

## Interim Life Safety Measure Assessment Form

**FACILITY NAME** \_\_\_\_\_

Reason For ILSM:

Location:

\*List Units/Areas Affected on back of form

Initiated by:

Date Initiated:

Pre-Assessment		ILSM Assessment																
<p>Interim Life Safety Measures are intended to mitigate risk by providing alternative fire protection safeguards when there is a decreased level of fire safety. Facilities typically employ ILSM's during times of construction, repair, and improvement operations. ILSM plans shall be documented in writing and approved by the AHJ (OSFM Healthcare Unit) prior to implementation.</p> <p>If it is determined that there are any significant LSC deficiencies or impairments, a full ILSM assessment shall be conducted using the criteria on this sheet. <i>ILSM's to be implemented are indicated by X's placed in cells. Actual selection of ILSM's may vary depending on such factors as duration, size, or scope of impairment, occupancy, or other life safety systems in place.</i></p>		Interim Life Safety Measures																
		Do conditions of a deficiency / impairment exist? If yes, further assessment is required.		Are deficiencies / impairments significant? If yes, complete ILSM assessment		A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.
		YES	NO	YES	NO	Notify Fire Dept. / Insurance Co. / Fire Watch (6)	Posts Additional Exit Signs (2) / Inspects Exits (4)	Temporary Fire Alarm / Detection System (3)	Provide Additional Fire Fighting Equipment (4)	Temporary Construction Barriers (7)	Increased Surveillance (8)	Control Combustible Loading (9)	Additional Training w/ Fire Fighting Equipment (10)	One additional fire drill per shift per quarter (11)	Inspects / Test Temp Systems Monthly (12)	Localized Staff Training (13)	Building / Organizational Education (14)	Other. Provide Detail on Separate Sheet
<b>Exits / Barriers / Compartmentation</b>																		
	Alter or compromise the integrity of exits or exit discharges																	
	Alter or compromise exit corridors, incl. length of travel																	
	Exit signs are blocked or inoperable																	
	Patient floor with < 2 smoke compartments (horizontal evac.)																	
	Removal or breach in fire or smoke barriers																	
	Removal or breach in floor slabs																	
	Removal or breach in corridor walls																	
	Corridor doors deficient (latching, labeling, gaps)																	
	Impaired fire or smoke damper																	
	Impaired sliding or rolling fire door																	
	Detail or Other:																	
<b>Impair Fire Alarm, Detection, or Suppression System</b>																		
	Fire alarm system impaired > 4 and < 24 hours																	
	Fire alarm system impaired > 24 hours																	
	Fire detection system impaired > 4 and < 24 hours																	
	Fire detection system impaired > 24 hours																	
	Sprinkler system impaired > 10 and < 24 hours																	
	Sprinkler system impaired > 24 hours																	
	Detail or Other:																	
<b>Construction / Hot Work</b>																		
	Soldering, brazing, cutting or welding																	
	Exterior construction																	
	Work impacting emergency services access (ensure access)																	
	Detail or Other:																	
<b>Other / Comments:</b>																		

ILSM Assessment

Completed by:

Signature:

Date:

Staff or vendor

completing the work:

Signature:

Start Date:

End Date:

