Foreign Affairs, Trade and Development Canada

Affaires étrangères, Commerce et Développement Canada

Canada

BUILDING ASSESSMENT REPORT (BAR)

Asset Name **CHANCERY**	Mission 34T	PRID Number 34T
MCO Name 34T	RMO Name 34T	
DMCO Property (Property Manager) Name 34T	Portfolio Manager Name 34T	
Assessed By (Name) 34T	Assessment Date 34T	

INSERT PHOTO HERE

Section 1: Building Background

1.1 General

Building Address 34T		Asset Type	Hardship Level
		Category	Heritage (FHBRO) Indicator 34T
Seismic Rating Click here to enter text.	Structure Condition Index	Year Constructed Click here to enter text.	Year Land Purchased / Leased
Major Space Use		No. of floors 34T	No. of Parking Stalls Exterior: Interior: Barrier Free:
If Leased, Landlord Name & Address		If Leased, Lease Term(start and end dates)	If Leased, Lease Type

Site Area m2 34T	Total Usable Area m2 34T	Total Gross Area m2 34T	Total Rentable Area m2 34T

Primary Type of Heating Click here to enter text. **Age:**	Primary Type of Air Conditioning Click here to enter text. **Age:**	Primary Type of Roof Click here to enter text. **Age:**

Total number of occupants Click here to enter text.	Normal Hours of Operation Click here to enter text.

1.2 Major Renovations and Projects over $25,000 completed or underway this year (FY 2014/15)			
Reference	Project #	Description	Cost ($)

1.3 Major inspections, evaluations, reports, and / or studies carried out (e.g. Building Condition Report, Security Inspection Report).	Associated Projects Included in Section 13.0
1.3.1 Environmental Site Inspection, Phase 1 ☐Yes ☐ No ☐ Not Applicable If yes, date of report:	☐Yes ☐ No
1.3.2 Environmental Site Inspection, Phase 2 ☐Yes ☐ No ☐ Not Applicable If yes, date of report:	☐Yes ☐ No All work completed
1.3.3 Security Inspection Report ☐Yes ☐ No ☐ Not Applicable If yes, date of report:	☐Yes ☐ No
1.3.4 Seismic Evaluation, Phase 1 ☐Yes ☐ No ☐ Not Applicable If yes, date of report:	☐Yes ☐ No
1.3.5 Seismic Evaluation, Phase 2 ☐Yes ☐ No ☐ Not Applicable If yes, date of report:	☐Yes ☐ No
1.3.6 Building Condition Report ☐Yes ☐ No ☐ Not Applicable If yes, date of report:	☐Yes ☐ No
1.3.7 Occupational Health & Safety Inspection ☐Yes ☐ No ☐ Not Applicable If yes, date of report:	☐Yes ☐ No
1.3.8 Fire Safety Assessment ☐Yes ☐ No ☐ Not Applicable If yes, date of report:	☐Yes ☐ No
1.3.9 Accessibility Assessment Checklist ☐Yes ☐ No ☐ Not Applicable If yes, date of report:	☐Yes ☐ No

1.3.10 Audits, studies and inspections, other than those identified above, including inspections by authorities or third parties (e.g. HVAC Study, Lighting Survey, etc)		
Title	Performed by	Date

BAR – Chancery (IB# 7070919)

2.0 OCCUPANT INFORMATION (*Mission to complete*)

2.1 Occupant Satisfaction

The following major occupant departments were interviewed for this assessment

Department	Space occupied (m2r)	Name and Title	Date

Occupant Rating Codes   **> 1 – Superior**   **2 – Satisfactory**   **3 – Poor**

Component	Occupant Rating - Average			Component	Occupant Rating - Average		
	1	**2**	**3**		**1**	**2**	**3**
1. Cleaning	☐	☐	☐	10. Noise Level	☐	☐	☐
2. Health & Safety	☐	☐	☐	11. Elevators	☐	☐	☐
3. Heating	☐	☐	☐	12. Building Interior	☐	☐	☐
4. Ventilation	☐	☐	☐	13. Building Exterior	☐	☐	☐
5. Air Conditioning	☐	☐	☐	14. Grounds Upkeep	☐	☐	☐
6. Humidity	☐	☐	☐	15. Signage - interior	☐	☐	☐
7. Air quality	☐	☐	☐	16. Signage - exterior	☐	☐	☐
8. Water Supply	☐	☐	☐	17. Property Management Services	☐	☐	☐
9. Lighting	☐	☐	☐	18. Waste Removal	☐	☐	☐
				19. Other specify	☐	☐	☐

10. Does the building meet client's program requirements?   ☐Yes   ☐ No
If no, specify.

Comments:
Click here to enter text.

3.0 SERVICE CALLS *(Mission to complete)*

Top three (3) areas of concern:
    1.
    2.
    3.

Intended action plan to address areas of concern:

1.
2.
3.

4.0 ENERGY/UTILITY MANAGEMENT

4.1 Energy

Type of Utility:	Utility Company:	Annual Consumption:

4.1.1 Has an energy audit been completed for this facility	☐Yes	☐No
4.1.2. Have energy savings initiatives been implemented?	☐Yes	☐No

4.1.3 Check below the nature of energy savings initiatives implemented.

☐Energy Efficient Lighting   ☐Energy management control systems

☐Energy Efficient HVAC   ☐Other – Specify

4.2 Water

4.2.1. Has a water audit been completed for this facility?	☐Yes	☐No
4.2.2. Have water savings initiatives been implemented in this facility?	☐Yes	☐No

If yes, check below the nature of water savings initiatives implemented.

☐Elimination of open loop, closed loop or air cooled systems

☐Water efficient landscape watering practices

☐Water efficient washroom fixtures (i.e. low flush toilets, cistermisers)

☐Other

Comments:

Click here to enter text.

5.0 ENVIRONMENTAL COMPLIANCE

5.1 Asbestos		Comments
5.1.1 Has an asbestos study been done for this building? If so, when?	☐Yes ☐ No ☐ N/A	Click here to enter a date.
5.1.2 Does the site have any friable or non-friable asbestos? If so, where?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If answer to 5.1.2 is no, continue to Section 5.2 Halocarbons		
5.1.3 Is there an asbestos management plan in place?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.4 Is there notification process in place when asbestos is present?	☐Yes ☐ No ☐ N/A	Click here to enter text.

5.1.5 Is there a procedure in place to respond to accidental disturbances?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.6 Have all known asbestos-related incidents been reported?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.2 Halocarbons		
5.2.1 Are there any units over 5-tons? If so - where? If so, does each unit have an individual log book	☐Yes ☐ No ☐ N/A ☐Yes ☐ No	Click here to enter text.
5.2.3 Are all releases reported in accordance with regulatory requirements? 5.2.3.1 Is there a reporting process in place?	☐Yes ☐ No ☐ N/A ☐Yes ☐ No ☐ N/A	Click here to enter text.
5.2.4 Are any halocarbons stored on-site? 5.2.4.1 Is there a process in place to ensure cylinders are not leaking?	☐Yes ☐ No ☐ N/A ☐Yes ☐ No ☐ N/A	Click here to enter text.
5.2.5 Are there any units containing R123 halocarbon refrigerant used on the building systems?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.2.6 Is there a plan for removal of all R123 units?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3 Chlorofluorocarbon (CFC's)		
5.3.1 Are there any ozone-depleting substances in this building or on site?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If answer to 5.3.1 is no, continue to Section 5.4 -Pest Management		
5.3.2 Is there a process for leak testing and reporting?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.3 Have the units been functioning efficiently and without ongoing maintenance issues?	☐Yes ☐ No ☐ N/A	
5.4. Pest Management		
5.4.1 Are all pesticides / herbicides used on the site compliant with regulatory requirements?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.4.2 Are permits obtained where required?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.4.3 Are pesticides / herbicides applied by specially trained and licensed companies and technicians?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.4.4 Have any/all known spills and/or incidents been recorded and reported as required?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.5 Polychlorinated biphenyls (PCB's)		
5.5.1 Does the building have any PCB-containing transformers or light ballasts?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If answer to 5.5.1 is no, continue to Question 5.5.7		
5.5.2 Are PCBs stored in accordance with the regulatory requirement?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.5.3 Is an inventory of PCB material stored on-site maintained and updated?	☐Yes ☐ No ☐ N/A	Click here to enter text.

5.5.4 Have certificates of destruction been received for PCB waste that has been shipped?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.5.5 Have any/all known releases and/or incidents been reported?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.5.6 Is there a program in place to manage fluorescent lamp tubes ballasts?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.5.7 Are there any mercury containing thermostats?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6 Petroleum Storage Tanks (Above Ground Storage Tank (AST) & Underground Storage Tank (UST)		
5.6.1 Are there any exterior USTs/ASTs? If so, please provide details	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.2 Are there any interior USTs/ASTs? If so, please provide details	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.3 Is the tank considered a high-risk system? 5.6.3.1 If yes, is there a plan for its removal?	☐Yes ☐ No ☐ N/A ☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.4 Is there an UST or AST removal / upgrade recommended?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.5 Does the storage tank(s) have a capacity greater than 230 litres?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.6 Is the storage tank identification number prominently displayed?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.7 Has a leak detection test been done (if pre-2008 installation)?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.8 Are maintenance and leak records maintained on-site?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.9 Does the storage tank(s) have a spill-containment system for product transfer?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.10 Is there an emergency plan (Environmental Emergency Response Plan EERP) in place?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.11 Are fuel handling procedures (spills, staining, sumps, etc.) in place for the building and site?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.12 Is there adequate ventilation in fuel storage areas?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.7 Recycling		
5.7.1 Are there recycling programs in place? If yes, provide the types.	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.7.2 Is there a management plan in place to encourage the use of these programs?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.8 Hazardous Wastes		
5.8.1 Have all property staff been trained on WHMIS?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.8.2 Are there any hazardous chemicals used or stored in the building?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.8.3 Are chemicals stored in regulated and approved cabinets?	☐Yes ☐ No ☐ N/A	Click here to enter text.

5.8.4 Are there hazardous waste removal processes in place?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
5.8.5 Is there any lead-based paint in the building?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
5.9 Contaminated Sites		
5.9.1 Is there potential contaminated soil or groundwater?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
5.9.2 Are there any other contaminants on this site?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
5.10 Water		
5.10.1 Do the water distribution pipes contain lead?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
5.10.2 Is the water distribution system (drain pans, etc) tested for Legionella disease?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
5.10.3 Is there potable water? What is the quality? 5.10.3.1 If the water is not potable - how is it provided?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
5.10.4 Are there wastewater, sewage and septic systems?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
5.11 Indoor Air Quality		
5.11.1 Have any IAQ studies been done? If so - when?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.11.2 Is there excessive moisture inside the building?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
5.11.3 Is there any mould growth observed in the building?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
5.11.4 Are there any IAQ concerns?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*

6.0 COMPLIANCE TO SPECIAL GOVERNMENT PROGRAMS		
6.1 Accessibility		
6.1.1 Has an accessibility checklist been completed	☐Yes	☐No
6.1.2 Does the building comply with Treasury Board Standards for accessibility?	☐Yes	☐No
6.1.3. Has the building been exempted from meeting the standards? If yes specify date, criteria, authority used and general description of components for exemption. *Click here to enter text.*	☐Yes	☐No
6.1.4 Are there technical variations / exemptions for specific components? If yes, specify date, criteria, and authority used and general description of component(s).	☐Yes	☐No
6.2 Signage and Canadian Federal Presence		
6.2.1 Does the building comply with DFATD signage standards?	☐Yes	☐No
6.2.2 Does the building comply with Federal Identity Program (FIP) common use and tactile signage standards?	☐Yes	☐No
6.2.3 Is the flag of Canada flown according to FIP policy and DFATD standards?	☐Yes	☐No
Comments:		

7.0 Life Safety Systems		
Building Component	**Yes – No – N/A**	**Comments**
7.1 Elevators		
7.1.1 Does this location have any elevators or lifts?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.1.2. Is the condition of the elevator/lift safe for its use and operation?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.1.3 Is the elevator(s) inspected on an annual basis by a licensed technician? If so, by whom?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.1.4 Does the elevator have a license posted in the car or in some prominent place nearby?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.1.5 Is there a maintenance record or log posted in the elevator machine room?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.1.6 Does the elevator have an emergency phone or communication panel?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.1.7 Is the elevator compliant with codes?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.2 Electrical		
7.2.1 Are the high-voltage and control panels closed and secured?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.2.2 Are the control panels identified and accessible?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.2.3 Are the electrical rooms free of debris?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.3 Fire Systems		
7.3.1 Is the fire equipment visibly marked?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.3.2 Are portable fire extinguishers appropriate for type of materials and are they readily available?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.3.3 Are fire extinguishers inspected according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.3.3.1 If so, is there a record (tags or logs)?	☐Yes ☐ No	Click here to enter text.
7.3.4 Are fire hoses properly mounted and accessible?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.3.5 Are the fire hose cabinets maintained according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If so - is there a record?	☐Yes ☐ No	
7.3.6 Is the area equipped with smoke detectors?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.3.7 Is there a smoke control/exhaust system?	☐Yes ☐ No ☐ N/A	
7.3.8 Are the fire doors, lids and shutters in	☐Yes ☐ No ☐ N/A	Click here to enter text.

good repair and unobstructed with a closing mechanism intact?		
7.3.9 Are the stair wells pressurized?		
7.3.10 Does the building have a sprinkler system?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.3.10 Do sprinkler heads have proper clearance from materials and furnishing?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.3.11 Is the fire pump tested according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.3.12 If there is a parking garage, is there a sprinkler system?	☐Yes ☐ No ☐ N/A	
7.4 Generators		
7.4.1 Does the building have an emergency generator(s)?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.4.2 Is the generator tested according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.5 Emergency Plans		
7.5.1 Is there a current Emergency Evacuation Plan?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If so, does the Emergency Evacuation Plan include all elements (e.g. hazardous substance releases, fire, bomb threat, etc.)?	☐Yes ☐ No	Click here to enter text.
7.5.2 Are Fire Safety Orders current and posted in a prominent area?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.5.3 Is the organization chart and contact information for the fire emergency organization current and posted?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.5.4 Are the building floor plans current?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.6 Emergency Lighting and Egress Systems		
7.6.1 Does the building contain emergency lights?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.6.2 Are emergency lights inspected according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.6.3 Are emergency lights operating as specified?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.6.4 Does the building contain emergency exit signs?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.6.5 Are the emergency exit signs inspected according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.6.6 Are magnetic door locks, release delay and hold devices tested?	☐Yes ☐ No ☐ N/A	
7.6.6 Are emergency aisles kept free from debris?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.6.7 Are the HVAC systems tied into the Fire Alarm Panel to shut down system in alarm	☐Yes ☐ No ☐ N/A	Click here to enter text.

conditions?			
7.7 Building Communication System			
7.7.1 Does the building have a voice communication system?	☐Yes ☐ No ☐ N/A	Click here to enter text.	
7.7.2 Is the system tested according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.	
7.8 Confined Space			
7.8.1 Has a building evaluation been performed to identify any confined spaces or isolated work areas?	☐Yes ☐ No ☐ N/A	Click here to enter text.	
7.8.2 Has an inventory been completed?	☐Yes ☐ No ☐ N/A	Click here to enter text.	
7.8.3 Have confined space hazards been identified, evaluated, documented and communicated?	☐Yes ☐ No ☐ N/A	Click here to enter text.	
7.8.4 Is appropriate signage posted in a prominent place indicating "Confined Space"?	☐Yes ☐ No ☐ N/A	Click here to enter text.	

8.0 PHYSICAL CONDITION CHECKLIST

Structure Condition Rating Codes > 1 – Good   2 – Fair   3 – Poor   4 – Critical

Structure Condition Index (SCI)

8.1 Grounds	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)
If not applicable leave blank		
1. Landscaping Choose an item.	7. Perimeter Fences Choose an item.	
2. Retaining Walls Choose an item.	8. Roads and Curbs Choose an item.	
3. Walkways, courtyard Choose an item.	9. Signs Choose an item.	
4. Parking Areas Choose an item.	10. Drainage system Choose an item.	
5. Flagpoles Choose an item.	11. Other - specify Choose an item.	
6. Exterior Building Choose an item.		

8.2 Building Exterior	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)
If not applicable leave blank		
1. Steps, platforms, ramps Choose an item.	8. Loading Dock Choose an item.	
2. Foundation Choose an item.	9. Cladding Choose an item.	
3. Flashing Choose an item.	10. Caulking Choose an item.	
4. Chimney and stacks Choose an item.	11. Painting Choose an item.	
5. Overhead doors Choose an item.	12. Doors and hardware Choose an item.	
6. Windows Choose an item.	13. Other - specify Choose an item.	
7. Air dampers Choose an item.		

8.3 Life Safety Systems	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)	
If not applicable leave blank			
1. Fire Extinguishers	Choose an item.	6. Sprinkler Systems	Choose an item.
2. Fire Alarm System	Choose an item.	7. Smoke and Heat Detectors	Choose an item.
3. Fire and smoke dampers	Choose an item.	8. Sump Pumps	Choose an item.
4. Voice Communication Systems	Choose an item.	9. Other - specify	Choose an item.
5. Fire Pumps	Choose an item.		

8.4 Security	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)	
If not applicable leave blank			
1. Guard Huts	Choose an item.	8. BR Windows & Doors	Choose an item.
2. CCTV	Choose an item.	9. SOS System	Choose an item.
3. IDACS locking mechanisms	Choose an item.	10. Device Lockers	Choose an item.
4. Fences, Bollards, etc.	Choose an item.	11. Convex Mirrors	Choose an item.
5. Exterior Lighting	Choose an item.	12. Sally Ports	Choose an item.
6. Gates	Choose an item.	13. Air Locks	Choose an item.
7. Change Rooms	Choose an item.	14. Other – specify	Choose an item.

8.5 Roof	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)	
If not applicable, leave blank			
1. Surface	Choose an item.	6. Skylights	Choose an item.
2. Drains	Choose an item.	7. Solar	Choose an item.
3. Vents	Choose an item.	8. Roof anchors	Choose an item.
4. Mechanical Equipment	Choose an item.	9. Gutter	Choose an item.
5. Flashing	Choose an item.	10. Other - specify	Choose an item.

8.6 Building Interior	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)	
If not applicable, leave blank			
1. Entrance Lobby	Choose an item.	9. Flooring	Choose an item.
2. Carpeting	Choose an item.	10. Fitments	Choose an item.
3. Painting	Choose an item.	11. Washrooms and fixtures	Choose an item.
4. Walls and trim	Choose an item.	12. Lighting fixtures	Choose an item.
5. Doors and hardware	Choose an item.	13. Fire exits and fire doors	Choose an item.
6. Window frames and coverings	Choose an item.	14. Ornamental plants	Choose an item.
7. Stairwells	Choose an item.	15. Other - specify	Choose an item.
8. Ceilings	Choose an item.		

8.7 Vertical and Horizontal Transportation	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)	
If not applicable, leave blank			
A. Elevators		6. Waiting time	Choose an item.
1. Cab interior	Choose an item.	B. Escalators	Choose an item.
2. Lighting	Choose an item.	1. Noise Levels	Choose an item.
3. Levelling, door separation	Choose an item.	2. Smoothness of Ride	Choose an item.

4. Noise Levels	Choose an item.	C. Other - specify	Choose an item.
5. Smoothness of ride	Choose an item.	1. Specify	Choose an item.

8.8 Mechanical Systems	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1. HVAC System	Choose an item.	5. Boilers	Choose an item.
2. Plumbing, drainage (including sump pumps)		6. Pressure vessels	Choose an item.
3. Chiller, cooling towers	Choose an item.	7. Controls	Choose an item.
4. Domestic water supply	Choose an item.	8. Other – specify	Choose an item.

8.9 Electrical Systems	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1. Transformers and vaults (including equipment)		5. Distribution panels	Choose an item.
2. Main distribution panels, switch gear		6. Splitter troughs	Choose an item.
3. Busways	Choose an item.	7. Disconnect switches	Choose an item.
4. Lighting	Choose an item.	8. Other – specify	Choose an item.

8.10 Other Building Areas and Systems	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1. Underground parking	Choose an item.	5. Security Systems	Choose an item.
2. Eating facilities	Choose an item.	6. Mechanical Rooms	Choose an item.
3. Recreational	Choose an item.	7. Electrical Rooms	Choose an item.
4. Storage	Choose an item.	8. Other – specify	Choose an item.

8.11 STRUCTURE CONDITION INDEX (SCI):   Rating XX which represents a **Good/Fair/Poor/Critical** rating. This rating is based on the average overall rating for each of the sub-categories (8.1 to 8.10).

9.0 Property Management Staffing
9.1 Staff Complement

Type of Staff [*] (e.g. DMCO Property, Maintenance Technical, Carpenter)	**Number of Staff by Type**	**Category**	
		LES	**CBS**

9.2 List real property and technical training provided to staff over past five (5) years.

9.3 Do staff have appropriate trade licences where required? **If no, please specify:**	☐Yes ☐ No

10.0 Service Contract Listing

Building/Equipment Service	Contract Term *(start &end dates)*	Contractor Name	Contract Value (CAD)	Comments

Is there any building equipment/service where no service contract exists but one should be in place? If yes, please indicate.

11.0 Standard Operating Procedures (SOPs)

9.1 Are SOP's Developed for building maintenance and compliance as required by codes and standards (e.g. confined spaces, HVAC operations)? If yes, indicate title of SOP(s).	☐Yes ☐No

12.0 Warranties

Equipment/Systems under Warranty	Warranty Expiry Date

13.0 Projects Required

Section of BAR	Project Description	Repair (R) Capital (C)	Planned Year	Priority	Estimated Cost

14.0 Management Action Required

Section of BAR	Action Required	Planned Year	Priority	Estimated Cost

15.0 Contractor Review

Conclusions, recommendations and overall building assessment:

Click here to enter text.

_____   _____   _____

(Name), Building Assessor   Signature   Y-A   M   D-J

_____   _____   _____

(Name), Senior Contractor Resource   Signature   Y-A   M   D-J

16.0 Appendices

Appendices attached (Provide list of attached appendices)   ☐Yes   ☐No

BUILDING ASSESSMENT REPORT (BAR) - Residential

Asset Name **OFFICIAL RESIDENCE**	Mission 34T	PRID 34T
MCO Name 34T	RMO Name 34T	
DMCO Property (Property Manager) Name 34T	Portfolio Manager Name 34T	
Assessed By (Name) 34T	Assessment Date 34T	

INSERT PHOTO HERE

Section 1: Building Background

1.1 General

Building Address 34T	Asset Type		Hardship Level	
	Category	SCI Rating	Heritage (FHBRO) Indicator 34T	
Seismic Rating 34T	Year Constructed 34T	Year Land Purchased/Leased 34T	Building Style 34T	
Major Space Use	No. of Floors in Building 34T Floor(s) Occupied 34T		No. of Parking Spaces **Interior:** Click here to enter text. **Exterior:** 34T **Barrier Free:** 34T	
If Leased, Landlord Name & Address	If Leased, Lease Term		If Leased, Lease Type	
Site Area m2 34T	Residence Size (unit of measure) 34T		Date: Y M D **34T**	

1.2 Work or Projects completed since last BAR

Project Title	Cost
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

1.3 Major audits, studies and inspections since last BAR, including inspections by authorities or third parties (e.g. Security Inspection Report)

	Associated Projects Included in Section 9.0
1.3.1 Environmental Site Inspection , Phase 1 ☐Yes ☐ No ☐ Not Applicable If yes, date of inspection:	☐Yes ☐ No
1.3.2 Environmental Site Inspection , Phase 2 ☐Yes ☐ No ☐ Not Applicable If yes, date of inspection:	☐Yes ☐ No
1.3.3 Security Inspection Report ☐Yes ☐ No ☐ Not Applicable If yes, date of report:	☐Yes ☐ No
1.3.4 Seismic Evaluation, Phase 1 ☐Yes ☐ No ☐ Not Applicable If yes, date of report:	☐Yes ☐ No
1.3.5 Seismic Evaluation, Phase 2 ☐Yes ☐ No ☐ Not Applicable If yes, date of evaluation:	☐Yes ☐ No
1.3.6 Building Condition Report ☐Yes ☐ No ☐ Not Applicable If yes, date of evaluation:	☐Yes ☐ No
1.3.7 Occupational Health & Safety Inspection ☐Yes ☐ No ☐ Not Applicable If yes, date of inspection:	☐Yes ☐ No
1.3.8 Fire Safety Assessment Checklist ☐Yes ☐ No ☐ Not Applicable If yes, date:	☐Yes ☐ No
1.3.9 Accessibility Checklist ☐Yes ☐ No ☐ Not Applicable If yes, date of evaluation:	☐Yes ☐ No

1.3.10 Audits, studies and inspections, other than those identified abouve, including inspections by authorities or third parties (e.g. HVAC study, Lighting Study)		
Title	**Performed By**	**Date**

2.0 OCCUPANT INFORMATION

2.1 Occupant Satisfaction

BAR – Official Residence (IB# 7071102)

Is the occupant satisfied with building services?	☐Yes ☐ No ☐ Not Applicable

Occupant Comments (Please outline any issues occupant has.)
Click here to enter text.

2.2 Service Calls

Top areas of concern and intended action to address areas of concern.

3.0 ENERGY/UTILITY MANAGEMENT

3.1 Energy

3.1.1 Has an energy audit been completed for this residence? ☐Yes ☐ No ☐ Not Applicable
If yes, date of audit.
Click here to enter a date.

3.1.2 Have energy savings initiatives been implemented? ☐Yes ☐ No ☐ Not Applicable

3.1.3 Check below the nature of energy savings initiatives Implemented
☐Energy management control systems   ☐Other - Specify

3.2 Water

3.2.1 Have water savings initiatives been implemented in this facility? ☐Yes ☐ No ☐ Not Applicable   ☐Yes   ☐No

3.2.2. Check below the nature of water savings initiatives implemented
☐Water efficient landscape watering practices
☐Water efficient washroom fixtures (i.e. low flush toilets, cistermisers)
☐Other

Comments
Click here to enter text.

4.0 Environmental Compliance

4.1 Asbestos		Comments
4.1.1 Has an asbestos study been done for this building? If so, when? Click here to enter a date.	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.1.2 Does the building have any friable or non-friable asbestos? If so, where? Click here to enter text.	☐Yes ☐ No ☐ N/A	Click here to enter text.
If the answer to 4.1.2 is no, continue to Section 4.2		
4.1.3 Is there an asbestos management plan in place?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.1.4 Is there notification process in place when asbestos is present?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.1.5 Is there a procedure in place to respond to accidental disturbances?	☐Yes ☐ No ☐ N/A	Click here to enter text.

4.1.6 Have all known asbestos-related incidents been reported?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.2 Halocarbons		
4.2.1 Are there any units over 5-tons? If so - where? Click here to enter text.	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.2.2 Does each unit over 5-tons have an individual log book?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.2.3 Are all releases reported in accordance with regulatory requirements? 4.2.3.1 Is there a reporting process in place?	☐Yes ☐ No ☐ N/A ☐Yes ☐ No ☐ N/A	Click here to enter text.
4.2.4 Are any halocarbons stored on-site?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.2.5 Is there a process in place to ensure cylinders are not leaking?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.2.6 Are there any units containing R123 halocarbon refrigerant used on the building systems?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.2.7 Is there a plan for removal of all R123 units?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.3 Chlorofluorocarbon (CFC's)		
4.3.1 Are there any ozone-depleting substances in this building or on the site?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.3.2 Is there a process for leak testing and reporting?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.3.3 Have the units been functioning efficiently and without ongoing maintenance issues?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.4 Pest Management		
4.4.1 Are all pesticides / herbicides used on the site compliant with regulatory requirements?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.4.2 Are permits obtained where required?	☐Yes ☐ No	Click here to enter text.
4.4.3 Are pesticides / herbicides applied by specially trained and licensed companies and technicians?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.4.4 Have any/all known releases and/or incidents been reported?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.5 Polychlorinated biphenyls (PCB's)		
4.5.1 Does the building have any PCB-containing transformers or light ballasts?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If no, continue to Section 4.6		
4.5.2 Are PCBs stored in accordance with the regulatory requirement?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.5.3 Is an inventory of PCB material stored on-site maintained and updated?	☐Yes ☐ No ☐ N/A	Click here to enter text.

4.5.4 Have certificates of destruction been received for PCB waste that has been shipped?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.5.5 Have any/all known releases and/or incidents been reported?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.5.6 Is there a program in place to manage fluorescent lamp tubes ballasts?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.5.7 Are there any Mercury containing thermostats?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.6 - Petroleum Storage Tanks (Above Ground Storage Tank (AST) & Underground Storage Tank (UST)		
4.6.1 Are there any exterior USTs/ASTs? If so, please provide details	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.6.2 Are there any interior USTs/ASTs? If so, please provide details	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
If no, continue to Section 4.7		
4.6.3 Is the tank considered a high-risk system? 4.6.3.1 If yes, is there a plan for its removal?	☐Yes ☐ No ☐ N/A ☐Yes ☐No	*Click here to enter text.*
4.6.4 Is there an UST or AST removal upgrade recommended?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.6.5 Does the storage tank(s) have a capacity greater than 230 litres?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.6.6 Is the storage tank identification number prominently displayed?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.6.7 Has a leak detection test been done (if pre-2008 installation)?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.6.8 Are maintenance and leak records maintained on-site?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.6.9 Does the storage tank(s) have a spill-containment system for product transfer?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.6.10 Is there an emergency plan (Environmental Emergency Response Plan EERP) in place?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.6.11 Are fuel handling procedures (spills, staining, sumps, etc.) in place for the building and site?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.6.12 Is there adequate ventilation in fuel storage areas?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.7 - Recycling		
4.7.1 Are there recycling programs in place? If yes, provide the types. *Click here to enter text.*	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.7.2 Is there a management plan for the use of these programs?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
4.8 - Hazardous Wastes		

4.8.1 Have all property staff been trained on WHMIS?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.8.2 Are there any hazardous chemicals used or stored in the building?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If no, continue to Section 4.9		
4.8.3 Are hazardous chemicals stored in regulated and approved cabinets?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.8.4 Are there hazardous waste removal processes in place?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.8.5 Is there any lead-based paint in the building?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.9 - Contaminated Sites		
4.9.1 Is there potential contaminated soil or groundwater?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.9.2 Are there any other contaminants on this site?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.10 - Water		
4.10.1 Do the water distribution pipes contain lead?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.10.2 Is the water distribution system (drain pans, etc.) tested for Legionella disease?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.10.3 Is there potable water? What is the quality?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.10.4 If the water is not potable - how is it provided?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.11 Indoor Air Quality		
4.11.1 Have any IAQ studies been done?	☐Yes ☐ No ☐ N/A	If so – when?
4.11.2 Is there excessive moisture inside the building?	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.11.3 Is there any mould growth observed in the building	☐Yes ☐ No ☐ N/A	Click here to enter text.
4.11.4 Are there any IAQ concerns?	☐Yes ☐ No ☐ N/A	Click here to enter text.

5.0 COMPLIANCE

5.1 Life Safety Systems		
Building Component	**Yes, No or N/A**	**Comments**
5.1.1 Elevators		
5.1.1.1 Does this location have any elevators or lifts?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If no, continue to Section 5.1.2		
5.1.1.2. Is the condition of the elevator/lift safe for its use and operation?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.1.3 Is the elevator(s) inspected on an annual basis by a licensed technician? If so, by whom?Click here to enter text.	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.1.4 Does the elevator have a license	☐Yes ☐ No ☐ N/A	

posted in the car of, or in some prominent place nearby?		Click here to enter text.
5.1.1.5 Is there a maintenance record or log posted in the elevator machine room?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.1.6 Does the elevator have an emergency phone or communication panel?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.1.7 Is the elevator compliant with codes?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.2 Electrical		
5.1.2.1 Are the high-voltage and control panels closed and secured?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.2.2 Are panels identified and accessible?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.2.3 Are the electrical panels free of debris?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.3 Fire Systems		
5.1.3.1 Is the fire equipment visibly marked?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.3.2 Are portable fire extinguishers appropriate for type of materials and are they readily available?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.3.3 Are fire extinguishers inspected monthly? 3.3.1 Is there a record (tags or logs)?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.3.6 Is the area equipped with smoke detectors?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.4 Generators		
5.1.4.1 Does the building have an emergency generator(s)?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.4.2 Is the generator tested on a regular basis?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.5 Emergency Plans		
5.1.5.1 Is there a current Emergency Evacuation Plan? 5.1.5.1.1 Does the Emergency Evacuation Plan include all elements (e.g. hazardous substance releases, fire, bomb threat, etc.)?	☐Yes ☐ No ☐ N/A ☐Yes ☐ No	Click here to enter text.
5.1.6 Lighting Systems		
5.1.6.1 Does the building contain emergency lights?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.6.2 Are emergency lights inspected regularly?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.6.3 Are emergency lights operating as specified?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.7 Confined Space		

5.1.7.1 Has a building evaluation been performed to identify any confined spaces or isolated work areas?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.7.2 Has an inventory been completed?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.7.3 Have confined space hazards been identified, evaluated, documented and communicated?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.7.4 Is appropriate signage posted in a prominent place showing "Confined Space"?	☐Yes ☐ No ☐ N/A	Click here to enter text.

6.0 PHYSICAL CONDITION CHECKLIST

Structure Condition Rating Codes: 1 = Good, 2 = Fair, 3 = Poor, 4 = Critical, N/A = Not Applicable
Structure Condition Index (SCI)

6.1 Grounds	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)
If not applicable, leave blank		

1. Landscaping	Choose an item.	6. Perimeter Fences	Choose an item.
2. Retaining Walls	Choose an item.	7. Roads and Curbs	Choose an item.
3. Walkways, courtyard	Choose an item.	8. Signs	Choose an item.
4. Parking Areas	Choose an item.	9. Drainage system	Choose an item.
5. Flagpoles	Choose an item.	10. Other - Specify	Choose an item.

6.2 Building Exterior	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)
If not applicable, leave blank		

1. Steps, platforms, ramps	Choose an item.	8. Loading Dock	Choose an item.
2. Foundation	Choose an item.	9. Cladding	Choose an item.
3. Flashing	Choose an item.	10. Caulking	Choose an item.
4. Chimney and stacks	Choose an item.	11. Painting	Choose an item.
5. Overhead doors	Choose an item.	12. Doors and hardware	Choose an item.
6. Windows	Choose an item.	13. Other- specify	Choose an item.
7. Air dampers	Choose an item.		

6.3 Life Safety Systems	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)
If not applicable, leave blank		

1. Fire Extinguishers	Choose an item.	5. Smoke and Heat Detectors	Choose an item.
2. Fire Alarm System	Choose an item.	6. Carbon Monoxide Detectors	Choose an item.
3. Fire and smoke dampers	Choose an item.	7. Sump Pumps	Choose an item.
4. Sprinkler Systems	Choose an item.	8. Other - specify	

6.4 Security	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1. Guard Huts	Choose an item.	7. Windows and Doors	Choose an item.
2. CCTV	Choose an item.	8. SOS System	Choose an item.
3. IDAC locking mechanisms	Choose an item.	9. Device Lockers	Choose an item.
4. Fences, Bollards, etc.	Choose an item.	10. Convex Mirrors	Choose an item.
5. Exterior Lighting	Choose an item.	11. Sally Ports	Choose an item.
6. Gates	Choose an item.	12. Air Locks	Choose an item.
		13. Other - specify	

6.5 Roof	**If leased, owner responsible?** ☐ Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1. Surface	Choose an item.	6. Skylights	Choose an item.
2. Drains	Choose an item.	7. Solar	Choose an item.
3. Vents	Choose an item.	8. Roof anchors	Choose an item.
4. Mechanical Equipment	Choose an item.	9. Gutter	Choose an item.
5. Flashing	Choose an item.	10. Other - specify	Choose an item.

6.6 Building Interior	**If leased, owner responsible?** ☐ Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1. Entrance Lobby	Choose an item.	8. Flooring	Choose an item.
2. Carpeting	Choose an item.	9. Fitments	Choose an item.
3. Painting	Choose an item.	10. Washrooms and fixtures	Choose an item.
4. Walls and trim	Choose an item.	11. Lighting fixtures	Choose an item.
5. Doors and hardware	Choose an item.	12. Stairways	Choose an item.
6. Window frames/ coverings	Choose an item.	13. Ornamental plants	Choose an item.
7. Ceilings	Choose an item.	14. Other - specify	Choose an item.

6.7 Vertical and Horizontal Transportation	**If leased, owner responsible?** ☐ Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

A. Elevators	Choose an item.	Leveling, door separation	Choose an item.
1. Cab interior	Choose an item.	Other - specify	Choose an item.
2. Lighting	Choose an item.		

6.8 Mechanical Systems	**If leased, owner responsible?** ☐ Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1. HVAC System	Choose an item.	5. Boilers	Choose an item.
2. Plumbing, drainage (including sump pumps)		6. Pressure vessels	Choose an item.
3. Domestic water supply	Choose an item.	7. Other – specify	Choose an item.
4. Portable Air Conditioning Units			

6.9 Electrical Systems	**If leased, owner responsible?** ☐ Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1. Electrical panels, switch gear	Choose an item.	3. Splitter troughs	Choose an item.

2. Transformers	Choose an item.	4. Other – specify	Choose an item.

6.10 Other Building Areas and Systems	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)	

If not applicable, leave blank

1. Underground parking	Choose an item.	4. Mechanical Rooms	Choose an item.
2. Recreational	Choose an item.	5. Electrical Rooms	Choose an item.
3. Storage	Choose an item.	6. Swimming Pool	Choose an item.

6.11 STRUCTURE CONDITION INDEX (SCI): Rating XX which represents a **Good/Fair/Poor/Critical** rating. This rating is based on the average overall rating for each of the sub-categories (6.1 to 6.10).

7.0 Service Contract Listing

Building/Equipment Service	Contract Term	Contractor Name	Contract Value	Comments

Is there any building equipment/service where no service contract exists but one should be in place? If yes, please identify.

8.0 Warranties

Equipment/Systems under Warranty	Warranty Expiry Date

9.0 Work or Projects Required

Ref. to BAR Section	Project Description	Repair (R) Capital (C)	Planned Year	Priority	Estimated Cost

10.0 Management Action Required

Ref. to BAR Section	Action Required	Planned Year	Priority	Estimated Cost

11.0 Contractor Review

Conclusions, recommendations and overall building assessment:

_____   _____   _____

(Name), Building Assessor   Signature   Y-A   M   D-J

_____   _____   _____

(Name), Senior Contractor Resource   Signature   Y-A   M   D-J

Foreign Affairs, Trade and Development Canada — Affaires étrangères, Commerce et Développement Canada

Canada

BUILDING ASSESSMENT REPORT (BAR) – Residential

Asset Name **STAFF QUARTERS**	Mission	PRID Number
MCO Name	RMO Name	
DMCO Property (Property Manager) Name	Portfolio Manager Name	
Assessed By (Name)	Assessment Date	

SECTION 1: GENERAL INFORMATION AND BUILDING BACKGROUND

Address	Asset Type Crown-owned	Year Purchased/Leased	Heritage (FHBRO) Indicator
Type of Dwelling (single, multi-unit, condominium)	No. of Floors in Building: Floor Occupied:	Residence Size (unit of measure)	Parking Space(s)
If Leased, Landlord Name & Address	If Leased, Lease Type	If Leased, Lease Term (start and end dates)	Overall SCI Rating

1.1 Major audits, studies and inspections since last BAR, including inspections by authorities or third parties

	Associated Projects included in Section 6?
1.1.1 Environmental Site Inspection , Phase 1 ☐Yes ☐ No ☐ Not Applicable. If yes, date of inspection:	☐Yes ☐ No
1.1.2. Environmental Site Inspection , Phase 2 ☐Yes ☐ No ☐ Not Applicable. If yes, date of inspection:	☐Yes ☐ No
1.1.3 Security Inspection Report ☐Yes ☐ No ☐ Not Applicable. If yes, date of inspection:	☐Yes ☐ No
1.1.4 Seismic Evaluation, Phase 1 ☐Yes ☐ No ☐ Not Applicable. If yes, date of inspection:	☐Yes ☐ No
1.1.5 Seismic Evaluation, Phase 2 ☐Yes ☐ No ☐ Not Applicable. If yes, date of inspection:	☐Yes ☐ No
1.1.6 Building Condition Report ☐Yes ☐ No ☐ Not Applicable. If yes, date of inspection:	☐Yes ☐ No
1.1.7 Accessibility Checklist ☐Yes ☐ No ☐ Not Applicable. If yes, date of inspection:	☐Yes ☐ No

Section 2.0 OCCUPANT INFORMATION

2.1 Occupant Satisfaction

Is the occupant satisfied with the residential unit?	☐Yes ☐ No ☐ N/A

Top areas of occupant concern:

Occupant Comments.
(Outline issues the occupant has with the residence)

Section 3.0 ENERGY/UTILITY MANAGEMENT

3.1 Energy

1. Has an energy audit been completed for this residence? If yes, date of audit:	☐Yes ☐ No ☐ N/A
2. Have energy savings initiatives been implemented?	☐Yes ☐ No ☐ N/A

3.2 Water

2. Have water savings initiatives been implemented in this facility?	☐Yes ☐ No ☐ N/A

Section 4.0 PHYSICAL CONDITION CHECKLIST

Structure Condition Rating Codes Structure Condition Index (SCI)	1 = Good	2 = Fair	3 = Poor	4 = Critical

4.1 Building Exterior, Structure and Roof	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1. Stairs	6. Windows
2. Walls	7. Doors and hardware
3. Painting	8. Caulking
4. Landscaping	9. Roof
5. Evestroughs/Downspouts	10. Other – specify

4.2 Plumbing and Water	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1.Water Quality	5. Excessive water
2. Water Supply	6. Washroom ventilation
3.Hot Water	7. Washrooms / kitchen fixtures
4. Plumbing (free of corrosion)	8. Sewer Connection

BAR - Staff Quarters (IB#7071137)

4.3 Heating, Air Conditioning and Ventilation	If leased, owner responsible? ☐Yes ☐ No	SCI Rating XX (Average total score divided by number of reported items)
If not applicable, leave blank		
1. Adequacy of equipment	4. Safety of equipment	
2.Central Cooling Unit	5. Portable Air Condition Unit	
3. Central Heating Unit	6. Portable Heating Unit	

4.4 Electrical and Lighting	If leased, owner responsible? ☐Yes ☐ No	SCI Rating XX (Average total score divided by number of reported items)
If not applicable, leave blank		
1.Electrical Hazards	3. Exterior Lighting	
2. Light Fixtures	4. Electrical Panels	
3. Emergency Lighting		

4.5 Building Interior and Security	If leased, owner responsible? ☐Yes ☐ No	SCI Rating XX (Average total score divided by number of reported items)
If not applicable, leave blank		
1. Walls	3. Flooring	
2. Ceilings	4. Other	

4.6 Grounds and Security	If leased, owner responsible? ☐Yes ☐ No	SCI Rating XX (Average total score divided by number of reported items)
If not applicable, leave blank		
1. Driveways/walkways	4. Security	
2. Landscaping	5. Walls/Fence (s)	
3. Swimming Pool		

4.7 Vertical and Horizontal Transportation - Elevators	If leased, owner responsible? ☐Yes ☐ No	SCI Rating XX (Average total score divided by number of reported items)
If not applicable, leave blank		
1. Cab interior and lighting	2. Leveling, door separation	
3. Other - specify		

4.8 Life Safety Systems	If leased, owner responsible? ☐Yes ☐ No	SCI Rating XX (Average total score divided by number of reported items)
If not applicable, leave blank		
1. Fire Extinguishers	5. Smoke and Heat Detectors	
2. Fire Alarm System	6. Carbon Monoxide Detectors	
3. Sprinkler System	7. Voice Communication System	
4. Access to Unit(s)	8. Fire Exits	

4.9 STRUCTURE CONDITION INDEX (SCI): Rating XX which represents a **Good/Fair/Poor/Critical** rating. This rating is based on the average overall rating for each of the sub-categories (8.1 to 8.10).

5.0 Fire and Life Safety - Compliance

Complete only 5.1, 5.2 or 5.3 depending on the size of building the Staff Quarters are located in.

Features	Yes, No or N/A	Comments
5.1. For Small Buildings (3 or less storeys high)		
5.1.1 Are exit paths unobstructed and clear of hazards.	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.1.2. Can you leave the building without using keys?	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.1.3 Is there a smoke alarm in the unit?	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.1.4 Is access to two or move exits provided? *(Can include exterior stairs, fire escape, ramps and corridors.)*	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.5 If a single exit is provided from the apartment/unit, is it direct to outside?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.6 Do apartment/unit doors return automatically to the closed position after each use? *(Applies to doors opening to interior corridors serving other units.)*	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.7 Is there an openable window or door on each storey containing bedroom(s)? *(Window large enough for emergency escape.)*	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.2 For Medium Buildings (4 to 8 stories high)		
5.2.1 Is access to two or more exits provided? *(Can include exterior stairs, fire escape, ramps and corridors but NOT elevators, windows, ladders nor slides.)*	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.2.2 Are exit paths are unobstructed and clear of hazards.	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.2.3 Can you leave the building without using keys?	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.2.4 Is a fire alarm system provided?	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.2.5 Is there a smoke alarm in the apartment/unit?	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.2.6 Are exits remote from each other?	☐Yes ☐ No ☐ N/A	
5.2.7 Are interior exit stairs enclosed? *(Can include exterior unenclosed exits such as fire escape stairs)*	☐Yes ☐ No ☐ N/A	
5.2.8 Do exit doors return automatically to the closed position after each use?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.2.9 Do exits and corridors have limited quantities of combustible finishes? *(Limited=less than 25% of wall & ceiling areas.)*	☐Yes ☐ No ☐ N/A	
5.2.10 Do apartment/unit doors return automatically to the closed position after each use?	☐Yes ☐ No ☐ N/A	Click here to enter text.

5.2.11 Do Fire Department vehicles have direct access to the building?	☐Yes ☐ No ☐ N/A	
5.2.12 Is a standpipe system provided? *(System may consist of fire department connections and/or fire hose cabinets.)*	☐Yes ☐ No ☐ N/A	
5.2.13 Is the building sprinklered?	☐Yes ☐ No ☐ N/A	
5.3 For Large Buildings (9 or more stories high)		
5.3.1 Is access to two or move exits provided? *(Can include exterior stairs, fire escape, ramps and corridors but NOT elevators, windows, ladders nor slides.)*	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.3.2 Are exit paths are unobstructed and clear of hazards.	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.3.3 Can you leave the building without using keys?	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.3.4 Is a fire alarm system provided?	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.3.5 Is there a smoke alarm in the apartment/unit?	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.3.6 Is a standpipe system provided? *(System may consist of fire department connections and/or fire hose cabinets.)*	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.3.7 If building is constructed of wood, is it sprinklered? *(Wood construction refers to primary building structural elements NOT interior wood finishes.)*	☐Yes ☐ No ☐ N/A	**Mandatory Requirement**
5.3.8 Are exits remote from each other?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.9 Are interior exit stairs enclosed? *(Can include exterior unenclosed exits such as fire escape stairs.)*	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.10 Do exit doors to stairs return automatically to the closed position after each use? *(Applies to doors opening to interior corridors serving other units.)*	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.11 Do exits and corridors have limited quantities of combustible finishes? *(Limited=less than 25% of wall & ceiling areas.)*	☐Yes ☐ No ☐ N/A	
5.3.12 Do apartment/unit doors return automatically to the closed position after each use? *(Applies to doors opening to interior corridors serving other units.)*	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.13 Do Fire Department vehicles have direct access to the building?	☐Yes ☐ No ☐ N/A	
5.3.14 Is the building sprinklered?	☐Yes ☐ No ☐ N/A	

6.0 Work or Projects Required

Ref. to BAR Section	Project Description	Repair (R) Capital (C)	Planned Year	Priority	Estimated Cost

7.0 Management Action Required

Ref. to BAR Section	Action Required	Planned Year	Priority	Estimated Cost

8.0 Contractor Review

Conclusions, recommendations and overall building assessment:

Click here to enter text.

_____   _____
_____
 (Name), Building Assessor   Signature   Y-A   M   D-J

_____   _____
_____
 (Name), Senior Contractor Resource   Signature   Y-A   M   D-J

9.0 Appendices

Appendices attached   ☐Yes   ☐No

BUILDING ASSESSMENT REPORT (BAR) – Ancillary Building

Asset Name (Select one) ☐ Recreation Facility ☐ Storage ☐ Heating/Cooling Plant ☐ Other	**Mission** 34T	**Asset PRID** 34T
MCO Name 34T	**RMO Name** 34T	
DMCO Property (Property Manager) Name 34T	**Portfolio Manager Name** 34T	
Assessed By (Name) 34T	**Assessment Date** 34T	

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SECTION 1 BUILDING BACKGROUND

1.1 General				
Building Address 34T	**Asset Type**		**Hardship Level**	
	Category		**FHRBO Indicator**	
Seismic Rating 34T	**Major Space Use**	**Year Constructed** 34T	**Year Land Purchased** 34T	**No. of Parking Stalls** **Exterior:** **Interior:** **Barrier Free:**
If Leased, Landlord Name & Address	**If Leased, Lease Term**		**If Leased, Lease Type**	
Site Area m2 34T	**Total Usable Area m2** 34T		**Date:**	

1.2 Major Renovations and Projects over $25,000 completed or underway this year (FY 2014/15)			
Reference	Project #	Description	Cost ($)

1.3 Major inspections, evaluations, reports, and / or studies carried out (e.g. Building Condition Report, Security Inspection Report).	Associated Projects Included in Section 10.0
1.3.1 Environmental Site Inspection, Phase 1 ☐Yes ☐ No ☐ Not Applicable If yes, date of inspection:	☐Yes ☐ No
1.3.2 Environmental Site Inspection, Phase 2 ☐Yes ☐ No ☐ Not Applicable If yes, date of inspection:	☐Yes ☐ No
1.3.3 Security Inspection Report ☐Yes ☐ No ☐ Not Applicable If yes, date of inspection:	☐Yes ☐ No
1.3.4 Seismic Evaluation, Phase 1 ☐Yes ☐ No ☐ Not Applicable If yes, date of inspection:	☐Yes ☐ No
1.3.5 Seismic Evaluation, Phase 2 ☐Yes ☐ No ☐ Not Applicable If yes, date of inspection:	☐Yes ☐ No
1.3.6 Building Condition Report ☐Yes ☐ No ☐ Not Applicable If yes, date of inspection:	☐Yes ☐ No

1.3.7 Audits, studies and inspections, other than those identified above, including inspections by authorities or third parties (e.g. HVAC Study, Lighting Survey, etc)

Title	Performed by	Date

SECTION 2.0 ENERGY/UTILITY MANAGEMENT

2.1 Energy

Type of Utility:	Utility Company:	Annual Consumption:

2.1.1 Has an energy audit been completed for this facility	☐Yes ☐ No ☐ N/A
2.1.2. Have energy savings initiatives been implemented?	☐Yes ☐ No ☐ N/A

2.2 Water			
2.2.1. Has a water audit been completed for this facility?		☐Yes	☐No
2.2.2. Have water savings initiatives been implemented in this facility?		☐Yes	☐No

If yes, check below the nature of water savings initiatives implemented.

    ☐Elimination of open loop, closed loop or air cooled systems
    ☐Water efficient landscape watering practices
    ☐Water efficient washroom fixtures (i.e. low flush toilets, cistermisers)
    ☐Other

Comments:

3.0 ENVIRONMENTAL COMPLIANCE

3.1.0 Asbestos		Comments
3.1.1 Has an asbestos study been done for this building? If so, when?	☐Yes ☐ No ☐ N/A	Click here to enter a date.
3.1.2 Does the site have any friable or non-friable asbestos? If so, where?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If answer to 3.1.2 is no, continue to Section 5.2 Halocarbons		
3.1.3 Is there an asbestos management plan in place?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.1.4 Is there notification process in place when asbestos is present?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.1.5 Is there a procedure in place to respond to accidental disturbances?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.1.6 Have all known asbestos-related incidents been reported?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.2 - Halocarbons		
3.2.1 Are there any units over 5-tons? If so - where? If so, does each unit have an individual log book?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.2.3 Are all releases reported in accordance with regulatory requirements? 5.2.3.1 Is there a reporting process in place?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.2.4 Are any halocarbons stored on-site? 3.2.4.1 Is there a process in place to ensure cylinders are not leaking?	☒Yes ☐ No ☐ N/A	Click here to enter text.
3.2.5 Are there any units containing R123 halocarbon refrigerant used on the building systems?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.2.6 Is there a plan for removal of all R123 units?		Click here to enter text.

3.3 - Chlorofluorocarbon (CFC's)		
3.3.1 Are there any ozone-depleting substances in this building or on site?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If answer to 3.3.1 is no, continue to Section 3.4 -Pest Management		
3.3.2 Is there a process for leak testing and reporting?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.3.3 Have the units been functioning efficiently and without ongoing maintenance issues?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4. - Pest Management		
3.4.1 Are all pesticides / herbicides used on the site compliant with regulatory requirements?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.2 Are permits obtained where required?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.3 Are pesticides / herbicides applied by specially trained and licensed companies and technicians?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.4 Have any/all known spills and/or incidents been recorded and reported as required?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.5 Polychlorinated biphenyls (PCB's)		
3.5.1 Does the building have any PCB-containing transformers or light ballasts?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If answer to 3.5.1 is no, continue to Question 5.5.7		
3.5.2 Are PCBs stored in accordance with the regulatory requirement?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.5.3 Is an inventory of PCB material stored on-site maintained and updated?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.5.4 Have certificates of destruction been received for PCB waste that has been shipped?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.5.5 Have any/all known releases and/or incidents been reported?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.5.6 Is there a program in place to manage fluorescent lamp tubes ballasts?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.5.7 Are there any mercury containing thermostats?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.6- Petroleum Storage Tanks (Above Ground Storage Tank (AST) & Underground Storage Tank (UST)		
3.6.1 Are there any exterior USTs/ASTs? If so, please provide details	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.6.2 Are there any interior USTs/ASTs? If so, please provide details	☐Yes ☐ No ☐ N/A	Click here to enter text.

3.6.3 Is the tank considered a high-risk system? 3.6.3.1 If yes, is there a plan for its removal?	☐Yes ☐ No ☐ N/A ☐Yes ☐ No	*Click here to enter text.*
3.6.4 Is there an UST or AST removal / upgrade recommended?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.6.5 Does the storage tank(s) have a capacity greater than 230 litres?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.6.6 Is the storage tank identification number prominently displayed?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.6.7 Has a leak detection test been done (if pre-2008 installation)?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.6.8 Are maintenance and leak records maintained on-site?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.6.9 Does the storage tank(s) have a spill-containment system for product transfer?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.6.10 Is there an emergency plan (Environmental Emergency Response Plan EERP) in place?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.6.11 Are fuel handling procedures (spills, staining, sumps, etc.) in place for the building and site?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.6.12 Is there adequate ventilation in fuel storage areas?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.7 - Recycling		
3.7.1 Are there recycling programs in place? If yes, provide the types.	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.7.2 Is there a management plan in place to encourage the use of these programs?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.8- Hazardous Wastes		
3.8.1 Have all property staff been trained on WHMIS?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.8.2 Are there any hazardous chemicals used or stored in the building?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.8.3 Are chemicals stored in regulated and approved cabinets?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.8.4 Are there hazardous waste removal processes in place?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.8.5 Is there any lead-based paint in the building?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.9- Contaminated Sites		
3.9.1 Is there potential contaminated soil or groundwater?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*
3.9.2 Are there any other contaminants on this site?	☐Yes ☐ No ☐ N/A	*Click here to enter text.*

3.10- Water		
3.10.1 Do the water distribution pipes contain lead?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.10.2 Is the water distribution system (drain pans, etc.) tested for Legionella disease?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.10.3 Is there potable water? What is the quality? 3.10.3.1 If the water is not potable - how is it provided?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.10.4 Are there wastewater, sewage and septic systems?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.11 Indoor Air Quality (IAQ)		
3.11.1 Have any IAQ studies been done? If so - when?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.11.2 Is there excessive moisture inside the building?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.11.3 Is there any mould growth observed in the building?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.11.4 Are there any IAQ concerns?	☐Yes ☐ No ☐ N/A	Click here to enter text.

4.0 COMPLIANCE TO SPECIAL GOVERNMENT PROGRAMS

4.1 Accessibility
4.1.1 Has an accessibility checklist been completed   ☐Yes ☐ No ☐ N/A
4.1.2 Does the building comply with Treasury Board Standards for accessibility? ☐Yes ☐ No ☐ N/A
4.1.3. Has the building been exempted from meeting the standards?   ☐Yes ☐ No ☐ N/A ☐Yes   ☐No If yes specify date, criteria, authority used and general description of components for exemption. Click here to enter text.
4.1.4 Are there technical variations / exemptions for specific components?   ☐Yes ☐ No ☐ N/A If yes, specify date, criteria, authority used and general description of component (s).

4.2 Signage and Canadian Federal Presence
4.2.1 Does the building comply with DFATD signage standards?   ☐Yes ☐ No ☐ N/A
4.2.2 Does the building comply with Federal Identity Program (FIP) common use and tactile signage standards?   ☐Yes   ☐No
4.2.3 Is the flag of Canada flown according to FIP policy and DFATD standards? ☐Yes ☐ No ☐ N/A

5.0 Life Safety Systems		
Building Component	**Yes – No – N/A**	**Comments**
5.1 Elevators		
5.1.1 Does this location have any elevators or lifts?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.2. Is the condition of the elevator/lift safe for its use and operation?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.3 Is the elevator(s) inspected on an annual basis by a licensed technician? If so, by whom?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.4 Does the elevator have a license posted in the car or in some prominent place nearby?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.5 Is there a maintenance record or log posted in the elevator machine room?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.6 Does the elevator have an emergency phone or communication panel?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.7 Is the elevator compliant with codes?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.2 Electrical		
5.2.1 Are the high-voltage and control panels closed and secured?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.2.2 Are the control panels identified and accessible?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.2.3 Are the electrical rooms free of debris?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3 Fire Systems		
5.3.1 Is the fire equipment visibly marked?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.2 Are portable fire extinguishers appropriate for type of materials and are they readily available?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.3 Are fire extinguishers inspected according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.3.1 If so, is there a record (tags or logs)?	☐Yes ☒ No ☐	Click here to enter text.
5.3.4 Are fire hoses properly mounted and accessible?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.5 Are the fire hose cabinets maintained according to code? If so - is there a record?	☐Yes ☐ No ☐ N/A ☐Yes ☐ No	Click here to enter text.
5.3.6 Is the area equipped with smoke detectors?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.7 Is there a smoke control/exhaust system?	Yes ☐ No ☐ N/A	Click here to enter text.

5.3.8 Are the fire doors, lids and shutters in good repair and unobstructed with a closing mechanism intact?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.9 Are the stair wells pressurized?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.8 Does the building have a sprinkler system?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.9 Do sprinkler heads have proper clearance from materials and furnishing?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.10 Is the fire pump tested according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.3.11 If there is a parking garage, is there a sprinkler system?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.4 Generators		
5.4.1 Does the building have an emergency generator(s)?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.4.2 Is the generator tested according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.5 Emergency Plans		
5.5.1 Is there a current Emergency Evacuation Plan?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If so, does the Emergency Evacuation Plan include all elements (e.g. hazardous substance releases, fire, bomb threat, etc.)?	☐Yes ☐ No	Click here to enter text.
5.5.2 Are Fire Safety Orders current and posted in a prominent area?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.5.3 Is the organization chart and contact information for the fire emergency organization current and posted?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.5.4 Are the building floor plans current?	☐Yes ☐ No	Click here to enter text.
5.6 Emergency Lighting and Egress Systems		
5.6.1 Does the building contain emergency lights?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.2 Are emergency lights inspected according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.3 Are emergency lights operating as specified?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.4 Does the building contain emergency exit signs?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.5 Are the emergency exit signs inspected according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.6.6 Are magnetic door locks, release delay and hold devices tested?		
5.6.7 Are emergency aisles kept free from debris?	☐Yes ☐ No ☐ N/A	Click here to enter text.

5.6.8 Are the HVAC systems tied into the Fire Alarm Panel to shut down system in alarm conditions?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.7 Building Communication System		
5.7.1 Does the building have a voice communication system?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.7.2 Is the system tested according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
7.8 Confined Space		
5.8.1 Has a building evaluation been performed to identify any confined spaces or isolated work areas?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.8.2 Has an inventory been completed?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.8.3 Have confined space hazards been identified, evaluated, documented and communicated?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.8.4 Is appropriate signage posted in a prominent place indicating "Confined Space"?	☐Yes ☐ No ☐ N/A	Click here to enter text.

8.0 PHYSICAL CONDITION CHECKLIST

Rating Codes > 1 – Good 2 – Fair 3 – Poor 4 – Critical

Structure Condition Index (SCI)

6.1 Grounds	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)
If not applicable leave blank		
1. Landscaping Choose an item.	7. Perimeter Fences	Choose an item.
2. Retaining Walls Choose an item.	8. Roads and Curbs	Choose an item.
3. Walkways, courtyard Choose an item.	9. Signs	Choose an item.
4. Parking Areas Choose an item.	10. Drainage system	Choose an item.
5. Flagpoles Choose an item.	11. Other - specify	Choose an item.
6. Exterior Building Choose an item.		

6.2 Building Exterior	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)
If not applicable leave blank		
1. Steps, platforms, ramps Choose an item.	8. Loading Dock	Choose an item.
2. Foundation Choose an item.	9. Cladding	Choose an item.
3. Flashing Choose an item.	10. Caulking	Choose an item.
4. Chimney and stacks Choose an item.	11. Painting	Choose an item.
5. Overhead doors Choose an item.	12. Doors and hardware	Choose an item.
6. Windows Choose an item.	13. Other - specify	Choose an item.
7. Air dampers Choose an item.		
6.3 Life Safety Systems	**If leased, owner responsible?**	**SCI Rating XX** (Average total score divided by number of reported items)

	☐Yes ☐ No	
If not applicable leave blank		
1. Fire Extinguishers Choose an item.	6. Smoke and Heat Detectors Choose an item.	
2. Fire Alarm System Choose an item.	7. Sump Pumps Choose an item.	
3. Fire and smoke dampers Choose an item.	8. Fire Pumps Choose an item.	
4. Voice Communication System	9. Other - specify	
5. Sprinkler Systems Choose an item.		

6.4 Security	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)
If not applicable leave blank		
1. Guard Huts Choose an item.	8. BR Windows & Doors Choose an item.	
2. CCTV Choose an item.	9. SOS System Choose an item.	
3. IDACS locking mechanisms Choose an item.	10. Device Lockers Choose an item.	
4. Fences, Bollards, etc. Choose an item.	11. Convex Mirrors Choose an item.	
5. Exterior Lighting Choose an item.	12. Sally Ports Choose an item.	
6. Gates Choose an item.	13. Air Locks Choose an item.	
7. Change Rooms Choose an item.		

6.5 Roof	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)
If not applicable, leave blank		
1. Surface Choose an item.	6. Skylights Choose an item.	
2. Drains Choose an item.	7. Solar Choose an item.	
3. Vents Choose an item.	8. Roof anchors Choose an item.	
4. Mechanical Equipment Choose an item.	9. Gutter Choose an item.	
5. Flashing Choose an item.	10. Other - specify Choose an item.	

6.6 Building Interior	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)
If not applicable, leave blank		
1. Entrance Lobby Choose an item.	9. Flooring Choose an item.	
2. Carpeting Choose an item.	10. Fitments Choose an item.	
3. Painting Choose an item.	11. Washrooms and fixtures Choose an item.	
4. Walls and trim Choose an item.	12. Lighting fixtures Choose an item.	
5. Doors and hardware Choose an item.	13. Fire exits and fire doors Choose an item.	
6. Window frames/coverings Choose an item.	14. Ornamental plants Choose an item.	
7. Stairwells Choose an item.	15. Other - specify Choose an item.	
8. Ceilings Choose an item.		

6.7 Vertical and Horizontal Transportation	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)
If not applicable, leave blank		
A. Elevators	B. Escalators Choose an item.	
1. Cab interior Choose an item.	1. Noise Levels Choose an item.	
2. Lighting Choose an item.	2. Smoothness of Ride Choose an item.	
3. Levelling, door separation	C. Other - specify Choose an item.	

4. Noise Levels	Choose an item.	1. Specify	Choose an item.
5. Smoothness of ride	Choose an item.		
6. Waiting time	Choose an item.		

6.8 Mechanical Systems	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1. HVAC System	Choose an item.	5. Boilers	Choose an item.
2. Plumbing, drainage (including sump pumps)		6. Pressure vessels	Choose an item.
3. Chiller, cooling towers	Choose an item.	7. Controls	Choose an item.
4. Domestic water supply	Choose an item.	8. Other – specify	Choose an item.

6.9 Electrical Systems	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1. Transformers vaults (including equipment)		5. Distribution panels	Choose an item.
2. Main distribution panels, switch gear		6. Splitter troughs	Choose an item.
3. Busways	Choose an item.	7. Disconnect switches	Choose an item.
4. Secondary transformers	Choose an item.	8. Other – specify	Choose an item.

6.10 Other Building Area and Systems	**If leased, owner responsible?** ☐Yes ☐ No	**SCI Rating XX** (Average total score divided by number of reported items)

If not applicable, leave blank

1. Underground parking	Choose an item.	6. Mechanical Rooms	Choose an item.
2. Eating facilities	Choose an item.	7. Electrical Rooms	Choose an item.
3. Recreational	Choose an item.	8. Swimming Pools	Choose an item.
4. Storage	Choose an item.	9. Other – specify	Choose an item.
5. Security System(s)	Choose an item.		

6.11 STRUCTURE CONDITION INDEX (SCI): Rating XX which represents a Good/Fair/Poor/Critical rating. This rating is based on the average overall rating for each of the sub-categories (6.1 to 6.10)

7.0 Service Contract Listing

Building/Equipment Service	Contract Term *(start &end dates)*	Contractor Name	Contract Value (CAD)	Comments

Is there any building equipment/service where no service contract exists but one should be in place? If yes, please indicate.

8.0 Standard Operating Procedures (SOPs)

9.1 Are SOP's Developed for Building Maintenance and Compliance as required by codes and standards (e.g. confined spaces, HVAC operations)? If yes, indicate title of SOP.	☐Yes ☐No	Click here to enter text.

9.0 Warranties

Equipment/Systems under Warranty	Warranty Expiry Date

10.0 Projects Required

Section of BAR	Project Description	Repair (R) Capital (C)	Planned Year	Priority	Estimated Cost

11.0 Management Action Required

Section of BAR	Action Required	Planned Year	Priority	Estimated Cost

12.0 Contractor Review

Conclusions, recommendations and overall building assessment:

Click here to enter text.

_____   _____   _____

(Name), Building Assessor   Signature   Y-A   M   D-J

_____   _____   _____

(Name), Senior Contractor Resource   Signature   Y-A   M   D-J

13.0 Appendices

Appendices attached   ☐Yes   ☐No

BUILDING ASSESSMENT REPORT (BAR)

Asset Name **Compound / Site**	Mission **34T**	PRID Number
MCO Name:	RMO Name:	
DMCO Property (Property Manager) Name	Portfolio Manager Name:	
Assessed By (Name)	Assessment Date	

INSERT PHOTO HERE

Check buildings included on this Compound and include their PRID numbers.

Buildings on Compound		PRID Number(s)
☐	Chancery	
☐	Chancery Annex	
☐	Official Residence	
☐	Staff Quarters	
☐	Recreation Facility	
☐	Storage	
☐	Other: (state)	

Section 1: Background

1.1 General

Building Address 34T	Asset Type 34T		Hardship Level 34T
	Category 34T		Heritage (FHBRO) Indicator 34T
Seismic Rating 34T	No. of Buildings on Compound:	Year Land Purchased/ Leased	No of Parking Spaces 34T
Pool	Tennis Court	Other (Specify)	Date:

BAR – Compound (IB#7071229)

1.2 Major Renovations and Projects over $25,000 completed or underway this year (FY 2014/15)			
Reference	Project #	Description	Cost ($)

1.3 Major inspections, evaluations, reports, and / or studies carried out (e.g. Building Condition Report, Security Inspection Report).

	Associated Projects Included in Section 10.0
1.3.1 Environmental Site Inspection, Phase 1 ☐Yes ☐ No ☐ Not Applicable If yes, date of report_____	☐Yes ☐ No
1.3.2 Environmental Site Inspection, Phase 2 ☐Yes ☐ No ☐ Not Applicable If yes, date of report_____	☐Yes ☐ No
1.3.3 Security Inspection Report ☐Yes ☐ No ☐ Not Applicable If yes, date of report_____	☐Yes ☐ No
1.3.4 Seismic Evaluation, Phase 1 ☐Yes ☐ No ☐ Not Applicable If yes, date of report_____	☐Yes ☐ No
1.3.5 Seismic Evaluation, Phase 2 ☐Yes ☐ No ☐ Not Applicable If yes, date of report_____	☐Yes ☐ No
1.3.6 Building Condition Report ☐Yes ☐ No ☐ Not Applicable If yes, date of report_____	☐Yes ☐ No

1.3.9 Major audits, studies and inspections since last BAR, including inspections by authorities or third parties (e.g. Lighting Survey, etc)

Title	Performed by	Date

2.0 ENERGY/UTILITY MANAGEMENT

2.1 Energy

Type of Utility:	Utility Company:	Annual Consumption:

2.1.2 Is there a central utility for heating, cooling, and/or power supply on the compound?	☐Yes	☐No
2.1.3. Have energy savings initiatives been implemented?	☐Yes	☐No

2.1.4 Check below the nature of energy savings initiatives implemented.
    ☐Energy Efficient Lighting   ☐Other – Specify

2.2 Water		
2.2.1. Has a water audit been completed for this compound?	☐Yes	☐No
2.2.2. Have water savings initiatives been implemented in this facility?	☐Yes	☐No
If yes, check below the nature of water savings initiatives implemented. 　　　☐Water efficient landscape watering practices 　　　☐Other		

3.0 ENVIRONMENTAL COMPLIANCE

3.1- Halocarbons		
3.1.1 Are all releases reported in accordance with regulatory requirements?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.1.2 Is there a reporting process in place?	☐Yes ☐ No ☐ N/A	
3.1.3 Are any halocarbons stored on-site?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.1.4 Is there a process in place to ensure cylinders are not leaking?	☐Yes ☐ No ☐ N/A	
3.2. - Pest Management		
3.2.1 Are areas free from pests or evidence thereof?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.2.2 Are all pesticides / herbicides used on the site compliant with regulatory requirements?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.2.3 Are permits obtained where required?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.2.4 Are pesticides / herbicides applied by specially trained and licensed companies and technicians?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.2.5 Have any/all known spills and/or incidents been recorded and reported as required?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.3 Polychlorinated biphenyls (PCB's)		
3.3.1 Do lighting fixtures have any PCB-containing transformers?	☐Yes ☐ No ☐ N/A	Click here to enter text.
If answer to 3.3.1 is no, continue to Question 3.3.4		
3.3.2 Are PCBs stored in accordance with the regulatory requirement?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.3.3 Is an inventory of PCB material stored on-site maintained and updated?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.3.4 Have certificates of destruction been received for PCB waste that has been shipped?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.3.5 Have any/all known releases and/or incidents been reported?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.3.6 Is there a program in place to manage fluorescent lamp tubes ballasts?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4 Petroleum Storage Tanks (Above Ground Storage Tank (AST) & Underground Storage Tank (UST)		
3.4.1 Are there any exterior USTs/ASTs? If so, please provide details	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.2 Is the tank considered a high-risk system?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.3 If yes, is there a plan for its removal?	☐Yes ☐ No ☐ N/A	Click here to enter text.

3.4.4 Is there a UST or AST removal / upgrade recommended?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.5 Does the storage tank(s) have a capacity greater than 230 litres?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.6 Is the storage tank identification number prominently displayed?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.7 Has a leak detection test been done (if pre-2008 installation)?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.8 Are maintenance and leak records maintained on-site?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.9 Does the storage tank(s) have a spill-containment system for product transfer?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.10 Is there an emergency plan (Environmental Emergency Response Plan EERP) in place?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.11 Are fuel handling procedures (spills, staining, sumps, etc.) in place for the site?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.4.12 Is there adequate ventilation in fuel storage areas?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.5 Hazardous Wastes		
3.5.1 Have all property staff been trained on WHIMIS?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.5.2 Are there any hazardous chemicals used or stored on the site/compound?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.5.3 Are chemicals stored in regulated and approved cabinets?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.5.4 Are chemicals and controlled products labelled as per WHMIS requirements?		
3.5.5 Are Material Safety Data Sheets (MSDS) available and updated?		
3.5.6 Are chemicals stored in regulated and approved cabinets?		
3.5.7 Are there hazardous waste removal processes in place?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.5.8 Is there any lead-based paint in the building?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.6 Contaminated Sites		
3.6.1 Is there potential contaminated soil or groundwater?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.6.2 Are there any other contaminants on this site?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.7 Water		
3.7.1 Do the water distribution pipes contain lead?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.7.2 Is the water distribution system (drain pans, etc.) tested for Legionella disease?	☐Yes ☐ No ☐ N/A	Click here to enter text.
3.7.3 Are there wastewater, sewage and septic systems?	☐Yes ☐ No ☐ N/A	Click here to enter text.

4.0 COMPLIANCE TO SPECIAL GOVERNMENT PROGRAMS

4.1 Accessibility		
4.1.1 Has an accessibility checklist been completed?	☐Yes	☐No
4.1.2 Does the site comply with Treasury Board Standards for accessibility?	☐Yes	☐No
4.2 Signage and Canadian Federal Presence		
4.2.1 Does the site comply with DFATD signage standards?	☐Yes	☐No
4.2.2 Is the flag of Canada flown according to FIP policy and DFATD standards?	☐Yes	☐No

5.0 Life Safety Systems		
Building Component	**Yes-No-N/A**	**Comments**
5.1 Electrical		
5.1.1 Are the high-voltage and control panels closed and secured?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.2 Are the control panels identified and accessible?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.3 Is the electrical distribution system inspected and maintained in accordance with applicable codes and standards?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.1.4 Is heat emitting electrical equipment located at an adequate distance from temperature thermostats?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.2 Emergency Lighting and Egress Systems		
5.2.1 Does the site contain emergency lights?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.2.2 Are emergency lights inspected according to code?	☐Yes ☐ No ☐ N/A	Click here to enter text.
5.2.3 Are emergency lights operating as specified?	☐Yes ☐ No ☐ N/A	Click here to enter text.

6.0 PHYSICAL CONDITION CHECKLIST

Condition Rating Codes   1 = Good 2 = Fair   3 = Poor   4 = Critical

6.1 Grounds	If leased, owner responsible? ☐Yes ☐ No	Rating XX (Average total score divided by number of reported items)	
If not applicable, leave blank			
1. Landscaping	Choose an item.	6. Perimeter Fences	Choose an item.
2. Retaining Walls	Choose an item.	7. Roads and Curbs	Choose an item.
3. Walkways, courtyard	Choose an item.	8. Signs	Choose an item.
4. Parking Areas	Choose an item.	9. Drainage system	Choose an item.
5. Flagpoles	Choose an item.	10. Other	Choose an item.
6.2 Security	**If leased, owner responsible?** ☐Yes ☐ No	**Rating XX** (Average total score divided by number of reported items)	
If not applicable, leave blank			
1. Guard Huts	Choose an item.	6. Exterior Lighting	Choose an item.
2. CCTV	Choose an item.	7. Convex Mirrors	Choose an item.
3. IDACS locking mechanisms	Choose an item.	8. Sally Ports	Choose an item.
4. Gates	Choose an item.	9. Stairs and ramps	Choose an item.
5. Fences, Bollards, etc.	Choose an item.	10. Other - specify	

BAR – Compound (IB#7071229)

6.3 Electrical Systems	If leased, owner responsible? ☐Yes ☐ No	Rating XX (Average total score divided by number of reported items)

If not applicable, leave blank

1. Transformers/ vaults	Choose an item.	3. Distribution panels, switch gear	Choose an item.
2. Disconnect switches	Choose an item.	4. Other	Choose an item.

6.4 Other Compound Areas and Systems	If leased, owner responsible? ☐Yes ☐ No	Rating XX (Average total score divided by number of reported items)

If not applicable, leave blank

1. Recreational	Choose an item.	2. Swimming Pool	Choose an item.
3. Other - specify	Choose an item.		

6.5 OVERALL CONDITION INDEX (SCI):   Rating XX which represents a **Good/Fair/Poor/Critical** rating. This rating is based on the average overall rating for each of the sub-categories (6.1 to 6.4).

7.0 Service Contract Listing

Equipment / Service	Contract Term *(start &end dates)*	Contractor Name	Contract Value (CAD)	Comments

Is there any equipment/service where no service contract exists but one should be in place?
If yes, please indicate.

8.0 Standard Operating Procedures (SOPs)

8.1 Are SOP's developed for Compound grounds maintenance as required by codes and standards?	☐Yes ☐No	Click here to enter text.

9.0 Warranties

Equipment under Warranty	Warranty Expiry Date

10.0 Projects Required

Section of BAR	Project Description	Repair (R) Capital (C)	Planned Year	Priority	Estimated Cost
	Click here to enter text.				
	Click here to enter text.				
	Click here to enter text.				
	Click here to enter text.				
	Click here to enter text.				

11.0 Management Action Required

Section of BAR	Action Required	Planned Year	Priority	Estimated Cost
	Click here to enter text.			
	Click here to enter text.			
	Click here to enter text.			
	Click here to enter text.			

12.0 Contractor Review

Conclusions, recommendations and overall building assessment:

Click here to enter text.

_____   _____   _____
(Name), Building Assessor   Signature   Y-A   M   D-J

_____   _____   _____
(Name), Senior Contractor Resource   Signature   Y-A   M   D-J

14.0 Appendices

Appendices attached   (Provide list of attached appendices)   ☐Yes   ☐No

Foreign Affairs, Trade and Development Canada

Affaires étrangères, Commerce et Développement Canada

Canada

ACCESSIBILITY CHECKLIST

Fiscal Year

Asset Name **35T**	**Mission** 35T	**PRID Number** 35T
MCO Name 35T	**RMO Name** 35T	
DMCO (Property) Name 35T	**Portfolio Manager Name** 35T	

Section 1: General Details

1.1 Mission Name **35T**		1.2 Building Address 35T	
1.3 Number of public served (i.e. who actually enter the Chancery) per day: Canadians: Over 100___ 50-100___ 10-49___ under 10___ Non-Canadians: Over 100___ 50-100___ 10-49___ under 10___			
1.4 Ownership			
1.4.1 Is the Chancery Crown Owned?	☐Yes ☐ No	1.4.2 Is the Chancery Crown-Leased?	☐Yes ☐ No
		1.4.2.1 If leased, what is the lease expiry date?	Date: Y M D Click here to enter a date.
		1.4.2.2 Does the landlord prohibit or limit alterations which would implement accessibility?	☐Yes ☐ No If yes, please comment 35T
1.5 Do local (country/city/region) accessibility codes and/or standards exist? ☐Yes ☐ No If yes, please comment 35T			
1.6 Is the building a locally-designated heritage property? ☐Yes ☐ No If yes, does this affect our ability to implement accessibility? ☐Yes ☐ No			
1.7 Are there other limitations on accessibility imposed by local conditions, e.g. legal, political, financial, security, market, restrictions on foreign ownership? ☐Yes ☐ No If yes, please comment 35T			
1.8 Is the Chancery in a two-storey building?		☐Yes ☐ No	
1.8.1 If yes, is the second storey less than 600 rentable square meters in size?		☐Yes ☐ No	
1.8.2 If yes, is there full access to government services and employment opportunities on the ground floor?		☐Yes ☐ No	

Comments:

Section 2: Accessibility

1.[1]0 Vehicular Access

1.1 Is parking provided on the property? 1.1.1 If yes, how many spaces? 1.1.2 How many of these parking spaces are designated accessible for persons/drivers with disabilities? 1.1.2.1 If any, do the accessible parking spaces include an access aisle? 1.1.3 If staff parking only is provided, could an accessible designated parking space be provided if necessary?	☐Yes ☐No Click here to enter text. Click here to enter text. ☐Yes ☐No ☐Yes ☐No
1.2 Does the local public transit provide services to the mobility impaired? 1.2.1 If yes, are the necessary ramps, lifts, etc. provided by the local public transit system? 1.2.2 If no, describe	☐Yes ☐No ☐Not Applicable ☐Yes ☐No Click here to enter text.
Comments:	

2.0 – Signage (is signage suitable for visually impaired individuals)

2.1 Is all building signage made of high contrast colours, with simple fonts (no serifs) and letters of a minimum size of 50 mm (this size allows a viewing distance of 1.5 metres; larger fonts are necessary for greater distances)	☐Yes ☐No
2.2 Are raised letters or brail used on building signage for: 2.2.1 Washrooms? 2.2.2 Emergency Egress? 2.2.3 Elevators? 2.2.4 Stairwells? 2.2.5 Doors off main corridors?	 ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No
Comments:	

---

[1] Final (IB_LBP-#6464340-v1-Accessibility Checklist)

3.0 - Pedestrian Circulation/Horizontal		
3.1 Is there at least access to one entrance from the outdoors at ground/sidewalk level or a ramp leading from a sidewalk that is accessible by a person in a wheelchair?	☐Yes	☐No
3.1.1 If yes, is it the main entrance?	☐Yes	☐No
3.1.2 Is it equipped with a power door operator?	☐Yes	☐No
3.1.3 Where this entrance has two doors in series, are both equipped with power door operators?	☐Yes	☐No
3.1.4 If not, is there sufficient space (1500 mm diameter) to manoeuvre a wheelchair and allow manual opening of doors?	☐Yes	☐No
3.1.5 If manual operation of doors is necessary, are the doors of an appropriate weight?	☐Yes	☐No
3.2 If no entrance is accessible, can one be made accessible?	☐Yes	☐No
3.3 Is there a separate entrance used for another program (i.e. Immigration)?	☐Yes	☐No
3.3.1 If yes, is it accessible (in accordance with 3.1)?	☐Yes	☐No
3.4 What is the percentage of aisles, corridors and doors wide enough for wheelchair use (Clearances: 1100 mm for aisles, 1500 mm for corridors, 810 mm per doors)?	Click here to enter text.	
3.4.1 Can those not wide enough be modified?	☐Yes	☐No
3.5 What percentage of doors open to 90 degrees?	Click here to enter text.	
3.5.1 Is the minimum space between doors in a series at least 1200 mm plus the width of the door?	☐Yes	☐No
3.5.2 Specify the number not complying	Click here to enter text.	
3.6 Are doors equipped with levers?	☐Yes	☐No
3.7 Are floor finishes slip resistant (even when wet), stable and firm?	☐Yes	☐No
3.7.1 Are the floors uneven or do other hazards to mobility-impaired people exist?	☐Yes	☐No
3.7.1.1 Describe:	Click here to enter text.	
Comments:		

4.0 – Pedestrian Circulation/Vertical			
4.1.1 Are there detectable warnings at the top of all stairs?	☐Yes	☐No	☐Not Applicable
4.1.2 Are all stair nosings marked with a contrasting colour to make them more visible?	☐Yes	☐No	☐Not Applicable
4.1.3 Is there high contrast and brailed signage at the top of all stairs to indicate storey level?	☐Yes	☐No	☐Not Applicable
4.2 Are accessible ramps or elevators conveniently available as alternatives to stairwells?	☐Yes	☐No	☐Not Applicable

4.3.1 Do ramps meet the following requirements? 4.3.1.1 slope (less than 1:20) 4.3.1.2 width (920 mm) 4.3.1.3 distance between landings (9m and at each turn) 4.3.1.4 handrails (height of 800-900 mm above ramp or stair nosing, size 30-40 mm in diameter, distance from wall 40 mm, and in a colour contrasting with the adjacent wall)? 4.3.2 If not, can they be modified?	☐Yes ☐No ☐Not Applicable ☐Yes ☐No ☐Not Applicable ☐Yes ☐No ☐Not Applicable ☐Yes ☐No ☐Not Applicable ☐Yes ☐No Click here to enter text.
4.4.1 Can elevators accommodate a wheelchair (1500 mm diameter minimum)? 4.4.2 Are controls accessible (maximum of 1220 mm above the floor or ground measured to the centreline of buttons, braille or raised lettering on controls, audible signals at landings)?	☐Yes ☐No ☐Not Applicable ☐Yes ☐No
4.5 Are curbs and other changes in level (interior/exterior) ramped or can they be ramped?	☐Yes ☐No ☐Not Applicable
Comments:	

5.0 Washrooms	
5.1 Is there at least one accessible washroom (men's, women's, unisexual) for each occupied floor where washrooms are provided? 5.1.1 Describe the characteristics of the accessible washroom(s). (Include toilets, sinks with knee spaces, single lever handle controls, grab bars, wheelchair turning space, mirrors at appropriate height and angle; tubs, showers where applicable)	☐Yes ☐No Click here to enter text.
5.2 If no to the above, is there an accessible washroom elsewhere in the building? 5.2.1 Specify location(s):	☐Yes ☐No Click here to enter text.
5.3 If the building is deficient in accessible washrooms, list the number and nature of facilities needed.	Click here to enter text.
Comments:	

6.0 – Special Purpose Areas	
6.1 Specify whether the following areas exist and if they are accessible: 6.1.1 Library? 6.1.2 Communications/Computer Room? 6.1.3 Spaces for business machines? 6.1.4 Stationary/office supply storage?	 ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No

6.2 Specify whether the following areas exist, their seating capacity, amount of accessible seating, and if they are accessible? 6.2.1 Auditorium 6.2.2 Theatre 6.2.3 Conference/Meeting rooms 6.2.4 Training rooms 6.2.5 other assembly areas	Capacity	Accessible Seating	Accessible?
	_____	_____	☐Yes☐No
	_____	_____	☐Yes☐No
	_____	_____	☐Yes☐No
	_____	_____	☐Yes☐No
	_____	_____	
	_____	_____	☐Yes☐No

6.3 Do any auditorium, theatres, or conference/training rooms have an area of more than 100 square meters? 6.3.1 If yes, specify facility and area 6.3.2 Does the facility have an assistive listening system (for the hearing impaired) encompassing the entire seating area?	☐Yes ☐No ☐Not Applicable Click here to enter text. ☐Yes ☐No ☐Not Applicable
6.4 Are cafeterias, eating areas and lounges accessible? 6.4.1 Comment if necessary	☐Yes ☐No ☐Not Applicable Click here to enter text.
6.5 Is there a kitchen for general staff use? 6.5.1 If yes, are these facilities accessible to mobility impaired persons as defined by the following: 6.5.1.1 sufficient turning space for wheelchairs 6.5.1.2 fixture controls of lever type 6.5.1.3 appliances, counters and fittings have knee space and height suitable to wheelchairs 6.5.2 If not, can they be modified easily? Comment if necessary.	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No Click here to enter text.
Comments:	

7.0 – Recreational Facilities	
7.1 Are grounds and recreational facilities, including associated walkways and patios accessible? 7.1.1 If recreational facilities are located elsewhere than the Chancery, specify location 7.2 Is there suitable access to the facility: 7.2.1 vehicular 7.2.3 pedestrian	☐Yes ☐No ☐Not Applicable Click here to enter text. ☐Yes ☐No ☐Yes ☐No
Comments:	

8.0 - Amenities		
8.1 Are banks of public telephones provided within the Chancery proper?	☐Yes	☐No
8.1.1 If yes, is at least one telephone accessible to:		
8.1.1.1 persons in a wheelchair?	☐Yes	☐No
8.1.1.2 persons with hearing impairments?	☐Yes	☐No
8.2 Is there one accessible water cooler or drinking fountain (height, knee clearance, controls) in each location where a water cooler or drinking fountain is provided?	☐Yes	☐No
Comments:		

9.0 – Emergency Provisions		
9.1 Are alarm signals and activating controls accessible and identifiable to those with mobility, visual and hearing impairments? (Height and ease of activation for mobility impaired, signed or marked with tactile signage for visually impaired, made audible through visual signals or emergency paging system for hearing impairments.) 9.1.1 Provide a brief description	☐Yes	☐No
	Click here to enter text.	
9.2 Is there an emergency exit route from all accessible areas?	☐Yes	☐No
9.2.1 IS emergency exit provided to the mobility impaired by means of an area of refuge, or an accessible route to the exterior? (An area of refuge is a designated safe haven for mobility impaired individuals awaiting rescue)	☐Yes	☐No
9.2.1.1 If not, are there suitable operational procedures making it possible to evacuate persons with mobility impairments?	☐Yes	☐No
9.3 Do hazardous areas exist?	☐Yes	☐No
9.3.1 If yes, are there appropriately signed and identified?	☐Yes	☐No
9.3.2 Are they also identified to the visually impaired by raised lettering or braille?	☐Yes	☐No
9.4 Is an emergency communication system, suitable for use by the hearing impaired, in place? (suitable alarms may take the form of signal lights or an emergency pager system)	☐Yes	☐No
Comments:		

<mark>[1]FIRE SAFETY ASSESSMENT CHECKLIST</mark>

Fiscal Year

Asset Name	Mission 41T	PRID Number 41T
MCO Name 41T	RMO Name 41T	
DMCO / Property Name 41T	Portfolio Manager Name 41T	
Assessed By (Name) 41T	Assessment Date 41T	

Section 1 General Details

Building Address	Asset Type	Category	Hardship Level

CLEAN AGENT SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Semi-Annually					
NFPA 2001-2012 Section 7.1.3	Check	Clean Agent Extinguishing Systems	Check agent quantity and pressure in refillable containers		
NFPA 2001-2012 Section 7.1.5	Check	Clean Agent Extinguishing Systems	Check agent quantity in non-refillable containers		
Annually					
NFPA 2001-2012 Section 7.1.1	Inspect and Test	Clean Agent Extinguishing Systems	Thoroughly inspected and tested for proper operation.		
NFPA 2001-2012 Section 7.1.3.2	Check	Clean Agent Extinguishing Systems	Compare pressure gauges used for indication of agent quantity to separate calibrated device.		
NFPA 2001-2012 Section 7.3.1	Inspect	Clean Agent Extinguishing Systems	Examined hoses for damage		

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[1] Final (IB_LBP-#6467407-v1-Fire Safety Code Compliance Assessment

CLEAN AGENT SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
NFPA 2001-2012 Section 7.4	Inspect	Clean Agent Extinguishing Systems	Examined protected enclosure for damage		
Every 5 Years					
NFPA 2001-2012 Section 7.2.2	Inspect	Clean Agent Extinguishing Systems	Conduct external visual inspection on cylinders in continuous operation.		
NFPA 2001-2012 Section 7.3.2	Inspect	Clean Agent Extinguishing Systems	Test hoses		
As Necessary					
NFPA 2001-2012 Section 7.2.1	Inspect and Test	Clean Agent Extinguishing Systems	Test containers which haven't been tested within 5 years prior to refilling.		

COMMERCIAL COOKING SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Monthly					
NFC 2010 Sentence 2.6.1.9(2) and NFPA 96-2011 Table 11.4	Inspect	Commercial Cooking Systems	Inspect solid fuel cooking operation exhaust systems for grease build-up		
Quarterly					
NFC 2010 Sentence 2.6.1.9(2) and NFPA 96-2011 Table 11.4	Inspect	Commercial Cooking Systems	Inspect high volume cooking operations for grease build-up		
Semi-Annually					
NFC 2010 Sentence 2.6.1.9(2) and NFPA 96-2011 Sections 11.2.1, and 11.2.4	Inspect	Commercial Cooking Systems	Maintain fire-extinguishing system and listed exhaust hoods and replace fusible links		
NFC 2010 Sentence 2.6.1.9(2) and NFPA 96-2011 Table 11.4	Inspect	Commercial Cooking Systems	Inspect moderate-volume cooking operations for grease build-up		

COMMERCIAL COOKING SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Annually					
NFC 2010 Sentence 2.6.1.9(2) and NFPA 96-2011 Section 11.2.6	Inspect	Commercial Cooking Systems	Inspect and clean or replace bulb-type sprinklers and spray nozzles for grease build-up		
NFC 2010 Sentence 2.6.1.9(2) and NFPA 96-2011 Table 11.4	Inspect	Commercial Cooking Systems	Inspect low-volume cooking operations for grease build-up		
NFC 2010 Sentence 2.6.1.9(2) and NFPA 96-2011 Section 11.7.1	Inspect	Commercial Cooking Systems	Inspect and clean below surfaces, behind equipment, and in flue gas exhausts		
As Necessary					
NFC 2010 Sentence 2.6.1.9(2) and NFPA 96-2011 Section 11.6.2	Inspect	Commercial Cooking Systems	Clean to remove combustible contaminants		

DRY CHEMICAL SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Monthly					
NFC 2010 Sentence 6.6.1.1(1) and NFPA 17-2009 Sections 11.2.1 and 11.2.4	Check	Dry Chemical Extinguishing Systems	Inspect system in accordance with the manufacturer's listed installation and maintenance manual or owner's manual		
Semi-Annually					
NFC 2010 Sentence 6.6.1.1(1) and NFPA 17-2009 Section 11.3.1	Test	Dry Chemical Extinguishing Systems	Conduct maintenance in accordance with the manufacturer's listed installation and maintenance manual		
NFC 2010 Sentence 6.6.1.1(1) and NFPA 17-2009 Sections 11.3.2 and 11.3.3	Inspect	Dry Chemical Extinguishing Systems	Replace fixed temperature-sensing elements		

Every 6 Years					
NFC 2010 Sentence 6.6.1.1(1) and NFPA 17-2009 Sections 11.3.1.2, 11.3.1.4, and 11.3.1.5	Inspect	Dry Chemical Extinguishing Systems	Examine dry chemical in stored pressure systems		
Every 12 Years					
NFC 2010 Sentence 6.6.1.1(1) and NFPA 17-2009 Sections 11.5 and 11.5.1	Test	Dry Chemical Extinguishing Systems	Hydrostatically test referenced extinguishers		
As Necessary					
NFC 2010 Sentence 6.6.1.1(1) and NFPA 17-2009 Section 11.1.5	Inspect	Dry Chemical Extinguishing Systems	Inspect, maintain and recharge in accordance with the manufacturer's listed installation and maintenance manual and service bulletins		

EMERGENCY POWER AND LIGHTING					
References	**Task**	**Equipment and Systems**	**Description**	**Completed Yes (Y), No (N), Not Applicable (N/A)**	**Recommended Action**
Weekly					
NFC 2010 Sentence 6.5.1.1(1) and CAN/CSA-C282-09 Table 2	Inspect and Test	Emergency Electrical Power Supply System	Maintain system		
Monthly					
NFC 2010 Sentence 6.5.1.1(1) and CAN/CSA-C282-09 Table 3	Inspect and Test	Emergency Electrical Power Supply System	Maintain system		
NFC 2010 Sentence 6.5.1.6(1) and Clause 6.5.1.6(2)(a)	Inspect and Test	Emergency Lighting	Ensure that lights will function upon failure of the primary power supply		
Semi-Annually					
NFC 2010 Sentence 6.5.1.1(1) and CAN/CSA-C282-09 Table 4	Inspect and Test	Emergency Electrical Power Supply System	Maintain system		
Annually					
NFC 2010 Sentence 6.5.1.1(1) and CAN/CSA-C282-09 Table 5	Inspect and Test	Emergency Electrical Power Supply System	Maintain system		
NFC 2010 Sentence 6.5.1.5(1)	Test	Emergency Electrical Power Supply System	Drain and refill liquid fuel storage tanks		

EMERGENCY POWER AND LIGHTING

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Annually					
NFC 2010 Clause 6.5.1.6(2)(b) and Sentence 6.5.1.6(3)	Test	Emergency Lighting	Ensure unit will provide emergency lighting for a duration equal to the design criterion under simulated power failure conditions		
NFC 2010 Sentence 6.5.1.7(1)	Inspect	Emergency Lights	Ensure they are functional		
Every 5 Years					
NFC 2010 Sentence 6.5.1.1(1) and CAN/CSA-C282-09 Table 6	Inspect and Test	Emergency Electrical Power Supply System	Maintain system		

FIRE ALARM SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Daily					
NFC 2010 Sentence 6.3.1.2(1) and CAN/ULC-S536-04 Section 4.1	Inspect	Fire Alarm System	Confirm operability		
Monthly					
NFC 2010 Sentence 6.3.1.2(1) and CAN/ULC-S536-04 Section 4.2	Inspect and Test	Fire Alarm System	Confirm the operability		
NFC 2010 Sentences 6.3.1.4(2), (3) and (4)	Test	Fire Alarm System - Voice Communication	Ensure proper operation		
Annually					
NFC 2010 Sentence 6.3.1.2(1) and CAN/ULC-S536-04 Section 5.1, and Subsections 5.2.1, 5.2.2, and 5.2.4	Inspect and Test	Fire Alarm System Control Units And Transponders	Operate to confirm appropriate operation		
NFC 2010 Sentence 6.3.1.2(1) and CAN/ULC-S536-04 Section 5.1 and Subsection 5.2.3	Test	Fire Alarm System Voice Communication	Confirm operability		

FIRE ALARM SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Annually					
NFC 2010 Sentence 6.3.1.2(1) and CAN/ULC-S536-04 Sections 5.1 and 5.3	Inspect and Test	Fire Alarm System Power Supplies	Confirm operability		
NFC 2010 Sentence 6.3.1.2(1) and CAN/ULC-S536-04 Sections 5.1 and 5.4	Inspect and Test	Fire Alarm System Annunciators And Remote Trouble Signal Units	Confirm operability		
NFC 2010 Sentence 6.3.1.2(1) and CAN/ULC-S536-04 Sections 5.1 and 5.5	Test	Fire Alarm System Printers	Test for operation as per design		
NFC 2010 Sentence 6.3.1.2(1) and CAN/ULC-S536-04 Sections 5.1 and 5.6	Test	Fire Alarm System Operation Tests For Data Communication Links (DCL)	Operate to confirm appropriate operation		
NFC 2010 Sentence 6.3.1.2(1) and CAN/ULC-S536-04 Sections 5.1 and 5.7	Inspect and Test	Fire Alarm System Field Devices	Operate to confirm appropriate operation		

FIRE DRILLS AND FIRE SAFETY PLANNING

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Bi-Monthly					
NFC 2010 Clause 2.8.3.2(1)(c) and Treasury Board of Canada Secretariat Chapter 3-1 Section 4.1(b)(ix)	Test	Fire Drill	Conduct a fire drill for supervisory staff in High Buildings		
Annually					
NFC 2010 Sentence 2.8.2.1(2)	Maintain	Fire Safety Plan	Review to ensure that it takes account of changes in the use and other characteristics of the building		
NFC 2010 Sentence 2.8.3.2(1) and Treasury Board of Canada Secretariat Chapter 3-1 Section 4.1(a) and 4.1(b)(ix)	Test	Fire Drill	Hold fire drill for supervisory staff		

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FIRE HOSES

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Quarterly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 1962-2008 Section 6.2.7.1	Inspect	Fire Hoses	Disconnect and inspect couplings		
Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 1962-2008 Sections 4.1.2, 4.2.1, 4.4.2, 4.5.2, 6.2.3 and Chapter 7	Test	Fire Hoses	Service test fire hoses		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 1962-2008 Sections 4.3.4 and 6.1.2	Inspect	Fire Hoses	Re-rack, re-reel or reroll fire hoses and inspect nozzles		
Every 3 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 1962-2008 Section 4.3.2, 6.2.3 and Chapter 7	Test	Fire Hoses	Service test fire hoses		
As Necessary					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 1962-2008 Section 4.1.12, 4.2.14 and Chapter 7	Test	Fire Hoses	Service test fire hoses after freezing		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 1962-2008 Section 4.2.5	Maintain	Fire Hoses	Refold fire hoses		

FIRE PROTECTION SIGNALLING SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Daily					
NFC 2010 Sentence 6.3.1.3(1) and CAN/ULC-S561-03 Section 10.4.4	Inspect and Test	Signalling Systems Passive Communication Systems	Confirm operability		

FIRE PROTECTION SIGNALLING SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Bi-Monthly					
NFC 2010 Sentence 6.3.1.3(1) and CAN/ULC-S561-03 Sections 9.6.1 and 9.6.2	Test	Signalling Systems Waterflow Alarm Initiating Devices	Test transmitters and waterflow devices		
Semi-Annually					
NFC 2010 Sentence 6.3.1.3(1) and CAN/ULC-S561-03 Sections 9.6.1 and 9.6.3	Inspect and test	Signalling Systems Supervisory Devices	Ensure signals from supervisory devices are received at the signal receiving centre		
Annually					
NFC 2010 Sentence 6.3.1.3(1) and CAN/ULC-S561-03 Section 9.6.1 and 9.6.4	Inspect and Test	Signalling Systems	Confirm operability		
NFC 2010 Sentence 6.3.1.3(1) and CAN/ULC-S561-03 Section 9.6.1 and 9.6.4.1	Inspect and Test	Signalling Systems Transmitting Unit	Confirm operability		
NFC 2010 Sentence 6.3.1.3(1) and CAN/ULC-S561-03 Section 9.6.1 and 9.6.4.2	Inspect and Test	Signalling Systems Power Supply	Confirm operability		
NFC 2010 Sentence 6.3.1.3(1) and CAN/ULC-S561-03 Section 9.6.1 and 9.6.5	Inspect and Test	Signalling Systems Field Devices	Confirm operability		

FIRE PROTECTION SYSTEM VALVES AND TRIM

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Daily					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.4.3.1	Inspect	Fire Protection Systems Preaction/Deluge Valves	Inspect valve enclosure heating equipment for preaction and deluge valves subject to freezing		

FIRE PROTECTION SYSTEM VALVES AND TRIM

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Daily					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.4.4.1.1	Inspect	Fire Protection Systems Dry Pipe Valves	Inspect valve enclosure heating equipment		
Weekly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.3.2.1 and 13.3.2.2	Inspect	Fire Protection Systems Control Valves	Inspect valves		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.4.3.1.1.1 and 13.4.3.1.3	Inspect	Fire Protection Systems Preaction/Deluge Valves	Inspect gauges and valve enclosures for heating equipment equipped with low temperature alarms subject to freezing		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.4.4.1.1.1 and 13.4.4.1.2	Inspect	Fire Protection Systems Dry Pipe Valves	Inspect gauges and valve enclosures for heating equipment equipped with low temperature alarms subject to freezing		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.6.1.1 and 13.6.1.2.2	Inspect	Fire Protection Systems Double Check Backflow Prevention Assemblies	Inspect double check backflow assemblies		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.6.1.2 and 13.6.1.2.2	Inspect	Fire Protection Systems Reduced Pressure Backflow Prevention Assemblies	Inspect reduced pressure backflow assemblies		
Monthly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.2.7.1	Inspect	Fire Protection Systems Gauges	Inspect gauges monthly to verify that they are in good condition and normal pressure is being maintained		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 and Section 13.3.2.1.1 and 13.3.2.2	Inspect	Fire Protection Systems Control Valves	Inspect valves secured with locks or supervised tamper switches		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.4.1.1	Inspect	Fire Protection Systems Alarm Valves	Externally inspect alarm valves		

FIRE PROTECTION SYSTEM VALVES AND TRIM

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Monthly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.4.3.1.4, 13.4.3.1.5, and 13.4.3.1.6	Inspect	Fire Protection Systems Pre-action/Deluge Valves	Externally inspect pre-action or deluge valves and inspect gauge monitoring the pre-action system supervisory air pressure and the gauge monitoring the detection system pressure		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.4.4.1.2.4 and 13.4.4.1.4	Inspect	Fire Protection Systems Dry Pipe Valves	Externally inspect dry pipe valves and inspect gauges on systems with low air or nitrogen pressure alarms		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.6.1.1.1 and 13.6.1.2.1	Inspect	Fire Protection Systems Backflow Prevention Assemblies Valves	Inspect valve that are secured with locks or electrically supervised at backflow detector assembly		
Quarterly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.2.5.1	Test	Fire Protection Systems Main Drain	Test main drains		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.2.6	Test	Fire Protection Systems Waterflow Alarm	Test waterflow alarms		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.4.3.2.1 and 13.4.3.2.13	Test	Fire Protection Systems Pre-action/Deluge Valves	Test priming water level and low air pressure alarms in supervised pre-action systems		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.4.4.2.1, 13.4.4.2.4, and 13.4.4.2.6	Test	Fire Protection Systems Dry Pipe Valves	Test priming water level, quick-opening device, and low air pressure alarms		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.5.1.1	Inspect	Fire Protection Systems Pressure Reducing Valves	Inspect all valves		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.5.4.2	Test	Fire Protection Systems Pressure Reducing Valves	Conduct partial flow test		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.5.6.1.1 to 12.5.6.1.8	Inspect	Fire Protection Systems Hose Valves	Inspect hose valves		

FIRE PROTECTION SYSTEM VALVES AND TRIM

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Quarterly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.7.1 and 13.7.2	Inspect	Fire Protection Systems Fire Department Connection	Inspect all components of the fire department connection		
Semi-Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.3.3.5	Test	Fire Protection Systems Supervisory Switches	Test valve supervisory switches		
Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.2.5, 13.3.3.4	Test	Fire Protection Systems Main Drain	Test main drain		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.3.3.1 to 13.3.3.3 and 13.3.4	Maintain and Test	Fire Protection Systems Control Valves	Operate each control valve through its full range and return to normal position and Lubricate operating stems of outside screw and yoke valves		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.4.3.1.2, 13.4.3.1.7, 13.4.3.2.2, 13.4.3.2.9, 13.4.3.1.2, 13.4.3.2.15, 13.4.3.3.2 and 13.4.3.3.3	Inspect, Maintain and Test	Fire Protection Systems Pre-action/Deluge Valves	Inspect test and maintain pre-action/deluge valves and trim		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.4.4.1.1.2, 13.4.4.1.5, 13.4.4.2.2, 13.4.4.2.7, 13.4.4.2.8, 13.4.4.3.1, and 13.4.4.3.2	Inspect, Maintain and Test	Fire Protection Systems Dry Pipe Valves	Inspect test and maintain dry pipe valves and trim		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.5.2.1, 13.5.3.1	Inspect	Fire Protection Systems Pressure Reducing Valves	Inspect all valves		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.5.1.3 to 13.5.3.3	Test	Fire Protection Systems Pressure Reducing Valves	Conduct partial flow test		

FIRE PROTECTION SYSTEM VALVES AND TRIM

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.6.2.1 and 13.6.2.2	Test	Fire Protection Systems Backflow Prevention Assemblies	Test all backflow preventers		
Every 3 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.4.3.2.2.4 and 13.4.3.2.3	Test	Fire Protection Systems Pre-action/Deluge Valves	Conduct a full flow system test		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.4.3.2.6	Test	Fire Protection Pre-action Systems	Test for air leakage		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.4.4.2.2.2	Test	Fire Protection Systems Dry Pipe Valves	Trip test dry pipe valve		
Every 5 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.2.7.2 and 13.2.7.3	Test	Fire Protection Systems Gauges	Test gauges		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.4.1.2	Inspect	Fire Protection Systems Alarm Valves	Internally inspect the alarm valves and associated strainers, filters, and restriction orifices		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.4.2.1	Inspect	Fire Protection Systems Check Valves	Internally inspect valves to verify proper operation		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.4.3.1.7.1, 13.4.3.1.8, and 13.4.3.3.2.1	Inspect	Fire Protection Systems Pre-action/Deluge Valve	Inspect interior of pre-action/deluge valve, inspect the strainers, filters, restricted orifices and diaphragm chambers, clean thoroughly and replace or repair parts as necessary		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.4.4.1.6	Inspect	Fire Protection Systems Dry Pipe Valves	Inspect strainers, filters and restricted orifices		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.5.1.2, 13.5.2.2, 13.5.3.2	Test	Pressure Reducing Control valves	Conduct a full flow test		

FIRE PROTECTION SYSTEM VALVES AND TRIM

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
As Necessary					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.4.2.2	Maintain	Fire Protection Systems Check Valves	Clean, repair or replace internal components		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.6.3.2	Maintain	Fire Protection Systems Backflow Prevention Assemblies	Replace rubber parts		

FIRE PUMPS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)Y/N	Recommended Action
Weekly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 8.2.2	Inspect	Fire Pump	Verify that the pump assembly appears to be in operating condition and free from physical damage		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 8.3.1.1	Test	Fire Pump	Test diesel fire pumps without flowing water		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.5.7.1	Inspect	Fire Pump Circulation Relief Valves	Inspect circulation relief valves		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.5.7.2	Inspect	Fire Pump Pressure Relief Valves	Inspect pressure relief valves		
Monthly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 8.3.1.2	Test	Fire Pump	Test electric fire pumps without flowing water		
Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 8.3.3	Test	Fire Pump	Conduct test of each pump assembly through approved test devices		

		FIRE PUMPS			
References	**Task**	**Equipment and Systems**	**Description**	**Completed Yes (Y), No (N), Not Applicable (N/A)Y/N**	**Recommended Action**
Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.5.7.1.2	Test	Fire Pump Circulation Relief Valves	Verify closures of the circulation relief valves with manufacturer's specifications		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 13.5.7.2.2	Test	Fire Pump Pressure Relief Valves	Verify the pressure relief valve during annual fire pump flow test		
As Necessary					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 8.5	Maintain	Fire Pump	Conduct preventive maintenance		

		FLAMMABLE OR COMBUSTIBLE LIQUIDS			
References	**Task**	**Equipment and Systems**	**Description**	**Completed Yes (Y), No (N), Not Applicable (N/A)**	**Recommended Action**
Daily					
NFC 2010 Sentence 4.1.7.8(1)	Maintain	Flammable or Combustible Liquids Ventilation Systems	Maintain free of obstruction		
NFC 2010 Articles 4.5.10.5 and 4.5.10.6	Maintain	Flammable or Combustible Liquids Heating of Piping Systems	Maintain free of leaks and in good operating condition		
Annually					
NFC 2010 Table 4.4.1.2(C), Sentence 4.4.2.1(11), Articles 4.4.3.3 and 4.4.3.4	Test	Flammable and Combustible Liquids Underground Piping Systems	Pipe leak detection test		
NFC 2010 Table 4.4.1.2(D), Sentence 4.4.2.1(11), Articles 4.4.3.3 and 4.4.3.4	Test	Flammable and Combustible Liquids Aboveground Piping Systems	Pipe leak detection test		
NFC 2010 Table 4.4.1.2(E), Sentence 4.4.2.1(8), Article 4.5.10.5	Inspect	Flammable and Combustible Liquids Turbines, Transition, Pump and Dispenser Sumps	Visual inspection for leaks		

FLAMMABLE OR COMBUSTIBLE LIQUIDS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Every 2 Years					
NFC 2010 Table 4.4.1.2(A), Sentences 4.4.2.1(10), 4.4.3.1(2) and (3)	Test	Flammable and Combustible Liquids Underground Storage Tank	Precision leak detection test		
NFC 2010 Table 4.4.1.2(C), Sentence 4.4.2.1(11), Articles 4.4.3.3 and 4.4.3.4	Test	Flammable and Combustible Liquids Underground Piping Systems	Pipe leak detection test		
Every 5 Years					
NFC 2010 Table 4.4.1.2(A), Sentences 4.4.2.1(10), 4.4.3.1(2) and (3)	Test	Flammable and Combustible Liquids Underground Storage Tank	Precision leak detection test		
NFC 2010 Table 4.4.1.2(C), Sentence 4.4.2.1(11), Articles 4.4.3.3 and 4.4.3.4	Test	Flammable and Combustible Liquids Underground Piping Systems	Pipe leak detection test		
Every 10 Years					
NFC 2010 Table 4.4.1.2(B)	Test	Flammable and Combustible Liquids Aboveground Storage Tank	API 653 test or tank floor inspection		

HIGH BUILDINGS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Daily					
NFC 2010 Sentences 7.1.1.4(2) to (5)	Check	High Buildings Fire Emergency Systems	Keep elevator recall key accessible. Keep windows and panels Recommended for venting floor areas free of obstructions and openable without the use of keys. Keep vents to vestibules in operable condition		

HIGH BUILDINGS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Quarterly					
NFC 2010 Article 7.2.2.1 and ASME A17.1/CSA B44-10	Inspect and Test	Elevators	Ensure proper operation of emergency service features		
NFC 2010 Article 7.2.3.1	Test	High Buildings Closures	Test to ensure that they will open		
NFC 2010 Article 7.2.3.3 and User's Guide – NBC 1995 (Part 3) Commentary C Chapter 3 Sentence 8	Test	High Buildings Air-Handling System Controls	Test to ensure that air is exhausted from each floor area to the outdoors		
NFC 2010 Article 7.2.4.1	Test	High Buildings Fan Controls at Central Alarm and Control Facility	Test fan controls to ensure that they will stop on activation of a switch in the CACF.		
NFC 2010 Article 7.2.4.2	Test	High Buildings Hold Open Devices at Central Alarm and Control Facility	Test hold-open devices on vestibules to ensure that they will close on a signal from the CACF		
NFC 2010 Article 7.3.1.1	Test	High Buildings Smoke Control Measures	Test system		
NFC 2010 Article 7.3.1.2	Test	High Buildings Doors and Means of Egress	Test to ensure that pressurized stair shaft and vestibules can be operated when the entire smoke control system is being tested		
Annually					
NFC 2010 Sentence 7.2.2.1(3) and ASME A17.1/CSA B44-10	Test	High Buildings Elevators on Emergency Power	Operate to ensure conformance with appropriate provincial, territorial or municipal requirements with no other source of electrical power		

MISCELLANEOUS SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Daily					
NFC 2010 Sentences 2.2.2.4(2) and (4)	Inspect	Fire Separation Closures	Inspect to ensure that doors and other closures remain closed and unobstructed or altered in any way that would prevent the normal operation of the closure.		
NFC 2010 Sentence 2.5.1.5(1)	Maintain	Fire Department Access	Keep streets, yards and roadways ready for use at all times by fire department vehicles		
NFC 2010 Articles 2.7.1.6 and 2.7.1.7	Maintain	Means of Egress	Maintain in good repair and free of obstructions (including snow and ice accumulation)		
NFC 2010 Sentence 2.7.3.1(2)	Check	Exit Signs	Keep exit lighting and signs illuminated during times the building is occupied		
NFC 2010 Sentence 5.2.2.2(1)	Maintain	Hot Work Equipment	Maintain in good operating condition		
Weekly					
NFC 2010 Sentence 2.6.1.3(1)	Inspect	Hoods, Ducts and Filters	Inspect for accumulation of combustible deposits and clean if the accumulation creates a fire hazard		
NFC 2010 Sentence 2.13.2.5(1)	Inspect	Helicopter Refueling Station	Inspect to ensure safe operation		
Monthly					
NFC 2010 Sentence 2.2.2.4(3)	Test	Fire Separation Closures	Operate to ensure that defects that interfere with the operation of closures are corrected and maintain to ensure that they are operable at all times		
NFC 2010 Sentence 2.7.2.1(1)	Test	Exit Doors	Test to ensure operability		

MISCELLANEOUS SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Annually					
NFC 2010 Sentence 2.2.2.4(5)	Inspect	Fire Dampers and Fire Stop Flaps	Inspect to ensure that they are in place and are not obviously damaged or obstructed		
NFC 2010 Clause 2.6.1.4(1)(a) and Appendix A-2.6.1.4(1)	Inspect	Chimneys, Flues and Flue Pipes	Inspect to identify any dangerous conditions		
NFC 2010 Sentence 2.6.1.6(2)	Test	HVAC Systems	Operate disconnect switches to establish that the system can be shut down in an emergency		
NFC 2010 Sentences 2.7.2.1(2), (3) and (4)	Test	Exit Doors	Test safety features of revolving and sliding doors. Test electromagnetic locks.		
As Necessary					
NFC 2010 Sentence 2.4.1.4(1)	Inspect	Lint Traps	Clean after each use of the equipment		
NFC 2010 Article 2.6.1.4 and Appendix A-2.6.1.4(2)	Inspect	Chimneys, Flues and Flue Pipes	Inspect to identify any dangerous condition		
NFC 2010 Sentence 2.6.1.6(1)	Test	HVAC Systems	Operate and maintain as not to create a hazardous condition		

OBSTRUCTION INVESTIGATION OF WATER BASED FIRE PROTECTION SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 14.4	Inspect	Obstruction Investigation	Inspect dry pipe and pre-action system piping internally for ice obstructions		
Every 5 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 14.2.1, 14.2.2, and 14.3.2	Inspect	Obstruction Investigation	Examine systems for internal obstruction that could cause obstructed piping		

OBSTRUCTION INVESTIGATION OF WATER BASED FIRE PROTECTION SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
As Necessary					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 14.3.1	Inspect	Obstruction Investigation	Investigate system or yard main piping		

PORTABLE FIRE EXTINGUISHERS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Monthly					
NFC 2010 Sentence 6.2.1.1(1) and NFPA 10-2010 Sections 7.2.1, 7.2.2 and 7.2.3	Inspect	Portable Fire Extinguishers	Inspect fire extinguishers		
Annually					
NFC 2010 Sentence 6.2.1.1(1) and NFPA 10-2010 Sections 7.3.1, 7.3.2, and 7.3.3	Test	Portable Fire Extinguishers	Maintain fire extinguishers		
NFC 2010 Sentence 6.2.1.1(1) and NFPA 10-2010 Section 7.5	Test	Portable Fire Extinguishers Monitoring System	Test electronic monitoring devices or systems for extinguishers		
Every 5 Years					
NFC 2010 Sentence 6.2.1.1(1) and NFPA 10-2010 Sections 4.4, 8.3 and 8.3.2	Test	Portable Fire Extinguishers Hydrostatic Testing	Hydrostatically retest specified fire extinguishers and expellant gas cylinders		
Every 6 Years					
NFC 2010 Sentence 6.2.1.1(1) and NFPA 10-2010 Sections 7.3.1.2.1 and 7.3.3.1	Test	Portable Fire Extinguishers	Empty stored-pressure fire extinguishers and perform maintenance		
Every 10 Years					
NFC 2010 Article 6.2.1.1(1) and NFPA 10-2010 Section 8.3.2	Test	Expellant Cylinder and Cartridge Hydrostatic Testing	Hydrostatically test the referenced fire extinguishers		

PORTABLE FIRE EXTINGUISHERS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Every 12 Years					
NFC 2010 Sentence 6.2.1.1(1) and NFPA 10-2010 Sections 4.4 and 8.3	Test	Portable Fire Extinguishers Hydrostatic Testing	Hydrostatically retest specified fire extinguishers		

PRIVATE FIRE SERVICE MAINS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Quarterly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 7.2.2.7	Inspect	Private Fire Service Main Hose Houses	Inspect hose houses		
Semi-Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 7.2.2.6	Inspect	Private Fire Service Main Monitor Nozzles	Inspect monitor nozzles		
Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 7.2.2.1	Inspect	Private Fire Service Main Exposed Piping	Inspect exposed piping		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 7.2.2.3 and 7.4.2	Inspect and Maintain	Private Fire Service Main Mainline Strainers	Clean strainer and inspect for failing, damaged and corroded parts		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 7.2.2.4, 7.3.2 and 7.4.3	Inspect, Maintain and Test	Private Fire Service Main Dry Barrel and Wall Hydrants	Inspect, maintain and test dry barrel and wall hydrants		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 7.2.2.5, 7.3.2, and 7.4.3	Inspect, Maintain and Test	Private Fire Service Main Wet Barrel Hydrants	Inspect, maintain and test wet barrel hydrants		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 7.3.3 and 7.4.3	Maintain and Test	Private Fire Service Main Monitor Nozzles	Flow test and lubricate monitor nozzles		

PRIVATE FIRE SERVICE MAINS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Every 5 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 7.3.1	Test	Private Fire Service Main Piping Flow Test	Flow test underground and exposed piping		
As Necessary					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 7.2.2.3	Inspect and Maintain	Private Fire Service Main Mainline Strainers	Inspect mainline strainers and clean after each system flow		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 7.2.2.4	Inspect	Private Fire Service Main Dry Barrel and Wall Hydrants	Inspect hydrants		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 7.2.2.5	Inspect	Private Fire Service Main Wet Barrel Hydrants	Inspect hydrants		

SMOKE ALARMS AND CARBON MONOXIDE DETECTORS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Annually					
NFC 2010 Sentence 6.7.1.1(1) and CAN/ULC-S552-02 Sections 3.1, 3.2, 3.2.2, 3.3 and 3.4.5	Inspect and Test	Smoke alarm and carbon monoxide detectors	Test smoke-alarms and carbon monoxide detectors and ensure they are clean and in good working order		
As Necessary					
NFC 2010 Sentence 6.7.1.1(1) and CAN/ULC-S552-02 Section 3.4	Test	Smoke alarm and carbon monoxide detectors	Test smoke-alarms and carbon monoxide detectors		

SPRINKLER SYSTEMS					
References	**Task**	**Equipment and Systems**	**Description**	**Completed Yes (Y), No (N), Not Applicable (N/A)**	**Recommended Action**
Weekly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 5.2.4.2 and 5.2.4.4	Inspect	Sprinkler Systems Gauges	Inspect gauges on dry, pre-action, and deluge systems		
Monthly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 5.2.4.1 and 5.2.4.3	Inspect	Sprinkler Systems Gauges	Inspect gauges on wet systems and air pressure on dry and pre-action systems that are supervised and connected to a constantly attended location		
Quarterly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 5.2.5 and 5.3.3.1	Inspect and Test	Sprinkler Systems Alarm Devices	Inspect alarm devices and test water-flow alarm devices		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 5.26	Inspect	Sprinkler Systems Hydraulic Nameplate	Inspect hydraulic nameplate		
Semi-Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 5.3.3.2	Test	Sprinkler Systems Alarm Devices	Test vane type water-flow devices		
Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 5.2.1	Inspect	Sprinkler Systems	Inspect sprinklers from the floor level		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 5.2.2	Inspect	Sprinkler Systems Pipe and Fittings	Inspect sprinkler pipe and fittings from the floor level		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 5.2.3	Inspect	Sprinkler Systems Hangers and Seismic Bracing	Inspect hangers and seismic bracing		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 5.3.4	Test	Sprinkler Systems Antifreeze Systems	Test freezing point of solutions in antifreeze		
Every 3 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.5.6.2.2	Test	Sprinkler System Hose Valves	Test hose stations on sprinkler systems		

SPRINKLER SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Every 5 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 5.3.2	Test	Sprinkler Systems Gauges	Test gauges		
As Necessary					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 5.3.1	Test	Sprinkler Systems	Test/ replace sprinklers		

STANDPIPE AND HOSE SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Quarterly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 6.3.3	Test	Standpipe and Hose Systems Alarm Devices	Where provided, test waterflow alarm		
Semi-Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 6.3.3	Test	Standpipe and Hose Systems Alarm Devices	Where provided, test supervisory devices		
Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 6.2.1	Inspect	Standpipe and Hose Systems System Components	Visually inspect system components		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.5.6.2.1	Inspect	Standpipe and Hose System Hose Valves on Class I & III	Test hose valves on Class I and III standpipe systems		
Every 3 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 13.5.6.2.2	Inspect	Standpipe and Hose System Hose Valves on Class II	Test hose valves on Class II standpipe systems		
Every 5 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 6.3.1.1	Test	Standpipe and Hose Systems Flow Test	Conduct a flow test at the hydraulically most remote hose connect of each zone		

STANDPIPE AND HOSE SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Every 5 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 6.3.2	Test	Standpipe and Hose Systems Hydrostatic Test	Conduct a hydrostatic test on dry systems		

WATER STORAGE TANKS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Daily					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 9.2.3.2	Inspect	Water Storage Tanks Heating Systems	Inspect tank heating system without a supervised low temperature alarm		
Weekly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 9.2.4.1 and 9.2.4.3	Inspect	Water Storage Tanks Water Temperature	Inspect low temperature alarms and record temperature		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 9.2.3.1	Inspect	Water Storage Tanks Heating Systems	Inspect tank heating systems on tanks with supervised low water temperature alarms		
Monthly					
	Inspect	Water Storage Tanks Water Level	Inspect tanks not equipped with supervised water level alarms		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 9.2.2.2	Inspect	Water Storage Tanks Air Pressure	Inspect air pressure in pressure tanks with a non-supervised air pressure source		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 9.3.3 and 9.3.4	Test	Water Storage Tanks Temperature Alarms	Test low and high water temperature alarms		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 9.2.4.1 and 9.2.4.2	Inspect	Water Storage Tanks Water Temperature	Inspect temperature of water in tanks with low temperature alarms subject to freezing		

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
WATER STORAGE TANKS					
Quarterly					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 9.2.1.1	Inspect	Water Storage Tanks Water Level	Inspect tanks equipped with supervised water level alarms		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 9.2.2.1	Inspect	Water Storage Tanks Air Pressure	Inspect pressure tanks that have their air pressure source supervised		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 9.2.5.1 and 9.2.5.2	Inspect	Water Storage Tanks Exterior	Inspect exterior of tanks of signs of obvious damage or weakening		
Semi-Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 9.3.5	Test	Water Storage Tanks Water Level Alarms	Test high and low water level alarms		
Annually					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 9.2.5.3 to 9.2.5.5	Inspect	Water Storage Tanks Exterior	Inspect tank exterior for signs of degradation		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 9.3.2	Test	Water Storage Tanks Heating System	Test tank heating system prior to heating season		
Every 2 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 9.4.6.2	Maintain	Water Storage Tanks Maintenance	Clean and paint exposed surfaces of embankment-supported coated fabric		
Every 3 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 9.2.6 and 9.2.7	Inspect	Water Storage Tanks Interior	Inspect interior of steel tanks without corrosion protection		
Every 5 Years					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 9.2.6 and 9.2.7	Inspect	Water Storage Tanks Interior	Inspect interior of all tanks		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 9.3.1	Test	Water Storage Tanks Level Indicators	Test level indicators for accuracy and freedom of movement		
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Section 9.3.6	Test	Water Storage Tanks Pressure Gauges	Test pressure gauges with a calibrated gauge		

WATER STORAGE TANKS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
As Necessary					
NFC 2010 Sentence 6.4.1.1(1) and NFPA 25-2011 Sections 9.4.1 to 9.4.3, 9.4.5 and 9.4.6	Maintain	Water Storage Tanks Maintenance	Perform maintenance tasks		

WET CHEMICAL SYSTEMS

References	Task	Equipment and Systems	Description	Completed Yes (Y), No (N), Not Applicable (N/A)	Recommended Action
Monthly					
NFC 2010 Sentence 6.6.1.1(1) and NFPA 17A-2009 Section 7.2.1	Check	Wet Chemical Extinguishing Systems	Perform inspection in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual		
Semi-Annually					
NFC 2010 Sentence 6.6.1.1(1) and NFPA 17A-2009 Sections 7.3.1 and 7.3.2	Check	Wet Chemical Extinguishing Systems	Conduct maintenance in accordance with the manufacturer's listed installation and maintenance manual		
NFC 2010 Sentence 6.6.1.1(1) and NFPA 17A-2009 Sections 7.3.4	Check	Wet Chemical Extinguishing Systems	Replace fixed temperature-sensing elements		
Every 12 Years					
NFC 2010 Sentence 6.6.1.1.(1) and NFPA 17A-2009 Sections 7.5.1 and 7.5.2	Test	Wet Chemical Extinguishing Systems	Perform hydrostatic pressure test		
As Necessary					
NFC 2010 Sentence 6.6.1.1(1) and NFPA 17A-2009 Section 7.1.4	Check	Wet Chemical Extinguishing Systems	Conduct maintenance procedures		

Fire Safety Assessment Checklist - Mission Review and Acceptance

Fire Safety Assessment Checklist completed by:

Name: _____   Title/Position: _____

Signature:_____   Date: _____
                                                                        Y-A   M   D-J

Fire Safety Assessment Checklist reviewed and accepted by:

Name: _____   Title/Position: _____

Signature:_____   Date: _____
                                                                        Y-A   M   D-J

Foreign Affairs, Trade and Development Canada
Prioritization of Properties Tool - Fire and Life Safety

User Instructions:
Identify general risk profile (Section 1) by region
Complete gray cells only by applying 0-4 performance scale
If a more specific risk profile is require, go to Section 2 and complete gray cells.

Section 1: Identify General Risk Profile by Region	Weighing Factor	Performance (0-4)	Score
Element			
Mature fire and life safety Codes are in place - *Note: Highest performance rating (4) will be achieved for regions where Codes undergo a systematic review process and are updated regularly by broad range of contributors including from government, industry, builders, etc.*	10		0
Codes are enforced - *Note: Highest score will be achieved for regions where there is an Authority Having Jurisdiction which reviews the design of buildings prior to the buildings being constructed or renovated and which reviews construction in accordance with the local Codes.*	10		0
There is an awareness and culture of fire and life safety -*Note: Highest performance rating will be achieved for regions where legislation is in place for inspection, testing and maintenance of fire protection systems and features and the region complies with the legislation. In addition, there is a culture of life safety.*	10		0
Performance Scale (gray scale) (Max. Possible Score = 120): *4: Complies with no exceptions; 3: Generally complies; 2: Some deficiencies; 1: Significant deficiencies; 0: Does not comply*	120	Total Score:	0
Risk Ranking (Results): *>= 75: Low Risk; 35 to 75: Moderate Risk; <=35: High Risk*		***Total as % (Ranking):*** **High Risk**	**0**

Section 2: More Specific Risk Profile		Weighing Factor	Performance (0-4)	Score
Element	**Criteria**			
Number of Exits	4 - Two fire separated exits discharging to the exterior or two exterior exits are typically provided 3 - Two exits that are not fire separated or not discharging to the exterior are typically provided 2 - Two exits are sometimes provided 1 - One fire separated exit and one fire escape stair/ladder or alternative exit feature are typical 0 - 1 exit only	15		0
Sprinklers	4 - All buildings are typically sprinklered 3 - Only buildings that are 4 storeys or greater are typically sprinklered 2 - Only buildings greater than 6 storeys are typically sprinklered 1 - Only buildings greater than 10 storeys are typically sprinklered 0 - Buildings are typically not sprinklered	15		0
Construction	4 - All buildings are typically of noncombustible construction 3 - Only buildings that are 4 storeys or greater are typically of noncombustible construction 2 - Only buildings greater than 8 storeys are typically of noncombustible construction 1 - Only buildings greater than 10 storeys are typically of noncombustible construction 0 - All buildings are typically of combustible construction	10		0
Building Maintenance	4 - There are regular inspections and testing of fire and life safety systems and repairs are implemented 3 - Region generally complies with statement for (4) above 2 - Region has some deficiencies with statement for (4) above 1 - Region has significant deficiencies with statement for (4) above 0 - There is typically no building maintenance	10		0
Fire Alarm	4 - Buildings more than 3 storeys or with occupant load more than 150 typically have a fire alarm system 3 - Only buildings greater than 6 storeys typically have a fire alarm system 2 - Only buildings greater than 10 storeys typically have a fire alarm system 1 - Buildings only occasionally have fire alarm systems 0 - No fire alarm systems	10		0
Electrical Inspections	4 - Buildings are inspected by an Electrical Authority Having Jurisdiction 3 - Buildings are usually inspected by an Electrical Authority Having Jurisdiction 2 - Buildings are occasionally inspected by an Electrical Authority Having Jurisdiction 1 - Buildings are rarely inspected by an Electrical Authority Having Jurisdiction 0 - There are no electrical inspections	5		0
Fire Department Response Time	4 - Response time is typically 10 minutes or less 3 - Response time is typically 10-15 minutes 2 - Response time is typically 15-20 minutes 1 - Response time is typically 20-30 minutes 0 - Response time is greater than 30 minutes	5		0
Fire Department Equipment	4 - Fire Departments typically have modern firefighting equipment (fire trucks, hoses, SCBA) 3 - Fire Departments typically have some firefighting equipment 2 - Fire Departments typically have limited firefighting equipment 1 - Fire Departments have inconsistent firefighting equipment or equipment is in very poor condition 0 - Fire Departments are typically a "bucket brigade" or do not have equipment	5		0
Fire Department Water Supply	4 - There are reliable municipal hydrants **or** there is an on-site water supply 3 - There are municipal hydrants or there is an on-site water supply but reliability varies 2 - There are unreliable municipal hydrants or there is an on-site water supply 1 - There are occasional municipal hydrants or there is an on-site water supply 0 - There is typically no water supply for Fire Department use	5		0
Occupant Evacuation	4 - Occupants are trained and evacuate the building on fire alarm notification 3 - Occupants are trained and may evacuate the building on fire alarm notification 2 - Occupants are not trained but evacuate the building on fire alarm notification 1 - Occupants are not trained but may evacuate the building on fire alarm notification 0 - Occupants typically do not evacuate on fire alarm notification (whether trained or not)	5		0
Additional Features Above the Requirements of the Canadian Codes				
Increased Fire Detection	4 - There is typically extensive detection in all portions of a building 3 - There is typically extensive detection in most areas of a building 2 - There is typically limited detection in most areas of a building 1 - There is typically limited detection in only some areas of a building 0 - There is typically no detection	10		0
Construction - Small Buildings (<= than 3 storeys and 600 m^2)	4 - Small buildings are typically of noncombustible construction 3 - Small buildings are predominantly noncombustible construction with limited combustibles 2 - Small buildings are occasionally noncombustible construction with limited combustibles 1 - Small buildings are typically fire rated combustible construction 0 - Small buildings are typically of combustible construction	5		0
Performance Scale (gray scale): Per Criteria description per Element			Total Score:	0
Risk Ranking (Results): *>= 75: Low Risk; 35 to 75: Moderate Risk; <=35: High Risk*			***Total as % (Ranking):*** **High Risk**	**0**