

Facilities Engineering Supervisor Worksheet

Life Safety Compromise/Interim Life Safety Measure Matrix

Date: _____
 Employee Name: _____ Building: _____
 WO#: _____ Floor: _____
 WO Description: _____ Room: _____

Check All That Apply	LIFE SAFETY COMPROMISE	CLASP Surveillance	Client Notification	Compartmentation Training	Confirm Restoration	Control Flammable/ Combustible Materials	Detours	Egress Plan	Fire Extinguishers	Fire Safety Training	Fire Watch	Inspect Exits Daily	Lockout/Tagout	Notify Fire Department	Notify Security	Signage	Smoke Evacuation Plan	Stop Hot Work Permits	Submit Hot Work Permit	Submit Outage/ Incident Report
	Alarm Systems		X	X	X	X				X	X		X	X	X					X
	Compartmentation			X	X	X			X	X										X
	Detection Systems		X	X	X	X				X	X		X	X	X					X
	Egress	X	X			X	X	X		X		X		X	X	X				X
	Flammables/Combustibles	X		X		X			X	X	X									X
	Hot Work	X		X	X	X			X	X	X			X		X	X		X	X
	Suppression Systems	X		X	X	X				X	X		X	X				X		X

ILSM

Supervisor Action

- | | |
|---|--|
| CLASP Surveillance | Perform rounds at the beginning of each shift. Complete CLASP Fire Surveillance Form, scan to ILSM group on Billings Basement Copier |
| Client Notification | Notify tenants first shift, Administrator on Call, off-shifts |
| Compartmentation Training | No action |
| Confirm Restoration | Appropriate Supervisor ensures deficiency is repaired |
| Control Flammable/
Combustible Materials | Remove excessive combustibles found on Fire Surveillance Rounds |
| Detours | Notify Safety, all shifts, Administrator on Call |
| Egress Plan | Redirect patient/public traffic to nearest alternate exit. Alter misleading exit signs. |
| Fire Extinguishers | Additional extinguisher required for every 5,000 sq. ft. of work |
| Fire Safety Training | No action |
| Fire Watch | Perform rounds at the beginning of each shift. Complete CLASP Fire Surveillance Form, scan to ILSM group on Billings Basement Copier |
| Inspect Exits Daily | Complete Fire Surveillance Form. Scan to Paul, Theresa and Sam. |
| Lockout/Tagout | Follow Departmental procedures |
| Notify Fire Department | Fax this form to BCFD with standard coversheet located at S:\ILSM Information\ILSM Fax Coversheet.docx |
| Notify Security | Submission of outage/incident report will auto send email, or call x5-5585 |
| Signage | Post computer generated signs informing occupants of condition. Include Facilities name and phone number x5-8300. Post sign on blue JHM Bulletin poster board. |
| Smoke Evacuation Plan | Contact Facilities CLASP Coordinator |
| Stop Hot Work Permits | Contact staff/contractors that hold approved hot work permits to halt work |
| Submit Hot Work Permit | Follow Departmental procedures |
| Submit Outage/Incident Report | By end of shift |

ILSM(s) have been implemented as of _____ Date _____
 Supervisor _____ Date _____

Deficiency corrected at _____ AM/PM Date _____
 Supervisor _____ Date _____

SCAN THIS DOCUMENT TO THE ILSM GROUP ON THE BILLINGS BASEMENT COPIER