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**PART II - MISCELLANEOUS NOTIFICATIONS OF INTEREST TO THE PUBLIC**

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**NOTIFICATIONS BY HEADS OF DEPARTMENTS Etc.,**

**DIRECTOR GENERAL**  
**DISASTER RESPONSE AND FIRE SERVICES DEPARTMENT**  
**ANDHRA PRADESH**

**Lr.C.No.28 / DGFS / Camp / 2022.**

**Date : 09-06-2022.**

**NOTIFICATION FOR HOSPITALS IN ANDHRA PRADESH**

## NOTIFICATION FOR HOSPITALS

### 1) Legal power governing the issue of “No Objection Certificate” to Hospitals:

*According to Section 13 (2) of Andhra Pradesh Fire Service Act, 1999. The Director General or any member of the service duly authorized by him in this behalf, shall **within sixty days** of receipt of such application, on being **satisfied** about the provision of fire prevention and safety measures as stipulated in the [National Building Code of India, as amended from time to time] or any other law for the time being in force regulating such purpose or activity, shall issue **No Objection Certificate** with such conditions as may be considered necessary and if not so satisfied, reject the same for reasons to be recorded in writing.*

### 2) The purpose is :

**First**, to define principles, standards and minimum requirements that will **satisfy** to meet the fire safety in Hospital buildings up to 10 floors for issuing “No Objection Certificate” as envisaged in Sec 13(2) of Andhra Pradesh Fire Services Act, 1999.

**Second**, to ensure compliance by notifying authorities competent to inspect, test and certify the functioning of fire safety equipment and other safety measures such as exits etc.

**Third**, to lay down procedures for time bound disposal of applications for “No Objection Certificate” (NOC) **within sixty days** of its submission as prescribed in the Act, 1999. Following the doctrine of legitimate expectations, specifying the conditions for deemed approval in case of Renewal of “No Objection Certificate” applications.

And **finally**, to remove ambiguities and to notify Clinics/ non-bedded Hospitals which don't require “No Objection Certificate” to bring transparency in the process.

### 3) **The principles governing the Fire Safety Norms:**

An extract from the Foreword to Part 4 of the National Building Code.

*“Absolute safety from fire is not attainable in practice. The objective of this part is to specify measures that will provide the degree of safety from fire which can be reasonably achieved. **The Code endeavors to avoid requirements that might involve unreasonable hardship or unnecessary inconvenience or interference with normal use and occupancy of buildings** but insists upon compliance with minimum standards of fire safety necessary for building occupants and users”.*

Analyzing the “Root Causes” of Fire accidents in Hospitals to prescribe reasonable **Fire Safety Measures to prevent the Fire accidents from happening in the first place, to save lives and to minimize damage to property.**

The Endeavour is to deploy modern technologies that are **resilient, maintenance free, easy to operate in case of emergency and don’t get rusted in the largely Coastal Environment** of the State.

The governing principle is to have large margin of Safety or failure proof deployment of Fire Fighting Equipment in “Decentralized Way” so that any individual Equipment failure will not affect the Fire Fighting capabilities as there are many similar Equipments in any building. Even the Fire Fighting Equipments of neighborhood buildings can also be used for fighting fire as all these pumps are designed to be “mobile” and can operate either on “Electric” or “Fuel motors” besides being versatile in drawing water from any source such as Sumps, Overhead tanks, any municipal water tanks, or any tap in the building or any well or drum.

Therefore, **the above versatility and mobility of the pumps deployed in buildings will multiply the margin of safety manifold unlike the case of immobile Centralized Pumping System.**

The above is just a layman expression of a well known mathematical proof that any Centralized Complex System with many interdependent components however reliable, is “fragile” compared to Decentralized System having independent components of similar reliability.

In any particular hospital the incidents of fire accidents are very rare events (very low probability events) as per the last 25 years recorded fire accidents in the State. Given human tendency to attend to immediate requirements and neglect rare occurrences (which is the principal reason why centralized dedicated fire equipment often doesn't work in case of emergency), we need to incorporate machines that are **maintenance free** and **multipurpose** that can be used for daily purposes such as ensuring hygiene/sanitation so that functioning and familiarity with the use of equipment are automatically ensured. ***This feature further enhances margin of Safety.***

Moreover, the building design Engineers to have flexibility in deploying any advanced technology pumps of different ratings depending on the Fire load expected.

***Above all, highest priority is accorded to Passive Safety measures such as ensuring two exits, not co-locating with highly inflammable shops having cloths, chemical or explosives and following Electrical Safety Checklist and Oxygen Cylinder Safety.***

Finally, minimization of Energy use (Sustainability) and Cost Effectiveness are to be observed. Let us be comforted with the fact that “no hospital is an island” in itself to handle any fire outbreak but thankfully, there are professional fire fighters spread across the State in 180 Fire Stations available “on duty” 24 x 7 and 365 days.

Please refer Andhra Pradesh Government Gazette No. W.No.02, Dated.18-01-2022 authorizing the Decentralized System; Aerosol, CO<sub>2</sub>, Neutral Gas and N<sub>2</sub> Flooding Systems.

**4) Root-Causes of Fire in Hospitals?**

a) In our analysis of major fire accidents in Hospitals across India, the Root cause of fire is **Electrical Short Circuit in 90% of cases.**

b) In some cases, it is **Oxygen Cylinder** Explosion and other causes.

**5) Safety measures mandated to prevent Electrical Origin Fires:**

<b>Electrical Safety Checklist</b>		
<b>What safety measures are mandated to reasonably mitigate Electrical Short Circuits ?</b>		<b>Compliance</b>
(i)	All Electrical wirings in the building shall confirm the code of practise for Electrical wiring IS:732:1989 and also shall confirm for Fire Safety Wiring of the building Electrical Installations as per IS:1646:2015. Most common mistake is that the neutral wires to the three pin plugs are not of sufficient thickness to carry the current in case of any short circuits.	
(ii)	Installation of Miniature Circuit Breakers (MCB s) in all floors and to protect high power intensive equipment such as MRI, CATH labs etc.	
(iii)	No Overloading or every bed to have a power socket in Intensive Care Units.	
(iv)	Electrical wiring to be changed every ten years, wherever high power consuming appliances such as Air conditioners, MRI Machines, ICU's, Scanners, X-ray units etc.	
(v)	LED lights in Closed Rooms , Corridors , Staircases connected to inverter (Battery) to ensure well light pathways for Exit or Evacuation inspite of regular power failure in any Emergency.	
(vi)	Grounding/Earthing Shall be done. For details refer IS 3043:1987.	
(vii)	For above 500 bed capacity buildings, it is required to install non pressurized Aerosol suppression system (or) CO <sub>2</sub> flooding system in Electrical Panel Rooms.	

(viii)	Lightening conductors may be provided for high rise buildings exceeding 5 floors.	
(ix)	All the above safety measures shall be Certified by the authorized Electrical Engineer.	
(x)	<b><i>No “Conditional NOC” or “Renewal NOC” shall be issued without satisfying Electrical Safety Checklist including item 5(iv) above under any circumstances as this will compromise basic safety of patients.</i></b>	

**6) Checklist for Storage and Handling of Oxygen Cylinders:**

<b>What safety measures are mandated for Storage and Handling of Oxygen Cylinder ?</b>		<b>Compliance</b>
(i)	Appliances containing an open flame (heaters, fireplaces etc) must not be used in any room containing Medical Oxygen.	
(ii)	Never permit any form of lubricant (oil, grease, baby oil, lubricating gel etc.) to come into contact with oxygen fittings or hoses.	
(iii)	Ensure that compressed Medical Oxygen (Gas) cylinders are not placed near any heat sources.	
(iv)	Smoking shall not be permitted in any room containing Medical Oxygen.	
(v)	The above to be certified by an authorized Civil Engineer.	
(vi)	<b><i>No “Conditional NOC” or “Renewal NOC” shall be issued without satisfying clause (6) under any circumstances as this will compromise basic safety.</i></b>	

**7) Fire Safety Equipment to be installed for immediate response to fire breakout observing the principles stated below:**

<b>CHECKLIST FOR FIRE &amp; LIFE SAFETY IN HOSPITAL BUILDINGS</b>			
<b>S. No</b>	<b>Details of Parameter</b>	<b>Fire Safety Measure</b>	<b>Compliance</b>
1.	<b>Fire Fighting Equipment</b>	<p><b>a) 01 No. of Fire Extinguisher of ABC/CO2 type for every 100 Sq. Meters Area:</b></p> <p>As most fires are of Electrical origin, the above Fire Extinguishers which are handy, easy to use and very effective against small fires are mandated to be provided in all parts of Hospitals within accessible distance on all floors.</p>	
2.	<b>Fire Fighting Equipment</b>	<p><b>b) Manually Operated Fire Alarm system:</b></p> <p>There is a need for an alarm system so that if there is a fire breakout in any part of a Hospital, all the staff should be immediately alerted so that they can take appropriate actions as practiced in Mock Drills. As Hospitals function 24x7, we have mandated manual alarm systems to reduce false alarms in Indian conditions. However, reliable automated alarm systems can also be employed at the option of managements.</p>	
3.	<b>Fire Fighting Equipment</b>	<p><b>c) Total Minimum water Storage: 5000 Litres (Over head tank + Ground sump).</b></p> <p>There is a need for adequate water storage to fight fires using installed fire fighting Equipment. Building Architects are required to provide assured water storage that lasts for at least an hour when all the installed fire fighting Equipment is fully operational.</p> <p>We have indicated minimum assured storage of 5,000 liters (over head tank + Ground Sump) for each building/block in Hospitals. However, the architects are advised to make additional storage available using their judgment about water availability in the area and fire load expected in the buildings. In big campuses, where there are many buildings/blocks, architect can optimize the total storage as water can be shared between neighborhood blocks and normally fire doesn't happen in more than one block at a time.</p>	

	<p style="text-align: center;"><b>Fire Fighting Equipment</b></p>	<p><b>d) Up to 05 Floors height of buildings :</b></p> <p>(i) 02 HP (Plunger Pump+ Electrical Motors connected to main Generator or Fuel Motor @ one per floor) connected to normal plumbing system instead of down comer or wet riser.</p> <p>(ii) And for 100 bed Hospitals additionally, one 5 Hp (Plunger Pump + Petrol Engine) on wheels at ground floor sump.</p> <p>We prescribed <b>2HP plunger pumps</b> as they can <b>generate upto 40 Kg/Cm<sup>2</sup> water pressure where as NBC recommends only 4Kg/Cm<sup>2</sup> water pressure</b> if their suction pipe is connected to any water source such as sump, overhead tank, any water tank or even dropped in a water drum. These pumps can generate "mist" which is highly effective in controlling fires. These pumps work on either Electrical Motors or Fuel Motors. They are light weight and can be fitted with Wheels to make them "mobile". We advise the builders to provide water tapping points at two places on each floor preferably close to each Staircase.</p> <p>We need these pumps to function even in case of power failure. Hence, we advise that in case of using Electrical Motor driven pumps, let them be connected to main generator. Also, use some fuel Motor driven pumps for better reliability.</p> <p>However, the Architects are advised to use higher capacity pumps ( upto 16 HP Plunger Pumps or Fire Engine Pumps that are available in the market with ISI markings) depending on the expected fireload in each floor and if the floor area exceeds 10,000 Square feet. They may have new plumbing system if required to support high capacity pumps. In addition, the Architects are encouraged to use any new technology systems that can reliably generate water pressure of 10 Kg/Cm<sup>2</sup> as and when fire breaks out.</p> <p>Also, in case of less than 5 floors buildings with more than 100 beds, we prescribed an additional 5 Hp pump as this can generate upto 60 Kg/Cm<sup>2</sup> water pressure which can reach even top floor from ground Sump. This is an additional reliability measure to ensure safety in such a big Hospital.</p>	
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	<b>Fire Fighting Equipment</b>	<p>We prescribed about 30 meters delivery plastic pipe connected to all the above pumps so that all floors in a building can covered with multiple pumps as 30 meters delivery pipe can be carried through Staircase to all floors even from ground floors without moving the pumps. This improves resiliency or margin of safety of the installed Fire Safety Equipment.</p> <p><b>e) If any building higher than 05 Floors and upto 10 floors :</b></p> <p><b>(i)</b> 02 HP (Pump + Electrical Motors connected to main Generator or Fuel Motor) @ one per floor connected to normal plumbing system instead of down comer or wet-riser.</p> <p><b>(ii)</b> 16 HP (Pump + Petrol Engine) on wheels at Ground floor sump.</p> <p><b>(iii)</b> 02 Nos. of Trolley Mounted ABC 150 Kg Fire Extinguishers to be provided.</p> <p>In addition to what has been mandated in small Hospitals, we have enhanced Electrical fire fighting ability by prescribing 150 Kg trolley mounted ABC powder Cylinders. There are mobile, maintenance free and are effective against Electrical fires besides being cost effective. They may be kept at floors having Electrical intensive Equipment.</p> <p>Finally, 16 HP Plunger Pumps are suggested for High Rise buildings at ground Sump as they can generate up to 120 Kg/Cm<sup>2</sup> water pressure and the water jet can cover upto 10 floors height of the building easily. These pumps are also effective in generating mist and are easy to operate. However, Architects can install any advanced technology that can be similarly effective in High Rise buildings keeping in view of the above principles.</p>	
4.	<b>Fire Fighting Equipment</b>	<p>If underground parking is provided then temperature sensors connected to hooter and also that can give alerts via cell phone to security persons and Management is prescribed. As Hospitals function 24x7, this system can reliably alert the required security staff and others, to act as per Standard Operating procedure in case of Fire outbreaks.</p>	

		However, management may choose to install reliable automatic fire alarm systems and automatic sprinkler system (The Sprinklers shall be connected to CPVC pipe as per clause 11.8.2 of 15:15105:2021 and pipeline connected to overhead tank) in basement, but not compulsory.	
5.	<b>Fire Fighting Equipment</b>	<p><b>Yard Hydrant :</b></p> <p>The guiding principle, in case of 500 bed or more hospital with large extent of land, is to have many water points at various places so that the various plunger pumps and fire engine pumps can draw water to fight large fires. This can be accomplished by having water sumps at many places or with underground CPVC pipeline (called Yard Hydrant) connected to water source fitted with water tapping points wherever fire load is high. In case Yard Hydrant is chosen, its design details are in IS 16088, IS 16534 and water in the pipeline need not be under pressure as the pumps prescribed generate required pressure.</p>	
6.	<b>Fire Fighting Equipment</b>	<p><b>Kitchens Safety:</b></p> <ol style="list-style-type: none"> <li>1) One 5HP Plunger Pump, Fire Extinguishers, Gas Detection and Alarm System shall be installed and be kept in good working condition.</li> <li>2) The Kitchen shall be separated from other parts of the same building by 60 minutes fire rated wall and 60 minutes fire resistance doors.</li> </ol>	
7.	<b>Mixed Occupancies</b>	<p>It is strictly not permitted to have hospitals in buildings having shops of highly inflammable substances such as cloths/garments/textiles/gases/dangerous explosive chemicals etc.. in the adjoining/above/below the hospital facilities. This is to prevent fire accidents happening in those shops not to have serious adverse impact on patient safety.</p> <p><b>No "Conditional NOC" or "Renewal NOC" shall be issued in the above cases of Mixed Occupancy under any circumstances as this will compromise basic safety of patients.</b></p>	

		While observing the above, "No Objection Certificate" be issued to any hospital in mixed occupancy building taking into account fulfillment of above prescribed requirements including two exists without insisting on the whole building to have "No Objection Certificate" to avoid practical problems arising out of multiple owners.	
8.		<b>Display the Following No's at important places</b> (i) Fire Department Number (101). (ii) Ambulance (108). (iii) Police (100).	
9.	<b><i>The above to be certified by an authorized Civil Engineer.</i></b>		

### 8) Means of Escape:

Providing suitable means of Escape to evacuate patients in case of fire outbreak is essential to save lives of people. In many prominent fire accidents such as Kumbakonam school fire, Surat Coaching Center fire, many students lost their lives due to absence of second staircase for escaping as the only staircase engulfed in fire. Therefore, the guiding principle is to provide at least two good ways of Exit or Evacuation in all Hospital buildings. The building architects to provide for appropriate means of escape depending on the number of patients on each floor Choosing among the following options:

- (i) One Staircase and a ramp widely separated from each other.
- (ii) Two Staircases widely separated from each other.
- (iii) One Staircase and fenced pathway to adjacent buildings on all floors suitable for Evacuation of patients.
- (iv) One Staircase and a tube lift (transparent fire proof lift fitted outside the building) with an Exhaust fan on top (to remove smoke from the lift if any) powered by main generator.

As this kind of passive preventive measure is very effective in saving lives, no exemption shall be given for providing two good ways of exit. ***No "Conditional NOC" be issued pending provision of two ways of exit under any circumstances as this will jeopardize basic essential patient safety.***

**9) Mock Drills:**

- a) Every Year mock drills to be conducted and all the staff and Management should sign a document certifying the following and keep in record.

We observe that it is the staff, patients and their attenders who lose lives in case of any major fire accident in Hospitals. Very rarely owners of buildings are affected. Therefore, ***we intend to put power in the hands of most affected people*** by mandating that the signatures of all participants in Mock Drill to be taken in the register for inspection. These "Mock drills" familiarize all concerned people about the status of safety in their workplace. Though, Mock drill is prescribed at least once a year, we urge the managements to have them frequently in the interest of safety, particularly during summer months.

**Proforma enclosed:**

S.No.	Name of the Employee	Remarks/ Observations	Signature
1.			
2.			
3.			

Certifying that all Pumps and other fire fighting equipment are in working condition and the Fire Extinguishers are not outdated.

- b) That all staff know Exits and Assembly points and what to do in Emergency.
- c) The Mock drill records to be submitted during any inspection.
- d) Endeavour to be made to use the various pumps on daily basis for up keep of buildings and campus, so that, people can readily deploy them during fire emergencies which normally induce panic. Also, regular use will keep all the equipment in good working condition.

**10) Inspections & Fire Safety Audit:**

There are about 180 fire stations in the State. The Station Fire Officer (SFO) has to be available to respond to Emergency “fire and rescue” calls 365 days and 24x7. In addition, there are about 7,500 Hospitals, 40,000 Schools/Colleges besides many industrial and business Establishments where fire safety inspections for different purposes have to be carried out. It is administratively not practical to get all inspections done through the Fire department officials.

Moreover, many SFO’s have just intermediate qualification and hence SFO’s with such qualifications are “not competent” to inspect technical aspects of Electrical Safety or fire Safety Equipment.

Therefore, the following technically competent people employed with State Government (so that they can be made accountable for accuracy of their reports) are authorized in accordance with powers conferred on Director General for inspection purposes.

- a) All Electrical Engineers Employed with State Government or its undertakings or any State University are authorized to inspect and issue certificate for Electrical Safety after satisfying about the compliance with “Electrical Safety Checklist” (Clause 5).
- b) All Civil Engineers Employed with State Government or its undertakings or any State University are authorized to inspect and issue Certificate of compliance with proper working of installed Fire safety Equipment, plumbing, water availability and suitable Exits as prescribed in (Clauses 6 and 7).
- c) For conducting “**General Fire Safety Audits**” from time to time, as per guidelines prescribed in this notification, the District Collector or District Medical & Health Officer are authorized to constitute teams of Electrical Engineers and Civil Engineers.
- d) Is there any inspection required for issuing Provisional “No Objection Certificate”?  
No inspection necessary as per G.O Ms. 120, Home (Prisons & Fire) Department, Dated. 25-10-2021.
- e) Who can carryout inspection for issuing Occupancy “No Objection Certificate”?

The application for Occupancy “No Objection Certificate” should have Fire Audit Certificates of Electrical Engineer and Civil Engineer as authorized in 10(a) & 10(b).

If further inspection is necessary, the Director General of Fire Services can nominate “Non Jurisdictional” Fire Officer of Station Fire Officer & above rank to carryout inspection as per G.O Ms.120, Home (Prisons & Fire) Department, Dated: 25.10.2021. The guiding principle is to do away with monopoly of jurisdictional officers in conducting all inspections to improve transparency.

f) Can Jurisdictional Officers carryout Inspections?

The Government has issued G.O Ms. 90, Home (Prisons & Fire) Department Dt. 13-08-2021, authorizing to conduct joint inspections along with Health department Officials.

**11) Delegation of powers and Deemed Approval for Renewal of “No Objection Certificate”:**

Not only that there are about 7,500 Hospitals and 40,000 Schools etc... but the list of such establishments will be growing as the State develops. Hence, the renewal applications will be cumulatively growing leading to huge administrative burden given that there are only about 100 total fire personnel per district (including all ranks and just 5 to 10 officers above SFO rank). They need to be on operational duty 24x7 and 365 days. Hence, the necessity of delegation of powers.

**(a) Delegation of Powers:**

Applications for renewal of “No Objection Certificate” can be submitted to District Medical & Health Officer or Municipal Commissioners having jurisdiction. Both are equally competent to renew “No Objection Certificate”.

The above officers are here by authorized in accordance with powers conferred on Director General in Sec 13(2) A.P. Fire Services Act, 1999, to renew “No Objection Certificate” after ensuring Fire Audit Certificates of authorized Electrical Engineer and Civil Engineer besides payment of prescribed fee through challan.

The renewal applications shall accompany with affidavit signed by management declaring that all the above said Prudential Safety norms are complied with. All such renewals orders shall be copy marked to District Chief Fire Officer and Director General for proper record.

The applications for renewal can continue to be submitted directly to Director General's Office. This will do away with monopoly powers of any particular office, thereby improving transparency.

**(b) Deemed Approval:**

As mandated under Sec 13(2) A.P. Fire Services Act, 1999, the Director General or any officer authorized by him shall issue "No Objection Certificate" within 60 days of the date of complete application. The date of Challan payment is to be treated as date of application for this purpose following the date of said Fire Audit Certificates. If not issued, the Renewal of "No Objection Certificate" is deemed to have been issued, following the doctrine of legitimate expectations as all criteria have been met.

Therefore, the above delegation of powers go a long way in "Ease of doing business" in the State while improving administrative convenience and transparency without compromising Safety.

**12) Ambiguities Removal:**

- a) About Set backs & Open spaces and measurement of height of buildings.

See Andhra Pradesh Government Gazette W.No.16 dated: 21-04-2022 regarding the above two issues.

- b) Is it necessary to submit drawings of buildings to apply for "No Objection Certificate"?

There is no requirement to submit detailed plans & drawings of buildings. This will avoid unnecessary issue of safety of such sensitive documents specially if submitted online. Such detailed maps may fall into hands of cross border terrorists etc. Therefore, this requirement is dispensed with.

- c) Can fire Department Officials insist on any particular agency to install Fire Safety Equipment?

No, the management have full discretion as to the agencies, manufacturers as long as the equipment installed is either of ISI standards or any International Standards or Industry Recognized Standards.

- d) Are the above prescribed Prudential Fire Safety measures confirm to National building Code (NBC), 2016?

Yes.

NBC, 2016 has no statutory basis and is a set of guidelines to be followed. Moreover, NBC 2016 guidelines provides for authorization of new technologies, methods to remove any hardships or practical difficulties to Director General, Fire Services (clause-5.1, part-II and clause-3.4.2 of part-IV of NBC, 2016).

Carefully conducting root cause analysis of major fire accidents of last 15 years in the State and understanding the hardships and practical difficulties in deploying Conventional Centralised Plumbing System (Part-IV, Table 7 of NBC 2016), the Director General has authorized the following technologies and methods after due testing:

- (a) Decentralised Fire Safety System using Plunger Pumps, Fire Engine Pumps etc.
- (b) Aerosol Automatic Extinguishing devices.
- (c) Dry Chemical Powder Modular System.
- (d) CO<sub>2</sub> flooding system.
- (e) N<sub>2</sub> flooding system.
- (f) Clean agent flooding system.
- (g) Installation of automatic heat and temperature sensing devices.

For more details please refer to Andhra Pradesh Government Gazette Notification dated: 18.01.2022.

Therefore, the technologies and methods as notified above are authorized extension of NBC, 2016 in Andhra Pradesh State.



Part-IV, Table 7 of NBC 2016, doesn't mention about either Electrical Safety or Oxygen Cylinder Safety measures. However, in our root cause analysis of major fire accidents in the country, we found 90% of accidents are due to Electrical Short Circuits and some are due to Oxygen Cylinder Explosion in hospitals.

Hence, the Director General exercising powers conferred in Sec13(2) of Andhra Pradesh Fire Services Act, 1999 has mandated observance of Electrical safety Checklist and Oxygen Safety in the hospitals across the State.

**13) Who doesn't need "No Objection Certificate" given their inherent nature of activities?**

Non bedded facilities such as Clinics, Polyclinics, Day care centers, Dental Hospitals/consultancy rooms etc., irrespective of floor area/built up area/plot area, provided they are in buildings less than 15 meters height, which do not otherwise require any "No Objection Certificate" as per the law, are hereby exempted from obtaining "No Objection Certificate".

In the last 25 years, there are no recorded fire accidents in the above category of non-bedded facilities in the State. Hence, the above exemption is justifiable on the grounds of easing administrative burden and increasing Citizen Convenience.

However, all such non-bedded facilities shall observe "Electrical Safety Checklist" of clause 5, install adequate number of fire extinguishers as per clause 7(a) and conduct mock drills as per clause 9. They have to show "Electrical Safety Audit" certified by any authorized Electrical Engineer and "Mock Drill" register as prescribed in clause 9 to any authorized inspection authority under the law. In essence, they are not exempted from observing basic safety measures.

**14) Alignment of Interests:**

In case of fire accident, the hospital Owners/management suffer not only property damage but also irreparable loss of reputation especially if any patient's life is lost. In many doctor

managed hospitals (in fact, they are majority in the State), the doctor stays on the top floor of the hospital with his family. Obviously, the hospital managements/owner's interest in ensuring "Fire Safety" is in alignment with fire department objectives, provided the mandated requirements are pragmatic.

In arriving at above pragmatic requirements, we have consulted all stakeholders, analyzed major hospital fire accidents across the country, capitalized on the accumulated experience of fire fighting personnel of all ranks in the department, took advantage of modern technologies, methods and tested in presence of following experts.

Sl. No.	Name	Name of the University	Qualification
1.	Prof. K.N. Satyanarayana	IIT, Tirupati	PhD Civil Engineering
2.	Sri. P.C. Ramesh Kumar	R & B Chief Engineer	M.Tech, LLB
3.	Prof. S. Srinivasa Prasad	V.R. Siddartha Engineering College	PhD Mechanical Engineering
4.	Prof. Manas Kumar Pal	VIT – Andhra Pradesh Campus	PhD Mechanical Engineering
5.	Prof. Tarkeshwar Mahto	SRM University	PhD Electrical and Electronics Engineering
6.	Sri. D. Seshi Reddy	KL University	M Tech, EEE
7.	Dr. Majeeda	Specialist Officer Andhra Pradesh Vaidya Vidhan Parishad	MBBS Civil surgeon (Anaesthetist)
8.	Dr. Vinod Kumar.V (IAS-2015)	Commissioner Andhra Pradesh Vaidya Vidhan Parishad	MBBS

The experts and all stakeholders are satisfied with the prescriptions of this notification as adequate to stop/control fires in the incipient stages given that the professional fire fighters located in about 180 fire stations across the State are ever ready to step in, within minutes, working 24 x 7 and 365 days.

In designing, testing, evaluating and in creatively finding solutions, the invaluable contributions of Sri S. Vara Prasad, Driver Operator, Vizianagaram, Sri J. Ramanaiah, District Chief Fire Officer, Tirupati District, Sri B. Srinivasa Rao, District Chief Fire Officer, West Godavari District and many others are hereby acknowledged and commended.

The above minimum requirements for issue of “No Objection Certificate” are hereby notified to avoid compelling owners to install escalating ladder of equipments and to ensure transparency.

Any violation of the above minimum safety provisions will attract prosecution not only under relevant provisions of A.P. Fire Services Act, 1999 but also under appropriate provisions of Indian Penal Code, particularly if the Passive Safety Measures are willfully disregarded as this will compromise basic patient safety.

In addition, Courts and Tribunals observe whether management has followed the said prudential Safety Measures prescribed by Professional Fire Service, while awarding compensation to the victims of fire accidents in hospitals.

Therefore, the above notification is hereby issued in larger “Public Interest”.

**PRATAP MADIREDDY,**  
*Director General,*  
*State Disaster Response & Fire Services,*  
*A.P., Vijayawada.*

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