

INTERIM LIFE SAFETY MEASURES

Project/Work Order: _____ Facility: _____

Notified of ILSM by: _____ Location: _____

Return checklist to: _____

Start date: ___/___/___ Time: _____ Completion date: ___/___/___ Time: _____

For the indicated ILSM record inspection, in the appropriate space (S.O./Dispatcher).

_____ # 1 To ensure egress. _____ # 6 For excessive combustibile storage. _____ # 9 Fire Watch

Time	Date						
	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
0100	/	/	/	/	/	/	/
0200	/	/	/	/	/	/	/
0300	/	/	/	/	/	/	/
0400	/	/	/	/	/	/	/
0500	/	/	/	/	/	/	/
0600	/	/	/	/	/	/	/
0700	/	/	/	/	/	/	/
0800	/	/	/	/	/	/	/
0900	/	/	/	/	/	/	/
1000	/	/	/	/	/	/	/
1100	/	/	/	/	/	/	/
1200	/	/	/	/	/	/	/
1300	/	/	/	/	/	/	/
1400	/	/	/	/	/	/	/
1500	/	/	/	/	/	/	/
1600	/	/	/	/	/	/	/
1700	/	/	/	/	/	/	/
1800	/	/	/	/	/	/	/
1900	/	/	/	/	/	/	/
2000	/	/	/	/	/	/	/
2100	/	/	/	/	/	/	/
2200	/	/	/	/	/	/	/
2300	/	/	/	/	/	/	/
2400	/	/	/	/	/	/	/

INTERIM LIFE SAFETY MEASURES

ILSM # 1 Ensure Egress

ILSM # 6 Control Combustible Loading

ILSM # 9 Fire Watch

Project/Work Order: _____ Facility: _____

Start date: ___/___/___ Location: _____

Anticipated completion date: ___/___/___ _____

For the indicated ILSM inspect on a daily basis

_____ To ensure egress. _____ For excessive combustible storage. _____ Fire Watch

Initial inspection date.

Date	Month											
	Jan.	Feb.	Mar.	Apr.	May	June	Jul.	Aug.	Sept..	Oct.	Nov.	Dec.
1												
2												
3												
4												
5												
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Maintain checklist in ILSM and project files.

INTERIM LIFE SAFETY MEASURE

ILSM # 2 EMERGENCY FORCES NOTIFICATION

Project/Work Order: _____ Facility: _____

Start date: ___/___/___ Location: _____

Anticipated completion date: ___/___/___ _____

Notify the following (as applicable) that the building's fire alarm, detection or suppression system will be impaired

From	To
Date: ___/___/___	Date: _________
Time: _____ AM/PM	Time: _____ AM/PM

Date

Construction and Real Estate _____ ___/___/___

Environment of Care Committee _____ ___/___/___ Submit with periodic reports.

Plant Operations _____ ___/___/___

Safety Officer _____ ___/___/___

Security _____ ___/___/___

Respiratory Therapy _____ ___/___/___

Other: _____ ___/___/___

Maintain in ILSM and Project files.

INTERIM LIFE SAFETY MEASURE

ILSM # 3 ENSURING OPERATIONAL LIFE SAFETY SYSTEMS

Project/Work Order: _____ Facility: _____

Start date: ___/___/___ Location: _____

Anticipated completion date: ___/___/___ _____

On a weekly basis verify that the following applicable aspects of life safety systems are operational.

		Applicable	Week Number								
Fire alarm systems:			# 1	# 2	# 3	# 4	# 5	# 6	# 7	# 8	# 9
	Supervisory signal devices										
	Valve tamper devices										
	Water flow devices										
	Detectors/alarm boxes.										
	Audible & visual devices & speakers.										
Fire suppression systems:											
	Fire extinguishers										
	Fire pumps										
	Fire sprinkler systems										
	Other automatic fire										
	Extinguishing systems										

INTERIM LIFE SAFETY MEASURES

ILSM # 4 TEMPORARY CONSTRUCTION BARRIER

Project/Work Order: _____ Facility: _____

Start date: ___/___/___ Location: _____

Anticipated completion date: ___/___/___ _____

Smoke tight compartment installed ___/___/___

Smoke tight compartments removed ___/___/___

Install temporary smoke tight compartment(s) meeting the following minimum fire rating requirements:

- Steel studs.
- Two (2) layers of gypsum wall board.
- Steel door frames with "B" label door.
- Access door is to be closed at all times.

INTERIM LIFE SAFETY MEASURE

ILSM # 5 ADDITIONAL FIRE FIGHTING EQUIPMENT

Project/Work Order: _____ Facility: _____

Start date: ___/___/___ Location: _____

Anticipated completion date: ___/___/___ _____

Install additional fire extinguishing equipment.
Indicate inspection date.

Month	Additional Fire Extinguisher Locations											
	Date Inspected	Initials	Date Inspected	Initials	Date Inspected	Initials	Date Inspected	Initials	Date Inspected	Initials	Date Inspected	Initials
Jan.												
Feb.												
Mar												
Apr.												
May												
Jun.												
Jul.												
Aug.												
Sept.												
Oct.												
Nov.												
Dec.												

Maintain checklist in ILSM and project files.

INTERIM LIFE SAFETY MEASURES

ILSM # 8 CONDUCT TWO FIRE DRILLS PER SHIFT PER QUARTER IN LOCAL AREA.

Project/Work Order: _____ Facility: _____

Start date: __/__/__ Location: _____

Anticipated completion date: __/__/__ _____

Indicate date of drill and who conducted drill.

Quarter	Fire Drill #1	Conducted by	Fire Drill #2	Conducted by
First	__/__/__	_____	__/__/__	_____
Second	__/__/__	_____	__/__/__	_____
Third	__/__/__	_____	__/__/__	_____
Fourth	__/__/__	_____	__/__/__	_____

Maintain in ILSM and Project files.

INTERIM LIFE SAFETY MEASURE

____ **ILSM # 10 BUILDING COMPARTMENTATION TRAINING**

____ **ILSM # 11 ORGANIZATIONAL LIFE SAFETY TRAINING**

Project/Work Order: _____ Facility: _____

Start date: ____/____/____ Location: _____

Anticipated completion date: ____/____/____ _____

Review the following with affected staff.

ILSM and reason for it's implementation

Building compartmentation	Code "RED" response
Smoke partitions	R.A.C.E.
Fire partitions	P.A.S.S.
Corridor walls	
Fire doors	Fire exits
Smoke doors	
Room doors	
Fire/Smoke dampers	

Attach copy of floor plan if used for training.

Indicate date of training and attendance on "Attendance Sheet".

INTERIM LIFE SAFETY MEASURES

ILSM # 12 Fire Watch (in Immediate Area).

Project/work Order: _____ Facility: _____

Start date: ___/___/___ Location: _____

Anticipated completion date: ___/___/___ _____

While work is being performed have at least one person observing with a fire extinguisher

Observer(s):

