



# **SHORT TERM RENTAL APPLICATION PACKAGE**

# Short Term Rental Application Check List

- ☐ Complete Short Term Rental Application
- ☐ Certification of Insurance
  - general liability insurance of not less than \$2 Million per occurrence.
- ☐ Short Term Rental Site Plan
  - a site plan that indicates the location of the Short Term Rental Property, the adjacent Highway, and any external garbage/ recycling facilities.
- ☐ Short Term Rental Floor Plan
  - a floor plan of the Short Term Rental Property clearly indicating the location and number of rooms, the proposed total occupancy limit, and for each room, accompanying photos, its dimensions, a description of its proposed use and the proposed number of beds
- ☐ Parking Management Plan
  - a plan, depicting the size, surface material, and location of all parking spaces intended to be used for parking on the Property
- ☐ Fire Safety Protocol
- ☐ Electrical Safety Authority compliance letter
- ☐ Fire Safety Checklist
- ☐ Required Fees:

|                                    |                |
|------------------------------------|----------------|
| Short Term Rental Application Fee: | 500.00         |
| Zoning Review Fee:                 | \$247.00       |
| Fire Services Review Fee:          | \$250.00 + HST |

**Total Payable:** **\$1029.50**

☐ Cash      ☐ Cheque      ☐ Debit

Receipt Number \_\_\_\_\_

DATE RECEIVED STAMP



**City of Welland**  
**Planning & Development Services**  
By-law Enforcement Division  
60 East Main Street, Welland, ON L3B 3X4  
**Phone:** 905-735-1700 | **Fax:** 905-735-7184  
**Email:** bylaw\_enforc@welland.ca | www.welland.ca

## SHORT TERM RENTAL APPLICATION - 2022

| Short Term Rental Information                                                                                                                                                                           |                                                                        |                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------|
| Location:                                                                                                                                                                                               |                                                                        | Unit No.:                                                  |
| City: Welland                                                                                                                                                                                           | Province: Ontario                                                      | Postal Code:                                               |
| Type of Building:                                                                                                                                                                                       |                                                                        |                                                            |
| <input type="checkbox"/> Apartment                                                                                                                                                                      | <input type="checkbox"/> Multiple Dwelling                             |                                                            |
| <input type="checkbox"/> Accessory Dwelling Unit                                                                                                                                                        | <input type="checkbox"/> Stacked Townhouse Dwelling                    |                                                            |
| <input type="checkbox"/> Semi-detached Dwelling                                                                                                                                                         | <input type="checkbox"/> Street Townhouse Dwelling                     |                                                            |
| <input type="checkbox"/> Single Detached Dwelling                                                                                                                                                       | <input type="checkbox"/> Two-Unit Dwelling                             |                                                            |
| Number of Existing Bedrooms:                                                                                                                                                                            |                                                                        |                                                            |
| <input type="checkbox"/> 1                                                                                                                                                                              | <input type="checkbox"/> 2                                             | <input type="checkbox"/> 3                                 |
| <input type="checkbox"/> 4                                                                                                                                                                              | <input type="checkbox"/> 5                                             |                                                            |
| Has the Short Term Rental existed prior to November 25, 2021:                                                                                                                                           |                                                                        |                                                            |
| <input type="checkbox"/> No                                                                                                                                                                             | <input type="checkbox"/> Yes                                           | <input type="checkbox"/> Supporting Documentation Attached |
| If yes, initial date used as a Short Term Rental:                                                                                                                                                       |                                                                        |                                                            |
| The portion of the property that will be used as a Short Term Rental:                                                                                                                                   |                                                                        |                                                            |
| <input type="checkbox"/> The entire property                                                                                                                                                            | <input type="checkbox"/> A portion of the home, up to _____ bedroom(s) |                                                            |
| <p>Please use the link below to review the Short Term Rental Licensing By-law:</p> <p><a href="https://www.welland.ca/Bylaws/bylaw2021-179.pdf">https://www.welland.ca/Bylaws/bylaw2021-179.pdf</a></p> |                                                                        |                                                            |

| <b>Applicant Information</b>                                                                                                                                                                                                                                                          |               |            |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|-------------------|
| First Name:                                                                                                                                                                                                                                                                           |               | Last Name: |                   |
| Applicant Address:                                                                                                                                                                                                                                                                    |               |            | Unit No.:         |
| City:                                                                                                                                                                                                                                                                                 | Province:     |            | Postal Code:      |
| Telephone Number:                                                                                                                                                                                                                                                                     |               | Email:     |                   |
| <input type="checkbox"/> Applicant address is the same as Short Term Rental Location                                                                                                                                                                                                  |               |            |                   |
| <input type="checkbox"/> Government-issued photo identification attached                                                                                                                                                                                                              |               |            |                   |
| <b>Registered Owner(s) of the Short Term Rental Property:</b>                                                                                                                                                                                                                         |               |            |                   |
| 1                                                                                                                                                                                                                                                                                     | First Name:   | Last Name: |                   |
|                                                                                                                                                                                                                                                                                       | Phone Number: | Email:     |                   |
| 2                                                                                                                                                                                                                                                                                     | First Name:   | Last Name: |                   |
|                                                                                                                                                                                                                                                                                       | Phone Number: | Email:     |                   |
| 3                                                                                                                                                                                                                                                                                     | First Name:   | Last Name: |                   |
|                                                                                                                                                                                                                                                                                       | Phone Number: | Email:     |                   |
| 4                                                                                                                                                                                                                                                                                     | First Name:   | Last Name: |                   |
|                                                                                                                                                                                                                                                                                       | Phone Number: | Email:     |                   |
| <b>Agent</b>                                                                                                                                                                                                                                                                          |               |            |                   |
| First Name:                                                                                                                                                                                                                                                                           |               | Last Name: |                   |
| Applicant Address:                                                                                                                                                                                                                                                                    |               |            | Unit No.:         |
| City:                                                                                                                                                                                                                                                                                 | Province:     |            | Postal Code:      |
| Phone Number:                                                                                                                                                                                                                                                                         |               | Email:     |                   |
| <input type="checkbox"/> Government-issued photo identification attached                                                                                                                                                                                                              |               |            |                   |
| The Agent shall be available to attend to the Short Term Rental Property at all times within a period of no greater than one (1) hour from the time of contact by way of telephone or email. The telephone number and email address provided above will be used to contact the Agent. |               |            |                   |
| <b>Signature of Agent</b>                                                                                                                                                                                                                                                             |               |            |                   |
|                                                                                                                                                                                                                                                                                       |               |            | DATE OF SIGNATURE |

| Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|
| <p>I, _____, the applicant, hereby acknowledge and certify that:</p> <ul style="list-style-type: none"> <li>• I have read and understand the City of Welland Short Term Rental By-law 2021-179;</li> <li>• The information contained in this application is true and complete to the best of my knowledge, and that failure to provide complete or accurate information may delay the licensing process;</li> <li>• It is an offence under Section 25.8 to provide false or misleading information on this application or at any time hereafter to any person having authority for the enforcement of administration of the by-law and that the provision of false or misleading information may result in the prosecution and/ or penalties as set out in the by-law, or the refusal, suspension or revocation of the Short Term Rental Licence;</li> <li>• The issuance of a licence under this by-law does not permit or condone the violation of any By-law, statute or other regulation in effect in the City of Welland, the Province of Ontario or the Dominion of Canada and it shall be my responsibility to ensure that such applicable legislation is complied with at all time;</li> <li>• I understand that may take 2-3 weeks for this application to be processed;</li> <li>• I give permission for By-law Enforcement Officers, Fire Prevention Officers and Building Inspectors, to enter the Short Term Rental for the purpose of inspecting for compliance with this By-law.</li> </ul> |  |                   |
| Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | DATE OF SIGNATURE |

The submission of an application for a Licence, including the related fee(s), does not entitle the Applicant to carry on, or intend to carry on a Short Term Rental. The Applicant is only entitled to do so once the Licence has been issued for the Short Term Rental.

The personal information on this application is collected pursuant to the Municipal Act, 2001, the City of Welland Short Term Rental By-law 2021-179 and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. This information will be used for the purposes of issuance, administration and enforcement of Short Term Rental Licenses. Questions about this collection can be directed to the City Clerk, City Hall, 60 East Main Street, Welland, ON, L3B 3X4, 905-735-1700

# Short Term Rental Fire Safety Checklist

The following items are required to fulfill fire safety requirements:

|                                                                        |                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                               | Fire safety protocol is prepared, approved by the fire department, and implemented for the property in accordance with the By-Law. The protocol shall be posted in accordance with Section 10.1(f) of the By-Law.                                                                                                   |
| <input type="checkbox"/>                                               | A letter of compliance from the Electrical Safety Authority (ESA) dated within 12 months of the date of application indicating the property and its proposed use comply with the Electrical Safety Code (*See Page 7)                                                                                               |
| <input type="checkbox"/>                                               | Smoke and carbon monoxide alarms are installed and maintained in accordance with the Ontario Fire Code and manufacturer's instructions (*See below)                                                                                                                                                                 |
| <input type="checkbox"/>                                               | Additional smoke alarms shall be installed in each guest sleeping room (*See Page 7)                                                                                                                                                                                                                                |
| <input type="checkbox"/>                                               | At least a 2A10BC sized portable fire extinguisher shall be installed conspicuously in the kitchen area and maintained in accordance with the Ontario Fire Code.                                                                                                                                                    |
| <input type="checkbox"/>                                               | A floor plan is posted in accordance with Section 10.1 (g) of the By-Law and also inside the egress door of each guest sleeping room, indicating the location of exits, location of fire safety equipment, and actions to take in the event of an emergency.                                                        |
| <input type="checkbox"/>                                               | Property owner and emergency contact information shall be posted conspicuously in the occupancy.                                                                                                                                                                                                                    |
| <input type="checkbox"/>                                               | The street number for the property shall be affixed to the building or dwelling exterior in a well-lit area and is visible from the road.                                                                                                                                                                           |
| <input type="checkbox"/>                                               | Temporary wiring (extension cords, power strips, etc.) shall not be used inappropriately or in a manner that creates a fire hazard.                                                                                                                                                                                 |
| <input type="checkbox"/>                                               | Combustible materials are not kept or stored in/around appliances (furnace, hot water heater, kitchen stoves), electrical service panels, or within means of egress.                                                                                                                                                |
| <input type="checkbox"/>                                               | Solid-fuel burning appliances (e.g. wood stoves) are installed and maintained in accordance with CSA-B365, "Installation Code for Solid-Fuel Burning Appliances and Equipment". A letter of compliance from a "W.E.T.T." Certified technician dated within 12 months of the application would be deemed acceptable. |
| <input type="checkbox"/>                                               | If the property owner consents and provides written permission for guests to conduct open-air fires or discharge consumer fireworks on the property, By-Law information for both open-air fires and fireworks are provided and explained to guests. If consent is not provided, both activities are PROHIBITED.     |
| Please mark each box above with "✓" or "x" when each task is complete. |                                                                                                                                                                                                                                                                                                                     |
| <b>Signature of Applicant</b>                                          |                                                                                                                                                                                                                                                                                                                     |
|                                                                        | DATE OF SIGNATURE                                                                                                                                                                                                                                                                                                   |

# Fire Safety Checklist – Additional Information

**\*NOTE:** If the electrical installations of the property were installed under the provisions of an ESA permit, a copy of the permit in conjunction with a letter from a licenced electrician confirming the electrical installations are in compliance with the Electrical Safety Code, dated within 12 months of the licence application, would be deemed acceptable. If choosing an ESA Inspection, “general inspections” can be booked at [www.eleccheck.ca](http://www.eleccheck.ca) or 1-877-ESASAFE.

**\*Photographs of each smoke and carbon monoxide alarm installed in the occupancy shall be sent electronically to the Fire Department at [fireprevention@welland.ca](mailto:fireprevention@welland.ca) . The photographs should be taken in a manner that shows the alarm(s) are current and not expired and installed in the appropriate locations. The submitted photographs must be deemed acceptable by the Fire Department as part of this process.**

**\*NOTE: The fire and life safety systems (fire alarm, sprinkler, standpipe) of multi residential buildings containing short term rentals shall be maintained in accordance with the Ontario Fire Code\***

## City of Welland By-law Resources:

Frequently Requested By-law:

<https://www.welland.ca/Bylaws/index.asp>

Open-Air Fire By-law:

<https://www.welland.ca/Bylaws/bylaw2011-85.pdf>

Fireworks By-law:

<https://www.welland.ca/Bylaws/bylaw2003-127.pdf>

# Fire Safety Protocol

|                             |                   |              |
|-----------------------------|-------------------|--------------|
| Name of Business/ Building: |                   |              |
| Location:                   |                   | Unit No.:    |
| City: Welland               | Province: Ontario | Postal Code: |

|                                   |  |                   |
|-----------------------------------|--|-------------------|
| Fire Safety Protocol Prepared by: |  |                   |
| First Name:                       |  | Last Name:        |
| <b>Signature</b>                  |  |                   |
|                                   |  | DATE OF SIGNATURE |

|                                                                      |
|----------------------------------------------------------------------|
| Date Received by the Welland Fire and Emergency Services Department: |
| Date:                                                                |
| The approved located for this Fire Safety Protocol is:               |
| Location:                                                            |





# **Fire Safety Protocol: Table of Contents**

|            |                                                     |
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| Part 1 (a) | Introduction                                        |
| Part 2 (a) | Building Resources Audit                            |
| Part 2 (b) | Human Resources Audit                               |
| Part 3     | Emergency Procedures – Occupants and Related Duties |
| Part 4     | Fire Extinguishment and Control                     |
| Part 5     | Fire Code Requirements                              |
| Part 6     | Building Schematics                                 |

# **Fire Safety Protocol: Part 1 – Introduction**

The Short-Term Rental By-Law requires the implementation of a fire safety protocol at each occupancy licenced as a short-term rental in accordance with Clause 4.4 (g) of the By-Law. The “fire safety protocol” shall be located in accordance with Clause 10.1(f) of the By-Law, namely, conspicuously posted within one (1) metre of the primary entrance. This protocol is to outline the actions occupants are to take during a fire emergency, the location of fire safety equipment, a floor plan of the property indicating the location of exits, and the full contact information for person(s) responsible for the property.

## **FIRE SAFETY PROTOCOL SUBMISSION REQUIREMENTS:**

Fire Safety Protocols are to be submitted via email to the Welland Fire Prevention Department: [fireprevention@welland.ca](mailto:fireprevention@welland.ca).

The fire safety protocol is to be tailored to the building. List “N/A” if the building does not have certain life safety systems (e.g. sprinkler system or fire alarm system) for the audit of building resources and maintenance. The maintenance duties section will include only the fire and life safety devices that are in the building. Site and floor plans are to include a legend on each page.

Once the protocol is reviewed, an email outlining any required changes will be sent from the Fire Prevention Officer to the author of the plan.

The fire safety protocol, once approved, shall be posted in accordance with the By-Law.

Please contact the Welland Fire Prevention Division at 905-735-1700 ext. 2408 if you have any questions.

Regards,

Tanya Korolow  
Chief Fire Prevention Officer  
Welland Fire and Emergency Services

# Fire Safety Protocol: Part 2 (a)

## Audit of Building Resources Checklist

**NOTE:**

Please USE NORTH/ SOUTH/ EAST/ WEST when listing locations of the following:

|                                                  |                                      |                                   |
|--------------------------------------------------|--------------------------------------|-----------------------------------|
| Occupancy Type:                                  |                                      |                                   |
| Number of Units:                                 |                                      |                                   |
| Number of Storeys:                               |                                      |                                   |
| Year of Construction:                            |                                      |                                   |
| Designated Fire Route:                           | <input type="checkbox"/> Yes         | <input type="checkbox"/> No       |
| Nearest Municipal Hydrant Location:              |                                      |                                   |
| Heating Type:                                    | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Other (Please Specify): |                                      |                                   |
| Main Gas Shut-off:                               | <input type="checkbox"/> Yes         | <input type="checkbox"/> No       |
| Main Gas Shut-off Location:                      |                                      |                                   |
| Main Electrical Shut-off Location:               |                                      |                                   |
| Main Domestic Water Shut-off Location:           |                                      |                                   |
| Single Stage Fire Alarm System (if installed):   |                                      |                                   |
| Make:                                            |                                      |                                   |
| Model:                                           |                                      |                                   |
| Main Panel Location:                             |                                      |                                   |
| Annunciator Panel Location:                      |                                      |                                   |
| Fire Alarm Description:                          |                                      |                                   |

**Indicate the Location of the Applicable Fire Safety Devices:**

**Smoke Alarms:**

|                                                                                                                    |             |
|--------------------------------------------------------------------------------------------------------------------|-------------|
| Location 1:                                                                                                        | Location 4: |
| Location 2:                                                                                                        | Location 5: |
| Location 3:                                                                                                        | Location 6: |
| All Smoke Alarms are identified on site plan/ floor plan: <input type="checkbox"/> Yes <input type="checkbox"/> No |             |

**Carbon Monoxide (CO) Alarms**

|                                                                                                                 |             |
|-----------------------------------------------------------------------------------------------------------------|-------------|
| Location 1:                                                                                                     | Location 4: |
| Location 2:                                                                                                     | Location 5: |
| Location 3:                                                                                                     | Location 6: |
| All CO Alarms are identified on site plan/ floor plan: <input type="checkbox"/> Yes <input type="checkbox"/> No |             |

**Portable Fire Extinguishers**

|                                                                                                                         |             |
|-------------------------------------------------------------------------------------------------------------------------|-------------|
| Location 1:                                                                                                             | Location 4: |
| Location 2:                                                                                                             | Location 5: |
| Location 3:                                                                                                             | Location 6: |
| All fire extinguishers are identified on site plan/ floor plan <input type="checkbox"/> Yes <input type="checkbox"/> No |             |

**Emergency Lighting**

|                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|
| Emergency Power: <input type="checkbox"/> Battery <input type="checkbox"/> Generator                               |
| Emergency lights are identified on site plan/ floor plan: <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Exit Signs**

|                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|
| Emergency Power: <input type="checkbox"/> Battery <input type="checkbox"/> Generator                          |
| Exit signs are identified on site plan/ floor plan : <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Sprinkler System:**

|                                              |
|----------------------------------------------|
| Type:                                        |
| Connected to the Fire Alarm System:          |
| Location of Sprinkler Room/ Shut Off Valves: |

## Fire Safety Protocol: Part 2 (b)

### Audit of Human Resources

|                          |
|--------------------------|
| Business/ Building Name: |
| Manager:                 |
| Address:                 |
| Phone Number:            |

|                 |
|-----------------|
| Building Owner: |
| Address:        |
| Phone Number    |

#### After Hours Contacts:

|                    |
|--------------------|
| Name and Position: |
| Phone Number:      |

|                    |
|--------------------|
| Name and Position: |
| Phone Number:      |

|                    |
|--------------------|
| Name and Position: |
| Phone Number:      |

|                                |
|--------------------------------|
| Fire Alarm Monitoring Company: |
| Fire Alarm Servicing Company:  |
| Sprinkler Servicing Company:   |

# **Fire Safety Protocol: Part 3**

## **Emergency Procedures for Occupants**

Designated Meeting Area Location:

Emergency procedures signage will be posted conspicuously as per the By-Law, and on the interior of egress doors of sleeping rooms.

### **Upon Discovery of Smoke/Fire:**

- Alert others in area, yell FIRE
- Only use fire extinguisher if trained and safe to do so
- Exit via closest exit – assist others in area if safe to do so
- Close doors behind you
- Report to designated meeting area.
- Call 911
- Do not re-enter until instructed by Fire Dept.

### **Upon Hearing of Fire Condition:**

- Exit immediately via closest exit - assist others in area if safe to do so
- Close doors behind you
- Report to designated meeting area.
- Call 911
- Await the arrival of Fire Department and provide assistance
- Do not re-enter until instructed by Fire Dept.

### **Related Duties**

#### **In general:**

- Keep the doors in fire separations closed at all times.
- Keep access to exits and EXITS, inside and outside, clear of any obstructions at all times.
- Do not permit combustible materials to accumulate in quantities or locations that would constitute a fire hazard. Including inside apartments.
- Promptly remove all combustible waste from areas where waste is placed for disposal.
- Keep access roadways clear and accessible.
- Maintain the fire protection equipment in good operating condition at all times.
- Participate in fire drills.
- Have a working knowledge of the building fire and life safety systems.
- Ensure the building fire and life safety systems are in operating condition.
- Comply with the Ontario Fire Code.

To avoid fire hazards in the building, occupants must:

- Never put burning materials such as cigarettes and ashes into a garbage bag or chute.
- Never dispose of flammable liquids or aerosol cans in a garbage or garbage chutes.
- Never force cartons, coat hangers, bundles of paper into the garbage chute because it may become blocked.
- Avoid unsafe cooking practices: deep fat frying, too much heat, unattended stoves, loosely hanging sleeves.
- Avoid careless smoking. Never smoke in bed.
- Never leave anything that may burn or cause a trip hazard in the halls, corridors and/ or stairways.
- Always clean out clothes dryer lint collector before and after use.
- Do not use unsafe electrical appliances, frayed extension cords, over-loaded outlets or lamp wire for permanent wiring.
- Immediately report any smoke or carbon monoxide alarm problems to property manager.
- Never disconnect or remove batteries from smoke or carbon monoxide alarms.
- Know how to alarm occupants of building, know where exits are located.
- Call Welland Fire and Emergency Services immediately (9-1-1) whenever you need emergency assistance.
- Know the correct address of the building.
- Notify the building owner/property management if special assistance if required in the event of an emergency.
- Know the fire alarm signals and the procedures established to implement safe evacuation. Read and follow the manufacturers smoke alarm (and CO detector if applicable) instructions, available from building owner/property management.
- Know the contact information of the property manager.
- Report any fire hazard to the property manager.
- Know where exits are located.

# **Fire Safety Protocol: Part 4**

## **Fire Extinguishment, Control or Confinement**

In the event a small fire cannot be extinguished with the use of a portable fire extinguisher or the smoke presents a hazard for the operator, the door to the area must be closed to confine and contain the fire. Leave the fire area. Only those persons who are trained and familiar with extinguisher operation may attempt to fight the fire. If the fire is of a size that could be extinguished with a portable fire extinguisher, the following applies:

### Suggested Operation of Portable Fire Extinguishers

Remember the (PASS)

- P - Pull the safety pin
- A - Aim the nozzle
- S - Squeeze the trigger handle
- S - Sweep from side to side (watch for fire restarting)

Never re-hang extinguishers after use. Ensure they are properly recharged by a person that is qualified to service portable fire extinguishers and that a replacement extinguisher is provided.

Keep extinguishers in a visible area without obstructions around them.

Extinguishers have a listing on their label. Most extinguishers are listed as ABC multipurpose extinguishers:

- Class A: Ordinary combustibles such as wood, cloth and paper
- Class B: Flammable liquids such as gasoline, oil and oil-based paint
- Class C: Energized electrical equipment such as wiring, fuse boxes, circuit breakers and appliances



# Fire Safety Protocol: Part 5

## Requirements of the Ontario Fire Code

*Who is responsible for the following requirements? (State who is performing checks, tests and inspection eg. contractor, health and safety, etc)*

### Check/test/inspect requirements of the Ontario Fire Code:

- To assist you in fulfilling your obligations, included is a list of the portions of the Fire Code that requires checks, inspections and/or tests to be conducted of the facilities. It is suggested that you read over this list and perform or have performed the necessary checks, inspections and/or tests for the items which may apply to your property.
- Fire Prevention Officers may check to ensure that the necessary checks, inspections and/or tests are being done, when conducting their inspections.
- This list has been prepared for purposes of convenience only. For accurate reference, the Fire Code should be consulted.

### Definitions for key words are as follows:

|                |                                                                                                                                    |
|----------------|------------------------------------------------------------------------------------------------------------------------------------|
| <i>Check</i>   | means visual observation to ensure the device or system is in place and is not obviously damaged or obstructed                     |
| <i>Test</i>    | means the operation of a device or system to ensure that it will perform in accordance with its intended operation or function     |
| <i>Inspect</i> | means physical examination to determine that the device or system will apparently perform in accordance with its intended function |

It is stated in the Fire Code that records of all tests and corrective measures are required to be retained for a period of two years after they are made

**Complete the list on the following pages as it applies to the building. List “N/A” for features or systems that don’t exist in the building.**

## General Fire Protection Systems/Equipment

### General

For each one, include Person or Company Responsible

|                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------|--|
| Doors in fire separations shall be checked as frequently as necessary to ensure that they remain closed.         |  |
| Exit signs shall be clearly visible and maintained in a clean and legible condition.                             |  |
| Internally illuminated exit signs shall be kept clearly illuminated at all times, when the building is occupied. |  |

### Weekly

|                                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| When subject to accumulation of combustible deposits, hoods, filters and ducts shall be checked weekly and be cleaned when such deposits create an undue fire hazard. |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

### Monthly

|                                                                            |  |
|----------------------------------------------------------------------------|--|
| Doors in fire separations shall be inspected monthly for proper operation. |  |
|----------------------------------------------------------------------------|--|

### Smoke Alarms

|                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------|--|
| Ensure dwelling unit smoke alarms are maintained in operating condition.                                            |  |
| Ensure a copy of the smoke alarm manufacturer's Maintenance instructions or approved alternative has been provided. |  |
| Smoke alarms shall be checked annually and at every tenancy change.                                                 |  |

### Carbon Monoxide Alarms

|                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| Ensure required dwelling units CO alarms are installed and maintained                                                         |  |
| Ensure a copy of the carbon Monoxide alarm manufacturer's Maintenance instructions or approved alternative has been provided. |  |
| Carbon Monoxide alarms shall be checked annually and at every tenancy change.                                                 |  |

## Portable Fire Extinguishers

### General

For each one, include Person or Company Responsible

|                                                                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Each portable extinguisher shall have a tag securely attached to it showing the maintenance or recharge date, the servicing agency and the signature of the person who performed the service.             |  |
| A permanent record containing the maintenance date, the examiner's name and a description of any work or hydrostatic testing carried out shall be prepared and maintained for each portable extinguisher. |  |
| All extinguishers shall be recharged after use or as indicated by an inspection or when performing maintenance. When recharging is performed, the recommendations of the manufacturer shall be followed.  |  |

### Monthly

|                                                    |  |
|----------------------------------------------------|--|
| Portable extinguishers shall be inspected monthly. |  |
|----------------------------------------------------|--|

### Yearly

|                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Extinguishers shall be subject to maintenance not more than one year apart or when specifically indicated by an inspection.                                                        |  |
| Maintenance procedures shall include a thorough examination of the three basic elements of an extinguisher:<br>a) mechanical parts<br>b) extinguishing agent<br>c) expelling means |  |
| Every twelve months, pump tank water, and pump tank calcium chloride base antifreeze types of extinguishers shall be recharged with new chemicals or water, as applicable          |  |

### 6 Years

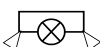
|                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Every six years, stored pressure extinguishers that require a 12 year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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# Fire Safety Protocol: Part 6

## Building Schematics Legend

These symbols are to be used on your site plan and floor plans. Each page with a site plan or floor plan submitted must have its own legend, with the symbols used on that specific page.

|                                                                                     |                                                                           |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|    | Pull Pin For Kitchen Fire Suppression System                              |
|    | Entrance / Exit                                                           |
|    | Hydrant                                                                   |
|    | Fire Department Connection                                                |
|    | Valves (General) Identify The Type Of Valve (ie. Gas, Sprinklers, Water.) |
|    | Fire Alarm Control Panel                                                  |
|    | Fire Alarm Annunciator                                                    |
|   | Emergency Light, Battery-Powered                                          |
|  | Illuminated Exit Sign, Single Face                                        |
|  | Combined Battery-Powered Emergency Light & Illuminated Exit Sign          |
|  | Pull Station                                                              |
|  | Heat Detector                                                             |
|  | Smoke Detector                                                            |
|  | Smoke Alarm                                                               |
|  | Fire Extinguisher - ABC Type                                              |
|  | Hose Cabinet                                                              |
|  | Sprinkler Riser, indicate whether Wet or Dry System                       |
|  | Fire Dept. Key Box                                                        |
|  | Fire Safety Plan Box                                                      |

## **Required Site Plans and Floor Plans**

The following plans are required:

- 1) A site plan of the building, with exterior systems/devices (eg. Fire Dept. connection, hydrant location) as well as Fire Dept. route marked on plan using legend.
  - A site plan is an overhead view of the outside of the building. It shows the street(s) the building is located on, the entrance, fire department key box, fire department connections (standpipe/sprinkler connections) any private hydrants, and the closest city hydrants, as well as any fire routes. Use north, south, east and west on your site plan.
  - Any symbols which are used must be placed in a legend in a corner of the actual site plan page, complete with a description of that symbol.
- 2) A floor plan of each floor, with all fire protection/detection/systems and devices marked on map using legend.
  - A floor plan includes all fire protection and detection devices, and uses symbols to indicate these devices. All service rooms must be labelled, and all units numbered. Identify the locations of all exits and the utility shut-offs for the building

Any symbols which are used must be placed in a legend in a corner of the actual floor page, complete with a description of that symbol.