

## **DIRECTORATE OF MEDICAL EDUCATION & TRAINING, ODISHA**

No. 2596 // Bhubaneswar, Dated, 28.02.2015  
**MET-III—Misc-6/14**

From:

**Prof Sonamali Bag,  
Director, Medical Education & Training,  
Odisha.**

To

All CDMOs & CMO Rourkela, Sundergarh.

Sub: Fire Prevention measures in Hospitals and clinical establishments.

Sir/Madam,

As pr the recommendation of the Joint Committee, the following categories of Hospitals/clinical establishments require a **Fire Safety Clearance Certificate** from the Fire Prevention Wing of the office of “Directorate General, Fire Service, Home Guards & Civil Defense, Odisha, Nuapatna, Cuttack, 753001” for obtaining a new registration or renewal.

- (i) If functioning in buildings of nine meters or more in height from ground level; or
- (ii) If functioning in buildings having three or more floors including all underground, basement, stilt and mezzanine floors; or
- (iii) If having thirty (30) or more beds; or
- (iv) If having one or more critical or intensive care units.

### **Procedure of application:**

**A.** The clinical establishments coming under the above mentioned categories must apply for a ‘**Fire Safety Clearance Certificate**’ in plain paper to the Fire Prevention Wing of the office of “Directorate General, Fire Service, Home Guards & Civil Defense, Odisha, Nuapatna, Cuttack, 753001” along with self attested copies of following documents.

- (i) Ownership documents of the building/premises;
- (ii) Rental agreement for the building/premises;
- (iii) Approved Building Plans along with Approval Letter issued by the Development Authority or Regional Improvement Trust or Special Planning Authority or Municipal Corporation or Municipality or NAC or such other authority competent to approve building plans as the case may be;
- (iv) Identity proof of the applicant (self-attested photocopy of any Photo ID issued by any public authority).

The application must be signed by

- a) in case of sole ownership- the owner of the Hospital/Clinical Establishment;
- b) in case of joint ownership- all owners of the Hospital/Clinical Establishment;
- c) in case of partnership firm- all partners of the Hospital/Clinical Establishment;
- d) in case of a Company- a Director or a Senior functionary of the Company owning / managing the Hospital/Clinical Establishment, enclosing attested photocopy of the Resolution of the Board of Directors of the Company duly authorizing the applicant;

**B.** The clinical establishments not coming under the above mentioned categories, shall be self-regulators as far as fire prevention/safety measures are concerned. They are required to provide a **Fire Safety Self-Declaration** in form of Affidavit, to the Licensing Authority of Hospitals/Clinical Establishments that they have provided all fire prevention/ safety measures as prescribed in the National Building Code of India, 2005 including the following, namely:

"Minimum 2 (two) numbers of 4.5 (four and half) Kg capacity each of CO<sub>2</sub> (carbon dioxide) extinguisher for every 1000 (one thousand) square feet floor area or part thereof, so located as to be easily available within a radius of 30 (thirty) feet."

**C.** Duties & responsibilities of the owner or management of all Hospitals/Clinical Establishments: They shall

- i. Provide required fire prevention and safety measures, installations, extinguishers and appliances and maintain them in best repair and efficient working condition at all times for use by the occupants or the members of Fire Service or both in the event of outbreak of fire.
- ii. Sensitize all their staff by conducting mock drills periodically and make them conversant in operation/use of fire prevention and safety measures, installations, extinguishers and appliances.
- iii. Photocopies of the Fire Safety Clearance Certificate issued by the Fire Prevention Wing of Directorate General or the Fire Safety Self-Declaration as referred to in para 'B' above as the case may be, shall be framed and displayed at all conspicuous places in the corridors and lobbies in all floors of the buildings of the Hospital/Clinical Establishment for general public information.

This may be treated as most urgent and is to be ensured during inspections of CE.

Yours faithfully,

Sd/-

**Director Medical Education & Training, Odisha**

**Memo No. \_\_\_\_\_// Dt.**

Copy forwarded to the Addl. DG of Police, Fire service Commandant General, Home Guards & Director Civil Defense, Odisha, Cuttack for information with reference to his letter No.1837 Dt. 21.2.2015

Sd/-

**Director Medical Education & Training, Odisha**

**Memo No. \_\_\_\_\_// Dt.**

Copy forwarded to the Principal Secretary to Govt. H & FW Department for information & necessary action.

Sd/-

**Director Medical Education & Training, Odisha**

Copy to CE Manager/All Assts of MET – III section.

**FIRE SAFETY SELF DECLARATION**

*(To be submitted in form of affidavit)*

**AFFIDAVIT**

I Sri/Smt/Dr. ....  
son/daughter/wife of ..... At/PO .....  
Dist. .... Pin ..... do hereby solemnly affirm  
and state as follows.

1. That I am the Proprietor/Managing Director/ of the clinical establishment of name and style .....
2. That I have registered my clinical establishment and the registration number is ..... It is valid up to. ....& I want to apply for renewal of my registration/ I want to apply for a new registration.
3. That I/we have taken all the required fire prevention and safety measures in my hospital/clinical establishment and maintained them in best repair and efficient working condition at all times for use by the occupants or the members of fire service or both in the event of outbreak of fire.
4. That I have provided all fire prevention/ safety measures as prescribed in the National Building Code of India, 2005 including the following, namely:  
"Minimum 2 (two) numbers of 4.5 (four and half) Kg capacity each of CO<sub>2</sub> (carbon dioxide) extinguisher for every 1000 (one thousand) square feet floor area or part thereof, so located as to be easily available within a radius of 30 (thirty) feet."
5. That I/we have affixed this declaration at all prominent places in the building.
6. That I have submitted a copy of this affidavit to the Officer In-charge of Fire Station at .....(address of Fire Station ) on Dt. ....

**Signature**