**EMERGENCY PLANNING &   
PREPAREDNESS**

**EMERGENCY EVACUATION PLAN and FIRE SAFETY  
PREPARATION PACKET**

This document has been prepared as a service to those who are submitting a fire safety/emergency evacuation plan for approval by the Fire Code Official. The intent of this publication is to provide basic guidelines, plan examples, and reference materials for the plan designer in order to meet the minimum plan requirements as set forth by the 2021 International Fire Code (IFC).

The requirements and examples contained herein should not be considered all-inclusive or permanent, as the requirements and application of the International Fire Code as adopted by the City of Blackhawk are subject to change.

Questions concerning the information contained within this publication should be directed to the City of Black Hawk Fire Department at 303-582-0426.

**REQUIREMENTS FOR EVACUATION and FIRE SAFETY PLANS**

In accordance with Chapter 4 of the 2021 International Fire Code (IFC), all buildings and occupancies that are classified as a Group A or High Rise Building are required to provide the following information to the Fire Marshal annually:

**EVACUATION PLAN REQUIREMENTS**

1. Emergency egress or escape routes and whether evacuation of the building is to be complete by selected floors or areas only or with a defend-in-place response.
2. Procedures for employees who must remain to operate critical equipment prior to evacuation.
3. Procedures for the use of elevators where occupant evacuation elevators complying with Section 3008 of the IBC are provided.
4. Procedures for assisted rescue for persons unable to use the general means of egress unassisted.
5. Procedures for accounting for employees and occupants after the evacuation has been completed.
6. Identification and assignment of personnel responsible for rescue and emergency medical aid.
7. The preferred and any alternative means of notifying occupants of a fire and life safety emergency.
8. The preferred and any alternative means of reporting fires and other emergencies to the fire department.
9. Identification and assignment of personnel who can be contacted for further information or explanation of duties under the plan.
10. A description of the emergency voice/alarm communication system alert tone and preprogramed voice messages, where provided.

**FIRE SAFETY PLAN REQUIREMENTS**

1. The procedures for reporting a fire or other emergency.
2. The life safety strategy including the following:

* Procedures for notifying occupants, including areas with a private mode fire alarm system.
* Procedures for occupants under a defend-in-place response.
* Procedures for evacuating occupants, including those who need evacuation assistance.

1. Site plans including the following:

* The occupancy assembly point.
* The locations of fire hydrants around the property.
* Designated emergency vehicle access (If applicable).

1. Floor plans indentifying the locations of the following:

* Exits.
* Primary evacuation routes.
* Secondary evacuation routes.
* Accessible egress routes:
* Areas of refuge.
* Exterior areas for assisted rescue.
* Refuge areas associated with smoke barriers and horizontal exits.
* Manual fire alarm boxes.
* Portable fire extinguishers.
* Occupant-use and/or firefighting personnel hose stations and standpipe locations.
* Fire sprinkler control valves.
* Fire alarm annunciators and controls.
* Areas that contain hazardous materials.

1. A list of major fire hazards associated with normal use and occupancy of the premises, including maintenance and house-keeping procedures.
2. Identification and assignment of personnel responsible for maintenance of systems and equipment installed to control and prevent fires.
3. Identification and assignment of personnel responsible for maintenance, housekeeping and control fire hazard sources.

**EMERGENCY EVACUATION DRILLS**

The International Fire Code requires that the Group A occupancies conduct staff emergency evacuation drills on a quarterly basis.

Additionally, records of the evacuation drills shall be kept on file for review by the Fire Code Official when requested. The following information is required.

1. Identity of the person conducting the drill.
2. Date and time of drill.
3. Notification method used.
4. Employees on duty and participating.
5. Number of occupants evacuated.
6. Special conditions simulated.
7. Problems encountered.
8. Weather conditions when occupants were evacuated.
9. Time required to accomplish the evacuation.

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| --- | --- |
| Plan prepared by: | Job title: |
| Signature: | Date: |

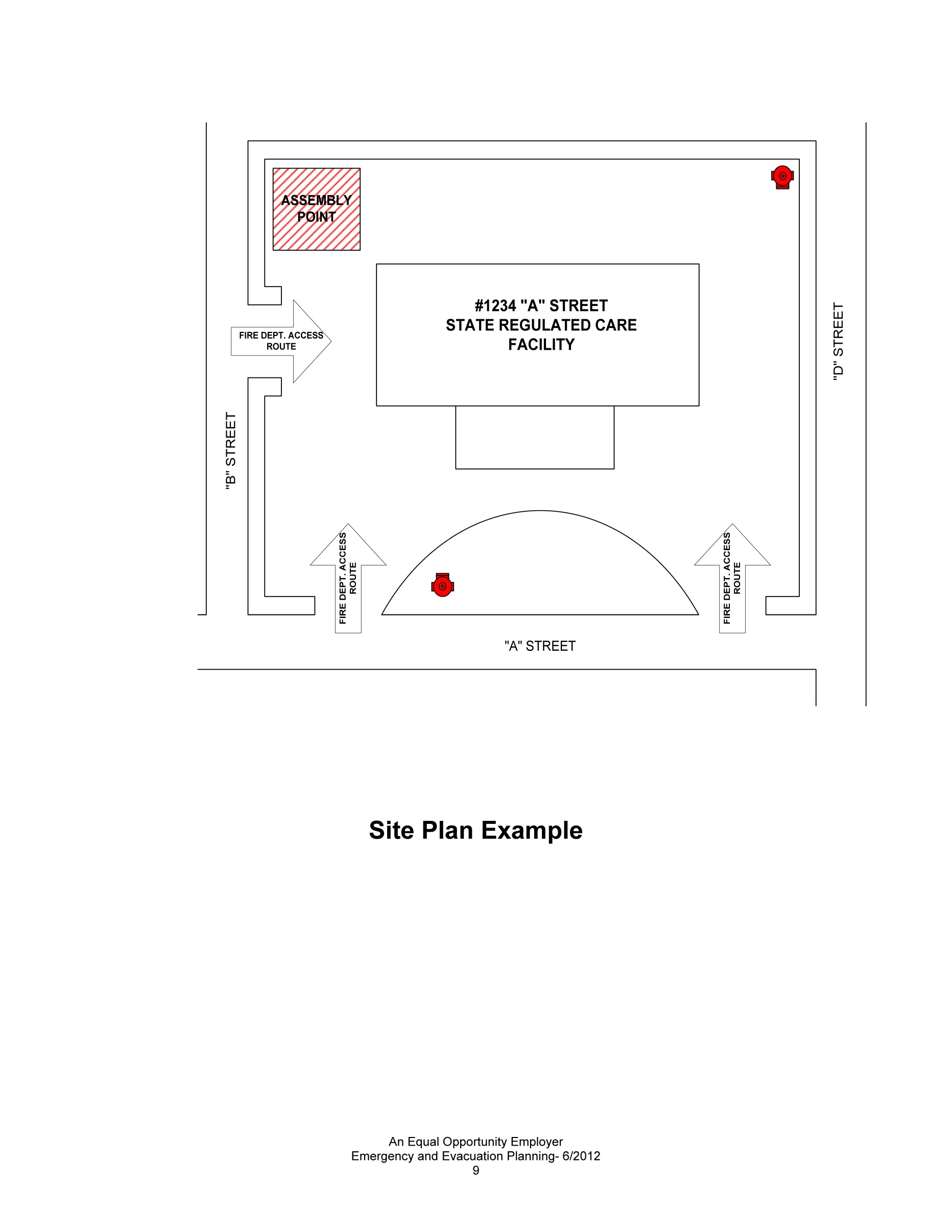
**ATTACHMENT A**

**EVACUTION AND FIRE SAFETY PLAN CHECK LIST**

|  |  |
| --- | --- |
| **DOES THE FIRE SAFETY/EVACUATION PLAN CLEARLY ADDRESS THESE ITEMS?** | |
| THE NAME AND ADDRESS OF THE BUSINESS/FACILITY? | □ YES □ NO |
| HAS A **SITE PLAN** BEEN PROVIDED, WHICH CLEARLY IDENTIFIES: |  |
| POST-EVAUCATION ASSEMBLY POINT(S)? | □ YES □ NO |
| LOCATION OF FIRE HUDRANTS? | □ YES □ NO |
| NORMAL ROUTES OF FIRE DEPARTMENT VEHICLE ACCESS? | □ YES □ NO |
| HAVE **FLOOR PLANS** BEEN PROVIDED WHICH CLEARLY IDENTIFY: |  |
| ALL EMERGENCY EXITS | □ YES □ NO |
| PRIMARY EVACUATION ROUTES | □ YES □ NO |
| SECONDARY EVACUATION ROUTES | □ YES □ NO |
| ACCESSIBLE EGRESS ROUTES | □ YES □ NO |
| AREAS OF REFUGE | □ YES □ NO |
| MANUAL FIRE ALARM PULL STATIONS | □ YES □ NO |
| PORTABLE FIRE EXTINGUISHERS | □ YES □ NO |
| HOSE STATIONS | □ YES □ NO |
| FIRE ALARM CONTROL PANELS | □ YES □ NO |
| FIRE ALARM ANNUNCIATOR PANELS | □ YES □ NO |
| ARE LIFE SAFETY STRATEGIES AND THE NEED FOR TOTAL VERSUS PARTIAL BUILDING EVACUATION PROTECTION IN PLACE TACTICS AND STRATEGIES IDENTIFIED? | □ YES □ NO |
| ARE SPECIFIC INSTRUCTIONS PROVIDED FOR EMPLOYEES WHO MUST REMAIN IN PLACE TO OPERATE CRUCIAL EQUIPMENT PRIOR TO EVACUATION? | □ YES □ NO |
| IS THERE A SPECIFIC POST-EVACUATION ACCOUNTING PROCEDURE FOR EMPLOYEES AND OCCUPANTS? | □ YES □ NO |
| ARE PERSONNEL RESPONSIBLE FOR RENDERING MEDICAL AID IDENTIFIED? | □ YES □ NO |
| IS THE PRIMARY MEANS OF OCUPANT NOTIFICATION IN THE EVENT OF A FIRE OR EMERGENCY IDENTIFIED? | □ YES □ NO |
| IS THE SECONDARY MEANS OF OCCUPANT NOTIFICATION IN THE EVENT OF A FIRE OR EMERGENCY IDENTIFIED? | □ YES □ NO |
| IS THE PRIMARY MEANS OF REPORTING A FIRE OR EMERGENCY IDENTIFIED? | □ YES □ NO |
| IS A SECONDARY MEANS OF REPORTING A FIRE OR EMERGENCY IDENTIFIED? | □ YES □ NO |
| IS A DESCRIPTION OF THE FIRE ALARM’S ALERTING SYSTEM (BELLS, HORNS, STROBES) AND THE PRE-PROGRAMMED VOICE MESSAGE (IF EQUIPPED) PROVIDED? | □ YES □ NO |
| WHAT ARE THE DUTIES OF SPECIFIC PERSONNEL DURING A FIRE/EMERGENCY AND HOW THEY MAY BE CONTACTED IN THE EVENT OF A QUESTION? | □ YES □ NO |
| HAS A LIST OF MAJOR FIRE HAZARDS ASSOCIATED WITH THE USE AND OCCUPANCY OF THE PREMISES BEEN PROVIDED? | □ YES □ NO |
| IS THERE A DESCRIPTION OF THE HOUSEKEEPING/MAINTENANCE PROCEDURES DURING A FIRE/EMERGENCY EVENT? | □ YES □ NO |
| IS A LIST OF PERSONNLE REPONSIBLE FOR MAINTAINING FIRE PREVENTION AND CONTROL SYSTEM PROVIDED? | □ YES □ NO |
| IS A LIST OF PERSONNEL RESPONSIBLE FOR MAINTENANCE, HOUSEKEEPING AND CONTROLLING FUEL HAZARDS (IF APPLICABLE) PROVIDED? | □ YES □ NO |
| ARE THERE RECORDS OF **EMERGENCY EVACUATION DRILLS** INCLUDING: | □ YES □ NO |
| NAME AND TITLE OF PERSON CONDUCTING THE DRILL | □ YES □ NO |
| DATE AND TIME OF DRILL | □ YES □ NO |
| NOTIFICATION METHOD USED | □ YES □ NO |
| STAFF MEMEBERS ON DUTY AND PARTICIPATING | □ YES □ NO |
| NUMBER OF OCCUPANTS EVACUATED | □ YES □ NO |
| SPECIAL CONDITIONS SIMULATED | □ YES □ NO |
| PROBLEMS ENCOUNTERED | □ YES □ NO |
| WEATHER CONDITIONS | □ YES □ NO |
| TIME REQUIRED TO ACHIEVE TOTAL EVACUATION | □ YES □ NO |
| HAVE ANNUAL EMPLOYEE SAFETY PLAN TRAINING RECORDS BEEN INCLUDED? | □ YES □ NO |

|  |  |
| --- | --- |
| Name of Reviewer: | Date of Review: |
| Comments: | □ APPROVED □ REJECTED |

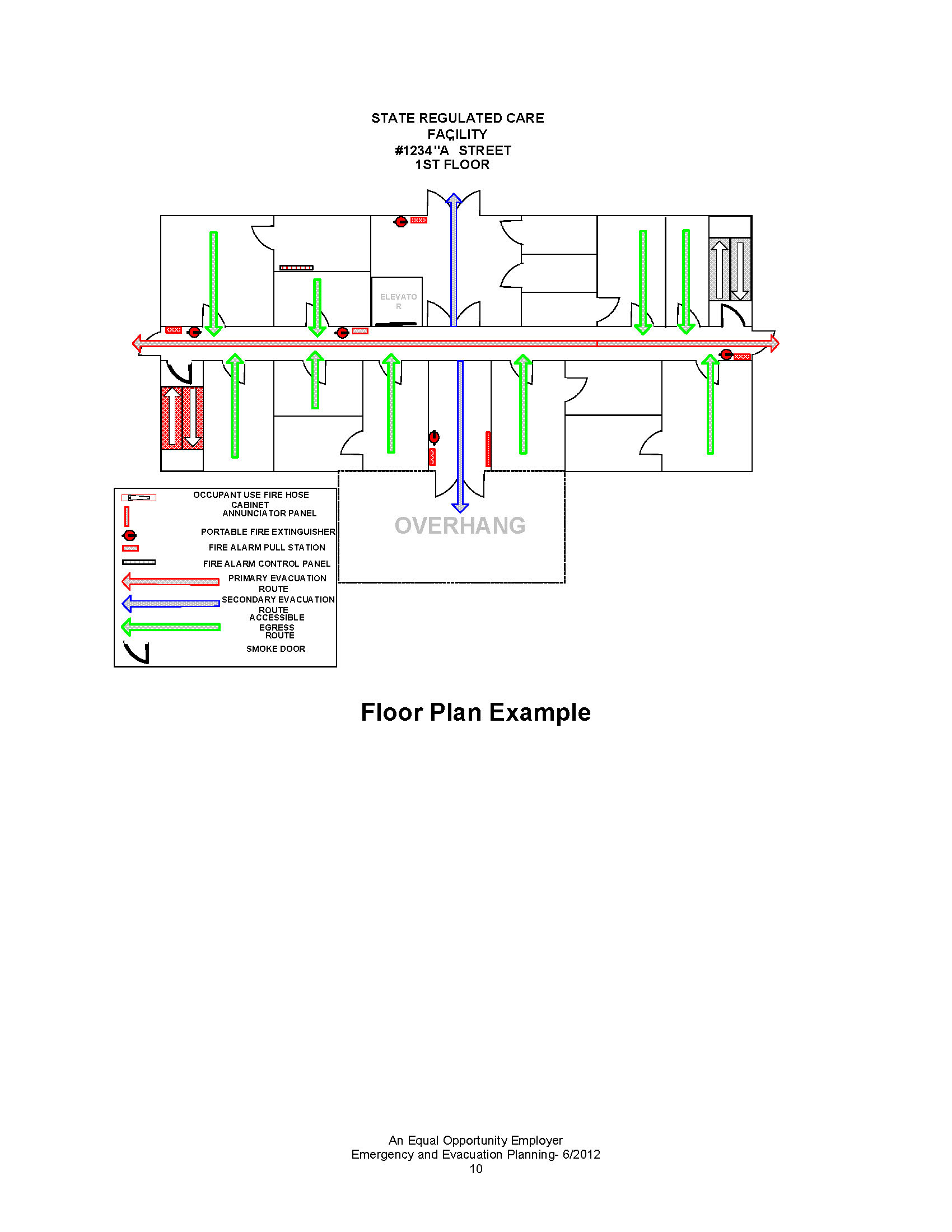
**SITE PLAN EXAMPLE**

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**FLOOR PLAN EXAMPLE 1**

**BUSINESS NAME  
123 MAIN STREET**

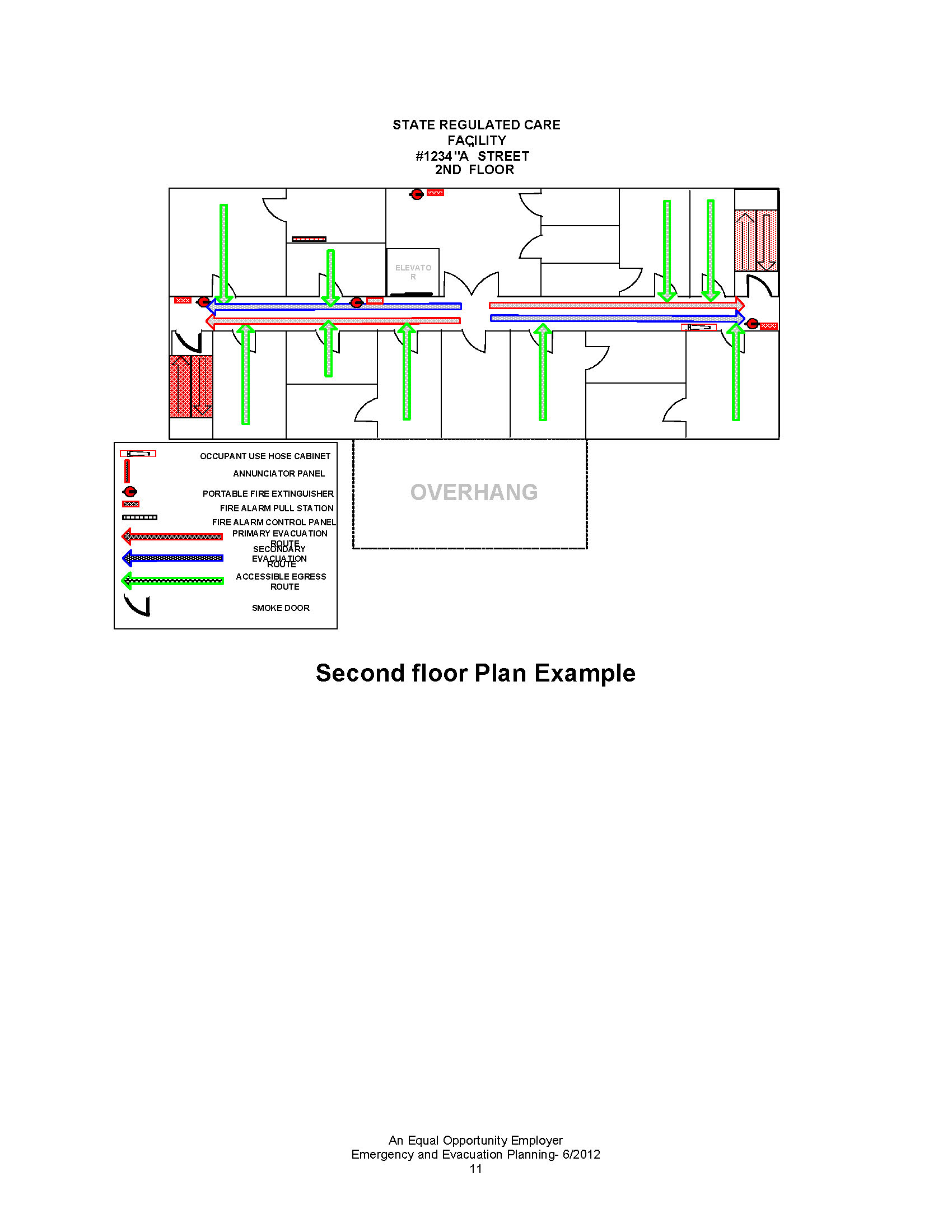
**1ST FLOOR**

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**FLOOR PLAN EXAMPLE 2**

**BUSINESS NAME  
123 MAIN STREET**

**2ND FLOOR**

****

**SAMPLE EVACUATION DRILL LOG**

1. **Location and Identification**

|  |  |
| --- | --- |
| Business name: | Address: |
| Official in charge of drill: | Date of drill: |
| Start time of drill: | End time of drill: |

1. **Frequency**

|  |  |  |  |
| --- | --- | --- | --- |
| **This drill is required:** | □ ANNUALLY | □ MONTHLY | □ QUARTERLY |

1. **Initiation & Notification**

|  |  |  |
| --- | --- | --- |
| **This drill was initiated by:** | □ FIRE ALARM | □ OTHER |
| **Describe method  of initiation:** |  | |

1. **Scenario or Special Circumstances**

|  |  |  |
| --- | --- | --- |
| **The following notifications were made:** | | |
| □ FIRE DEPARTMENT | □ ALARM CENTRAL STATION | □ OTHER |
| **Describe method of notification:** |  | |

1. **Observations**

|  |  |
| --- | --- |
| Did all alarm audio/visual devices work properly? | □ YES □ NO |
| Was the alarm heard throughout building? | □ YES □ NO |
| Did all occupants evacuate as required? | □ YES □ NO |
| Did all occupants assemble in designated areas? | □ YES □ NO |

1. **Problems Encountered**

|  |  |
| --- | --- |
| **Description of any problems encountered and proposed solutions:** | |
| **PROBLEMS** | **SOLUTIONS** |
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1. **Participants**

|  |  |
| --- | --- |
| **List all participating staff members:** | |
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|  |  |
| --- | --- |
| Drill conducted by: | Job title: |
| Signature: | Date: |

1. **Location and Identification**

|  |  |
| --- | --- |
| Business name: | Address: |
| Main Business Phone: | After hours emergency phone: |
| Plan Author: | Official in charge of emergency preparedness: |
| Approx. number of employees: | Posted occupant load: |

1. **Notification Procedures**

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| --- |
| **In case of an emergency I will notify the Fire Department using the following methods:**  *(calling 911, activating a manual fire alarm pull station, etc.)* |
|  |
|  |
| **In case of an emergency I will notify employees and patrons using the following methods:**  *(fire alarm, overhead announcements, etc.)* |
|  |

1. **Identification & Assignments**

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| --- |
| **The following individuals are responsible for this plan:** *(Name, Title)* |
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| **The following individuals are responsible for assisting with evacuation, rescue and medical aid:** *(Name, Title)* |
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|  |
|  |
|  |
| **The following individuals are responsible for maintenance, housekeeping and controlling fuel hazard sources:** *(Name, Title)* |
|  |
|  |
|  |
|  |
| **The following individuals are responsible for maintenance of systems and equipment installed to prevent or control fires:** *(Name, Title)* |
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|  |
|  |
|  |
| **The following individuals are responsible for conducting and managing fire drills:** *(Name, Title)* |
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|  |
|  |

1. **Fire Protection Systems**

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| --- | --- | --- | --- | --- |
| **This occupancy has the following fire protection systems:** | | | | |
| □ FIRE ALARM | □ SPRINKLER SYSTEM | | □ COMMERCIAL HOOD SYSTEM | |
| □ FIRE PUMP | □ FIRE EXTINGUISHERS | | □ OCCUPANT-USE HOSE STATIONS | |
| **This occupancy has the following fire protection systems:** | | | | |
| □ PULL STATIONS | | □ HEAT DETECTORS | | |
| □ SMOKE DETECTORS | | □ WATER FLOW | | |
| **Description of fire alarm alert tone and voice communication system:** | | | |
|  | | | |

1. **Identification of Potential Fire Hazards**

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| --- |
| **The following are identified as potential fire hazards related to this occupancy, its use, and maintenance and housekeeping procedures:** |
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1. **Procedures**

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| --- |
| **The following are the procedures for relocating or evacuating occupants:** |
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|  |
| **The following are the procedures for accounting for employees and occupants after an evacuation:** |
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|  |
| **The following are the procedures for employees who must remain to operate critical equipment before evacuating:** |

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| --- | --- | --- |
| **EMPLOYEE** | **CONTACT** | **RESPONSIBILITY** |
| SUPERVISOR "A" | EX. 100 | Call 9-1-1. Supervise occupant/employee evacuation of first floor. Communicate with Supervisor F. Report missing occupants and employees to fire department personnel. Facility Liaison to fire department incident commander. Call regional management. |
| EMPLOYEE "B" | EX. 102 | Evacuate ambulatory occupants of first floor west. Direct occupants to assembly area. Occupant head count. Report missing people to supervisor A. Close doors of evacuated areas. Remain with evacuees. |
| EMPLOYEE "C" | EX. 103 | Evacuate non-ambulatory occupants of first floor west. Assist evacuated occupants to assembly area. Close doors of evacuated areas. Remain with evacuees. Provide emergency medical aid as needed. |
| EMPLOYEE "D" | EX. 104 | Evacuate ambulatory occupants of first floor east. Direct occupants to assembly area. Close doors of evacuated areas. Remain with evacuees Provide emergency medical care as needed. |
| EMPLOYEE "E" | EX. 105 | Evacuate non-ambulatory occupants of first floor east. Assist evacuated occupants to assembly area. Close doors of evacuated areas. Remain with evacuees. Provide emergency medical aid as needed. |
| SUPERVISOR "F" | EX. 200 | Call 9-1-1. Supervise occupant/employee evacuation of second floor. Communicate with Supervisor A. Report missing people to supervisor A. Manage assembly area. Prepare evacuees for relocation if necessary. |
| EMPLOYEE "G" | EX. 202 | Evacuate ambulatory occupants of second floor west. Direct occupants to assembly area. Assist Employee H. Communicate with Supervisor F. Close doors of evacuated areas. |
| EMPLOYEE "H" | EX. 203 | Evacuate non-ambulatory occupants of second floor west, or move to refuge area. Close doors of evacuated areas. Remain with evacuees in refuge area. Continue evacuation if conditions become untenable. Move to assembly area. |
| EMPLOYEE "I" | EX. 204 | Evacuate ambulatory occupants of second floor east. Direct occupants to assembly area. Assist Employee J. Communicate with Supervisor F. Close doors of evacuated areas. |
| EMPLOYEE "J" | EX. 205 | Evacuate non-ambulatory occupants of second floor east, or move to refuge area. Close doors of evacuated areas. Remain with evacuees in refuge area. Continue evacuation if conditions become untenable. Move to assembly area. |
| MAINTENANCE EMPLOYEE "K" | EX. 306 | Report to area outside of main entrance. Meet with Supervisor A; report known conditions. Assist with facility liaison activity. Provide fire department personnel with keys, plans or other technical information as needed. |
| HOUSKEEPER "L" | EX. 307 | Close doors to material/supply areas. Evacuate. Report to assembly area. |

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| --- | --- |
| Plan prepared by: | Job title: |
| Signature: | Date: |

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**EVACUTION AND FIRE SAFETY PLAN CHECK LIST**

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| **DOES THE FIRE SAFETY/EVACUATION PLAN CLEARLY ADDRESS THESE ITEMS?** | |
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| POST-EVAUCATION ASSEMBLY POINT(S)? | □ YES □ NO |
| LOCATION OF FIRE HUDRANTS? | □ YES □ NO |
| NORMAL ROUTES OF FIRE DEPARTMENT VEHICLE ACCESS? | □ YES □ NO |
| HAVE **FLOOR PLANS** BEEN PROVIDED WHICH CLEARLY IDENTIFY: |  |
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| SECONDARY EVACUATION ROUTES | □ YES □ NO |
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| AREAS OF REFUGE | □ YES □ NO |
| MANUAL FIRE ALARM PULL STATIONS | □ YES □ NO |
| PORTABLE FIRE EXTINGUISHERS | □ YES □ NO |
| HOSE STATIONS | □ YES □ NO |
| FIRE ALARM CONTROL PANELS | □ YES □ NO |
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| ARE PERSONNEL RESPONSIBLE FOR RENDERING MEDICAL AID IDENTIFIED? | □ YES □ NO |
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| WHAT ARE THE DUTIES OF SPECIFIC PERSONNEL DURING A FIRE/EMERGENCY AND HOW THEY MAY BE CONTACTED IN THE EVENT OF A QUESTION? | □ YES □ NO |
| HAS A LIST OF MAJOR FIRE HAZARDS ASSOCIATED WITH THE USE AND OCCUPANCY OF THE PREMISES BEEN PROVIDED? | □ YES □ NO |
| IS THERE A DESCRIPTION OF THE HOUSEKEEPING/MAINTENANCE PROCEDURES DURING A FIRE/EMERGENCY EVENT? | □ YES □ NO |
| IS A LIST OF PERSONNLE REPONSIBLE FOR MAINTAINING FIRE PREVENTION AND CONTROL SYSTEM PROVIDED? | □ YES □ NO |
| IS A LIST OF PERSONNEL RESPONSIBLE FOR MAINTENANCE, HOUSEKEEPING AND CONTROLLING FUEL HAZARDS (IF APPLICABLE) PROVIDED? | □ YES □ NO |
| ARE THERE RECORDS OF **EMERGENCY EVACUATION DRILLS** INCLUDING: | □ YES □ NO |
| NAME AND TITLE OF PERSON CONDUCTING THE DRILL | □ YES □ NO |
| DATE AND TIME OF DRILL | □ YES □ NO |
| NOTIFICATION METHOD USED | □ YES □ NO |
| STAFF MEMEBERS ON DUTY AND PARTICIPATING | □ YES □ NO |
| NUMBER OF OCCUPANTS EVACUATED | □ YES □ NO |
| SPECIAL CONDITIONS SIMULATED | □ YES □ NO |
| PROBLEMS ENCOUNTERED | □ YES □ NO |
| WEATHER CONDITIONS | □ YES □ NO |
| TIME REQUIRED TO ACHIEVE TOTAL EVACUATION | □ YES □ NO |
| HAVE ANNUAL EMPLOYEE SAFETY PLAN TRAINING RECORDS BEEN INCLUDED? | □ YES □ NO |

|  |  |
| --- | --- |
| Name of Reviewer: | Date of Review: |
| Comments: | □ APPROVED □ REJECTED |