of 0.01 inches water, measured at any living unit door. 31.2.11, 7.2.3					



ID PREFIX	SUITABILITY OF AN APARTMENT BUILDING TO HOUSE A BOARD AND CARE OCCUPANCY	MET	NOT MET	N/A	REMARKS	APARTMENT HOUSE
<b>BUILDING SERVICES EQUIPMENT</b>						
K117	Utilities shall comply with provision of Section 9.1. 32.3.6.1, 33.3.6.1.					
K67	Heating, ventilating and air conditioning equipment shall comply with the provisions of Section 9.2. 32.3.6.2, 33.3.6.2					
K118	Elevators, dumbwaiters and vertical conveyors shall comply with the provisions of Section 9.4. 32.3.6.3, 32.3.6.3.2, 33.3.6.3					
K71	Rubbish chutes, incinerators and laundry chutes shall comply with the provisions of Section 9.5. 32.3.6.4, 33.3.6.4					
<b>OPERATING FEATURES</b>						
K127	Every required automatic sprinkler system, fire detection and alarm system, smoke control system, exit lighting, fire door and other item of equipment required by this code shall be continuously maintained in proper operating condition. 4.6.12					
K72	No furnishings, decorations or other objects are placed to obstruct exits or visibility of exits. 7.5.2.2 32.7.5					
K73	No furnishings or decorations of an explosive or highly flammable character are used. 18.7.5.4, 19.7.5.4					
<b>EMERGENCY PLAN, FIRE DRILLS</b>						
K48	There is a written plan for the protection of all persons and for their evacuation in the event of an emergency. All employees shall be instructed and reviewed as to their duties and responsibilities under the plan. 32.7.1, 33.7.1					

ID PREFIX	SUITABILITY OF AN APARTMENT BUILDING TO HOUSE A BOARD AND CARE OCCUPANCY	MET	NOT MET	N/A	REMARKS	APARTMENT HOUSE
K128	All residents capable of assisting in their evacuation shall be trained in the proper actions to take in the event of a fire.  32.7.2, 33.7.2					
K50	Fire exit drills shall be conducted twelve times per year, quarterly on each shift. Drills shall involve actual evacuation to a selected assembly point and provide experience in exiting through all exits. Exits not used in any fire drill shall not be credited in meeting the requirements of the code.  42 CFR 483.470 Subpart L					
K66	Where smoking is permitted, noncombustible safety-type ash trays or receptacles shall be provided in convenient locations.  32.7.4, 33.7.4					
<b>ILLUMINATION AND EMERGENCY POWER</b>						
K45	Every public space, hallway, stairway and other means of egress shall have illumination in accordance with Section 7.8.  30.2.8, 31.2.8					
K46	Any apartment building with more than twelve living units or greater than three stories shall have emergency lighting in accordance with Section 7.8.  <input type="checkbox"/> <i>Exception: Where every living unit has a direct exit to the outside at grade level.</i>					
K47	Signs marking means of egress shall be in accordance with section 7.10 and provided in all apartment buildings requiring more than one exit.  30.2.10, 31.2.10					

# FIRE SAFETY EVALUATION WORKSHEET FOR AN APARTMENT BUILDING WITH BOARD AND CARE OCCUPANCIES

## G3

Building Identification \_\_\_\_\_

Evaluator \_\_\_\_\_ Date \_\_\_\_\_

(Complete one worksheet for each apartment house containing one or more apartment units with a board and care occupancy.)

First complete Table 7.7. Continue with Fig. 7.7.1 through 7.7.5. Then return to this page to obtain the Equivalency Conclusions.

TURN TO NEXT PAGE

### Part 3E. Equivalency Conclusions

Complete Tables 7.7.2 through 7.7.7 before doing this part.

1.  All of the checks in Table 7.7.7 are in the “YES” column. The level of fire safety is at least equivalent to that prescribed for apartments.\*
2.  One or more of the checks in Table 7.7.7 is in the “NO” column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code for apartments.

\*The equivalency covered by this worksheet includes the majority of considerations covered by the Life Safety Code. There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in the “Facility Fire Safety Requirements Worksheet.” One copy of this separate worksheet is to be completed for each facility.

## FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET

CONSIDERATIONS	MET	NOT MET	N/A
A. Utilities comply with provisions of 9.1			
B. Heating, ventilating, and air conditioning equipment comply with provisions of 9.2.			
C. Elevators, dumbwaiters, and vertical conveyors comply with the provisions of 9.4.			
D. Rubbish chutes, incinerators, and laundry chutes comply with the provisions of 9.5.			
E. Complies with the applicable requires of 32.7, 33.7 (Operating Features).			

**Table G-3A**

**Worksheets for evaluating fire safety for an apartment building with board and care occupancies.**

**WORKSHEET 7.7.1 COVER SHEET**

Fire Safety Evaluation Worksheet for an Apartment Building with Board and Care Occupancies  
 Building Identification \_\_\_\_\_

Evaluator \_\_\_\_\_ Date \_\_\_\_\_

**WORKSHEET 7.7.2 SAFETY PARAMETER VALUES — APARTMENT BUILDING**

Safety Parameters	Parameter Values											
	Combustible					Noncombustible						
1. Construction	Building Height	Type V (000)	Type V (111)	Type III (200)	Type III (211)	Type IV (2HH)	Type II (000)	Type II (111)	Type II (222) & Type I			
		1 Story	-2( ) <sup>a</sup>	0	-2( ) <sup>a</sup>	0	0	0	2	2		
		2 Stories	-6( ) <sup>a</sup>	0	-6( ) <sup>a</sup>	0	0	-5( ) <sup>a</sup>	2	2		
		3-4 Stories	-8( ) <sup>a</sup>	-2(0) <sup>k</sup>	-8( ) <sup>a</sup>	0	-2(0) <sup>k</sup>	-6( ) <sup>a</sup>	2	2		
		5-6 Stories	-8	-2(0) <sup>k</sup>	-8( ) <sup>a</sup>	0	-2(0) <sup>k</sup>	-6( ) <sup>a</sup>	2	2		
		Over 6 Stories	-10	-4	-10	-2(0) <sup>k</sup>	-4(0) <sup>k</sup>	-8	0	2		
2. Hazardous Areas (outside board & care home units)	Double Deficiency	Single Deficiency									None or No Deficiency	
		0(-4) <sup>g</sup>										
3. Manual Fire Alarm	None or Incomplete	None or Incomplete					Manual Alarm					
		0(2) <sup>j</sup>					w/o F.D. Notification					
4. Smoke Detection and Alarm (outside board & care home units)	None or Incomplete	Single Station Living Units Only			Corrs. & Common Spaces			Interconnected System Corrs., Common Spaces, & Living Units				
		0			-2(0) <sup>e</sup>			-3(0) <sup>h</sup>			4	
		Corrs., Public Space		Living Units Only		Corrs., Hab., & Public Spaces		Total Building				
		2(0) <sup>e</sup>		4(0) <sup>e</sup>		6		8				
5. Automatic Sprinklers (outside board & care home units)	None or Incomplete	Walls <30 min		Walls >30 min to <1 hr		Walls >1 hr						
		Doors <20 min w/o Closer		Doors ≥20 min w/o Closer		Doors ≥20 min w/Closer		Doors <20 min w/Closer		Doors ≥20 min w/Closer		
		-2		0(-2) <sup>b</sup>		2(-2) <sup>b</sup>		1(-2) <sup>b</sup>		4(-2) <sup>b</sup>		
6. Separation of Board & Care Home Unit and Its Exit Route from Other Spaces	<2 Standard Routes	Deficient		w/o Horiz.Exit		w/Horiz. Ext		Smokeproof Enclosure   Direct Exit				
		-6		0		2		2				
		Max. Dead End Is		No Dead End > 50 ft and								
		>50 ft or corridor common path >35 ft		>200 ft		>150 ft to ≤200 ft		>100 ft to ≤150 ft		>50 ft to <50 ft		
7. Exit System (serving board & care home units)	None or Incomplete	-4(0) <sup>d</sup>		-2		-1		0				
		-3		-1		0						
8. Exit Access (serving board & care home units)	None or Incomplete	Flame-Spread Rating		>25 to ≤75		≤25		0				
		-3		-1		0						
9. Interior Finish (egress routes serving board & care home units)	None or Incomplete	Flame-Spread Rating		>25 to ≤75		≤25		0				
		-3		-1		0						

**Table G-3A**

**WORKSHEET 7.7.2 (continued)**

10. Vertical Openings	Open or Incomplete Enclosure			Enclosed <sup>h</sup>	
	Thru 5 or More Floors	3-4 Floors	2 Floors	<1 hr <sup>f</sup>	≥1 hr <sup>f</sup>
	-10	-7	-2	0	1(0) <sup>h</sup>
11. Smoke Control (serving floors having board & care home units)	Smoke			Mechanically Assisted Systems	
	None	Barriers	By Zone	By Unit	By Corridor
	0(2) <sup>i</sup>	2	3	3	4

**NOTES:**

- <sup>a</sup> Use (-IX height in stories) if building is fully sheathed with plaster, gypsum board, or similar materials but not <-2 if parameter 5 is 8.
- <sup>b</sup> Use ( ) if Parameter 1 is based on Type V(000), Type III(200), or Type II(000), if Note <sup>a</sup> does not apply, and if parameter 5 is ≤4.
- <sup>c</sup> Use ( ) if Parameter 1 is based on Type V(000), Type III(200), or Type II(000).
- <sup>d</sup> Use ( ) if Parameter 7 is -6.
- <sup>e</sup> Use ( ) if Parameter 6 is based on “None or Incomplete,” or “Walls or Doors are 1/2 hour walls /20 minute doors and Parameter 5 is <4.
- <sup>f</sup> ≥30 min in existing building.
- <sup>g</sup> Use ( ) if hazardous area is on exit route or in refuge area serving group home unit.
- <sup>h</sup> Use 0 in 1 story building
- <sup>i</sup> Use (2) in 1-3 story buildings with <12 living units.
- <sup>j</sup> Use ( ) if Parameter 5 is ≥6
- <sup>k</sup> Use (0) if Parameter 5 is 8.
- <sup>l</sup> Use ( ) where exceptions to 31.3.7 (NFPA 101) apply.

For SI units: 1 ft = 0.348m.

**Part 3B. Complete Individual Safety Evaluations – Use Worksheet 7.7.3**

1. Transfer each of the 8 circled safety parameter values from Table G-3A to every unshaded block in the line with the corresponding safety parameter in Table G-3B. Where the block is indicated (-2) enter only one half the value shown in Table G-3A.
2. Add the four columns, keeping in mind that any negative numbers deduct.

Transfer the resulting values for S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub> and S<sub>4</sub> to Table G-3D.

**WORKSHEET 7.7.3 INDIVIDUAL INSERT SAFETY EVALUATIONS — APARTMENT BUILDINGS**

Safety Parameters	Fire Control (S <sub>1</sub> )	Egress Provided (S <sub>2</sub> )	Refuge Provided (S <sub>3</sub> )	General Fire Safety Provided (S <sub>4</sub> )
1. Construction				
2. Hazardous Areas		÷ 2 =		
3. Manual Fire Alarm	÷ 2 =			
4. Smoke Detection and Alarm	÷ 2 =			
5. Automatic Sprinklers		÷ 2 =	÷ 2 = <i>(See note)</i>	
6. Separation of Living Units		÷ 2 =		
7. Exit system			÷ 2 =	
8. Exit Access				
9. Interior Finish				
10. Vertical Openings	÷ 2 =			
11. Smoke Control				
<b>Total</b>	<b>S<sub>1</sub>=</b>	<b>S<sub>2</sub>=</b>	<b>S<sub>3</sub>=</b>	<b>S<sub>4</sub>=</b>

NOTE: Use full value if Safety Parameter 1 is based on Type V(000), Type III(200), or Type II(000) construction. Divide by 2 (÷2) in all other cases.

**Determine Mandatory Requirements — Use Figure 7.7.4**

- Using the level of requirement based on evacuation capability (see 21-1.3) to select the proper row of Figure 7.7.4. Circle the appropriate values.
- Transfer the circled values from Table 7.74A to the blocks marked for Sa, Sb, Sc and Sd to Table G-3D.

**WORKSHEET 7.7.4A MANDATORY REQUIREMENTS — SPRINKLERED AND NONSPRINKLERED APARTMENT BUILDINGS**

Building Height	Level of Evacuation Difficulty	Control Requirements (Sa)		Egress Requirements (Sb)		Refuge Requirements (Sc)		General Fire Safety Requirements (Sd)	
		New	Exist.	New	Exist.	New	Exist.	New	Exist.
1 Story	Prompt/Slow	10	3	4.5	6	8	3	8	6
	Impractical	11	6	4.5	6	5	6	9	9
2-6 Stories	Prompt/Slow	10.5	4.5	6	7	9	5	9	8
	Impractical	14.5	6.5	6	7	9	7	13	10
>6 Stories	Prompt/Slow	12.5	11.5	6	7.5	7	8	11	10
	Impractical	14.5	13.5	6	7.5	9	10	13	14

**WORKSHEET 7.7.4B MANDATORY REQUIREMENTS — NEW NONSPRINKLERED APARTMENT BUILDINGS MEETING EXCEPTION TO 30.3.5.2 (NFPA 101)**

Building Height	Level of Evacuation Difficulty	Control Requirements (Sa)		Egress Requirements (Sb)		Refuge Requirements (Sc)		General Fire Safety Requirements (Sd)	
		New	Exist.	New	Exist.	New	Exist.	New	Exist.
1 Story	Prompt/Slow	5		10		5		11	
2 Stories	Prompt/Slow	2.5		8		3		7	
3-6 Stories	Prompt/Slow	6.5		11		7		13	
>6 Stories	Prompt/Slow	8.5		11		9		15	

**WORKSHEET 7.7.4C MANDATORY REQUIREMENTS — NEW FACILITIES LOCATED IN EXISTING NONSPRINKLERED APARTMENT BUILDINGS**

Building Height	Level of Evacuation Difficulty	Control Requirements (Sa)		Egress Requirements (Sb)		Refuge Requirements (Sc)		General Fire Safety Requirements (Sd)	
		New	Exist.	New	Exist.	New	Exist.	New	Exist.
1 Story	Prompt ≤30 residents	4		6		2		6	
	Prompt >30 residents or slow	5		6		3		7	
2 Stories	Prompt/Slow	4.5		7		3		7	
3-6 Stories	Prompt/Slow	6.5		11		7		13	

**WORKSHEET 7.7.4D MANDATORY REQUIREMENTS — NEW FACILITIES LOCATED IN EXISTING NONSPRINKLERED APARTMENT BUILDINGS**

Building Height	Level of Evacuation Difficulty	Control Requirements (Sa)		Egress Requirements (Sb)		Refuge Requirements (Sc)		General Fire Safety Requirements (Sd)	
		New	Exist.	New	Exist.	New	Exist.	New	Exist.
1 Story	Prompt/Slow/Impractical	9		4.5		3		7	
2 Stories	Prompt/Slow	10.5		6		5		9	
	Impractical	12.5		6		7		11	
3-6 Stories	Prompt/Slow	10.5		6		9		9	
	Impractical	14.5		6		9		13	
>6 Stories	Prompt/Slow	12.5		6		7		11	
	Impractical	14.5		6		9		13	

(For use with NFPA 101A-2001/NFPA 101-2000, B& C Aps.)

### WORKSHEET 7.7.5 EQUIVALENCY EVALUATION

1. Perform the indicated subtractions in Table G-2D. Enter the differences in the appropriate answer blocks.
2. For each row check “YES” if the value in the answer block is zero or greater. Check “NO” if the value in the answer block is a negative number.

		YES		NO	
Control Provided (S <sub>1</sub> )	Required Control (S <sub>a</sub> )	≥ 0	S <sub>1</sub> <input type="text"/> - <input type="text"/> S <sub>a</sub> <input type="text"/> = <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Egress Provided (S <sub>2</sub> )	Required Egress (S <sub>b</sub> )	≥ 0	S <sub>2</sub> <input type="text"/> - <input type="text"/> S <sub>b</sub> <input type="text"/> = <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuge Provided (S <sub>3</sub> )	Required Refuge (S <sub>c</sub> )	≥ 0	S <sub>3</sub> <input type="text"/> - <input type="text"/> S <sub>c</sub> <input type="text"/> = <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Fire Safety (S <sub>4</sub> )	Required General Fire Safety (S <sub>d</sub> )	≥ 0	S <sub>4</sub> <input type="text"/> - <input type="text"/> S <sub>d</sub> <input type="text"/> = <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

### WORKSHEET 7.7.6 FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET

#### CONSIDERATIONS

	MET	NOT MET	N/A
A. Utilities comply with the provisions of 32.3.6.1 and 33.3.6.1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Heating, ventilating, and air conditioning equipment comply with the provisions of 32.3.6.2 and 33.3.6.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 10 of Worksheet 7.7.2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Elevators, dumbwaiters, and vertical conveyors comply with the provisions of 32.3.6.3 and 33.3.6.3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Rubbish chutes, incinerators, and laundry chutes comply with the provisions of 32.3.6.4 and 33.3.6.5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Complies with the applicable requirements of Sections 32.7 and 33.7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All references are to NFPA 101, *Life Safety Code*

### WORKSHEET 7.7.7 CONCLUSIONS

1.  All of the checks in Worksheet 7.7.5 are in the “YES” column. The level of fire safety is at least equivalent to that prescribed by NFPA 101, *Life Safety Code*, for apartments to house a board and care occupancy.\*
2.  One or more of the checks in Worksheet 7.7.5 are in the “NO” column. The level of fire safety is not shown by this system to be equivalent to that prescribed by NFPA 101 for apartments to house board and care occupancy.

\*The equivalency covered by this worksheet includes the majority of considerations covered by NFPA 101, *Life Safety Code*. There are some considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Worksheet 7.7.6, “Facility Fire Safety Requirements Worksheet.” One copy of this worksheet is to be completed for each facility.

**FIRE SAFETY SURVEY REPORT  
CRUCIAL DATA EXTRACT  
(TO BE USED WITH CMS-2786 FORMS)**

<b>PROVIDER NUMBER</b>	<b>FACILITY NAME</b>	<b>SURVEY DATE</b>
K1	* K4	

<b>K6 DATE OF PLAN APPROVAL</b>	<b>K3 MULTIPLE CONSTRUCTION</b>
	A BUILDING B WING C FLOOR D APARTMENT UNIT
	TOTAL NUMBER OF BUILDINGS <input style="width: 50px;" type="text"/>
	NUMBER OF THIS BUILDING <input style="width: 50px;" type="text"/>

<b>LSC FORM INDICATOR</b>	<b>COMPLETE IF ICF/MR IS SURVEYED UNDER CHAPTER 21</b>
	SMALL (16 BEDS OR LESS)
	1 PROMPT <input style="width: 50px;" type="text"/>
	2 SLOW <input style="width: 50px;" type="text"/>
	3 IMPRACTICAL <input style="width: 50px;" type="text"/>
	LARGE
	4 PROMPT <input style="width: 50px;" type="text"/>
	5 SLOW <input style="width: 50px;" type="text"/>
	6 IMPRACTICAL <input style="width: 50px;" type="text"/>
	APARTMENT HOUSE
	7 PROMPT <input style="width: 50px;" type="text"/>
	8 SLOW <input style="width: 50px;" type="text"/>
	9 IMPRACTICAL <input style="width: 50px;" type="text"/>
* K7 <input style="width: 50px;" type="text"/>	ENTER E – SCORE HERE
	K5: <input style="width: 50px;" type="text"/> e.g. 2.5

<b>Health Care Form</b>	
12	2786R 2000 EXISTING
13	2786R 2000 NEW
<b>ASC Form</b>	
14	2786U 2000 EXISTING
15	2786U 2000 NEW
<b>ICF/MR Form</b>	
16	2786V, W, X 2000 EXISTING
17	2786V, W, X 2000 NEW

\* K7  SELECT NUMBER OF FORM USED FROM ABOVE

*(Check if K29 or K56 are marked as not applicable in the 2786 M, R, T, U, V, W, X and Y.)*

K29:  K56:

<b>*K9: FACILITY MEETS LSC BASED ON (Check all that apply)</b>	
A1. <input style="width: 50px;" type="text"/>	A5. <input style="width: 50px;" type="text"/>
(COMP. WITH ALL PROVISIONS)	(PERFORMANCE BASED DESIGN)
(ACCEPTABLE POC) (WAIVERS) (FSES)	
A2. <input style="width: 50px;" type="text"/>	A4. <input style="width: 50px;" type="text"/>
K0180	
A. <input style="width: 50px;" type="text"/>	B. <input style="width: 50px;" type="text"/>
FULLY SPRINKLERED (All required areas are sprinklered)	
PARTIALLY SPRINKLERED (Not all required areas are sprinklered)	
NONE (No sprinkler system)	

<b>FACILITY DOES NOT MEET LSC</b>	<b>FACILITY MEETS LSC BASED ON (Check all that apply)</b>
B. <input style="width: 50px;" type="text"/>	A. <input style="width: 50px;" type="text"/>
* MANDATORY	