



# Construction Site Fire Safety Manager Daily Report

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GENERAL INFORMATION	
Job Number: _____	Job Name: _____ Date: _____
Today's man count: _____	Workers oriented and fire safety trained; documentation up to date and on file: today _____ total _____
Describe any negative air/asbestos/infectious disease controls in use: _____	
FDNY COMMUNICATIONS AND INSPECTIONS	
FDNY Gang Box	<input type="checkbox"/> Painted red, stenciled with "FDNY" in white, and secured in place at site entrance? <input type="checkbox"/> Contents are up to date? <input type="checkbox"/> Emergency contact numbers (attached to underside of cover; should include all subcontractor contacts)? <input type="checkbox"/> Copies of all FDNY permits? <input type="checkbox"/> Comprehensive floor plans for each floor- no hand-drawn modifications or annotations-with updated and accurate egress marked, "you are here" indication, and all access routes to interior stairs marked? <input type="checkbox"/> Sprinkler shop drawings for standpipe (basement and risers only)? <input type="checkbox"/> Logistics plan indicating locations of OS&Y valve and standpipe, guard booths, gas storage areas, hoists? <input type="checkbox"/> Evacuation plan and muster point location map or list?
FDNY Inspection	Date of last FDNY inspection: _____ If today: Inspector's Name: _____ Inspector's Signature: _____ Inspector's Department/FDNY Company: _____ Notes/violations issued: _____
<input type="checkbox"/> Yellow line painted on grade leading to the staircase containing the standpipe and/or fire pump?	
FIRE SAFETY INSPECTIONS	EVACUATION DRILLS
<input type="checkbox"/> Access and egress paths visually inspected and properly maintained.  Date of last weekly shanty inspection: _____	Date of last quarterly drill: _____ If today: Start time: _____ End time: _____ Number of workers evacuated: _____
Fire Extinguishers- verify placement daily; inspect and initial tag monthly. <input type="checkbox"/> Tagged and in place at each shanty? <input type="checkbox"/> Tagged and in place on all floors and at areas of high fire risk work? <input type="checkbox"/> Inspected and tags initialed? Date of last inspection _____	
HOTWORK AUTHORIZATION AND HOT WORK LOG MAINTENANCE	
<input type="checkbox"/> Hot works authorization and log books issued at beginning of day signed off by CSFSM at end of day?	<input type="checkbox"/> FDNY permits up to date?
NO- SMOKING ENFORCEMENT	
<input type="checkbox"/> FDNY no smoking signage posted on floors and at site gates? <input type="checkbox"/> Designated off-site smoking area clear of debris? Proper disposal receptacles in place outside of fence? Number of undercover security guards on site (need one per 200 workers): _____ Number of cigarette butts found: _____ Name and company of any worker dismissed for violating no smoking policy: _____ Number to date: _____	
ELECTRICAL COMPONENTS AND SYSTEMS	
<input type="checkbox"/> Temporary wiring for electrical power and lighting installations visually inspected and properly maintained. <input type="checkbox"/> No visually damaged electrical cords or cables	
HAZARDOUS MATERIALS (IF APPLICABLE)	
<input type="checkbox"/> Required FDNY permits and COFs for the storage and use of flammable (acetylene, LPG or CNG) and/oxygen gases. <input type="checkbox"/> Required FDNY permits and COFs for the storage and use of flammable and combustible liquids. <input type="checkbox"/> Required FDNY permits and COFs for powder-actuated tool loads. <input type="checkbox"/> Required FDNY permits and COFs for aerosols. <input type="checkbox"/> The hazardous materials are only used and stored at the permitted place	
WATCHPERSON UPDATE	
<input type="checkbox"/> The watchperson(s) has been updated with the most recent site changes	