



U.S. Department of Justice
Federal Bureau of Prisons

PROGRAM STATEMENT

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National Fire Protection Policy

/s/

Approved: Colette S. Peters
Director, Federal Bureau of Prisons

1. PURPOSE AND SCOPE

The updated policy updates the requirements in the National Fire Protection Policy issued June 1, 2017 and the accompanying Change Notice dated November 9, 2017. The need for a new policy was prompted by a restructuring of the Occupational Safety and Health Branch. The purpose of this policy is to:

- Establish requirements that minimize the effects of fire and combustion products on building occupants.
- Provide an environment that protects building occupants not directly exposed to the initial fire development.
- Improve the survivability of building occupants directly exposed to a developing fire.
- Protect life and property while maintaining an appropriate level of security.
- Provide oversight for the BOP fire protection program.
- Establish fire-related training requirements.
- Ensure compliance with the current National Fire Protection Association (NFPA) National Fire Codes (NFC), Occupational Safety and Health Administration (OSHA), and American Correctional Association (ACA) Fire Protection Standards.

The scope of this policy is limited to fire protection requirements dealing with:

- Life safety.
- Institution security.
- Fire prevention.
- Continuity of Operations.
- Property conservation.

- Response to fires and similar emergencies.

This policy applies to:

- BOP-owned or -operated detention and correctional facilities.
- UNICOR operations at BOP detention and correctional facilities.

a. **Summary of Changes**

Policy Rescinded

1600.13 National Fire Protection Policy (06/01/2017) and the accompanying Change Notice (11/09/2017).

The need for a new policy was prompted by a restructuring of the Occupational Safety and Health Branch.

b. **Program Objectives.** The objectives of this policy are:

- Fire incidents will be managed to minimize the threat to life and property.
- Fire hazards, reported by building occupants, will be evaluated and corrected when appropriate.
- Fire losses will be reduced through the development of:
 - Fire prevention programs.
 - Fire control strategies.
 - Evacuation plans.
 - Inspection, testing, and maintenance programs for fire protection/suppression systems.
 - Fire investigation programs.
 - Personal Protective Equipment training for staff involved in fire response.
 - Fire safety inspection programs.

c. **Institution Supplement.** None required. Should local facilities make any changes outside the required changes in the national policy or establish any additional local procedures to implement national policy, the local union may invoke to negotiate procedures or appropriate arrangements.

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ACRONYMS AND ABBREVIATIONS

ACA	American Correctional Association
AD	Assistant Director
AHJ	Authority Having Jurisdiction
ANSI	American National Standards Institute
ASTM	American Society for Testing and Materials
BOP	Federal Bureau of Prisons
CEO	Chief Executive Officer
CFR	Code of Federal Regulations
COSH	Chief, Occupational Safety and Health
DOT	U.S. Department of Transportation
FEMA	Federal Emergency Management Agency
FMEC	Factory Mutual Engineering Corporation
ICS	Incident Command System
IDO	Institution Duty Officer
NFC	National Fire Codes
NFPA	National Fire Protection Association
NIMS	National Incident Management System
NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
PPE	Personal Protective Equipment
RD	Regional Director
RSA	Regional Safety Administrator
SA	Safety Administrator
SCBA	Self Contained Breathing Apparatus
SHU	Special Housing Units
UL	Underwriters' Laboratories

1. WRITTEN PLANS AND PROGRAMS

a. **Fire Plan.** Each institution must develop a site-specific Fire Plan, which addresses:

- Control of ignition sources.
- Control of combustible and flammable fuels.
- Occupant protection from fire and smoke.
- Inspection, testing, and maintenance of fire protection equipment, in accordance with the National Fire Codes (NFC).
- Weekly and monthly fire protection and life safety inspections.
- Proper placement of fire protection equipment throughout the institution.
- Evacuation diagrams and exit signs, including directional signs for traffic flow.
- Fire watch procedures.

The Fire Plan must also address the following response issues for fires and similar emergencies:

- Procedures for reporting emergencies.
- Chain of command for fire and emergency response.
- Emergency response procedures.
- Fire department notification procedures.
- Evacuation, relocation, and shelter-in-place procedures.
- Fire suppression procedures.
- Fire department entry/escort procedures.
- Use of elevators.
- Fire drills.

b. **Fire Plan (Certification).** The site-specific Fire Plan must be reviewed and certified for compliance with BOP policy and the NFC by the RSA, SA from a different institution, or a member of the Central Office Occupational Safety and Health Branch:

- At the time of initial plan development.
- Annually.
- After any/all revisions.

c. **Fire Plan (Transmittal).** A copy of the site-specific Fire Plan (and any/all future revisions) must be provided to the local fire department. A copy of the transmittal memo, letter, or e-mail to the fire department must be kept on file in the Occupational Safety and Health Department.

d. **Fire Plan (Institution Staff Review).** A copy of the current site-specific Fire Plan must be available in the Control Center at all times. All staff must review the Fire Plan annually as part

of the contingency plan review. Documentation that the annual Fire Plan was reviewed by all staff must be maintained by the Correctional Supervisor.

2. FIRE PROTECTION DUTIES

a. **Assistant Director.** The Assistant Director (AD), Health Services Division (HSD), is designated as the Authority Having Jurisdiction (AHJ) and the Building Official for the Bureau of Prisons. They enforce:

- Federal Bureau of Prisons National Fire Protection Policy.
- National Fire Codes (NFC).
- International Building Code or the Building Construction and Safety Code (NFPA 5000).

b. **Chief, Occupational Safety and Health Branch.** The Chief, Occupational Safety and Health Branch (COSH), reports to the AD of HSD, on issues relating to fire protection. They:

- Oversee the management of the Bureau's fire protection program.
- Supervise the Chief of Fire Protection.
- Provide technical direction to Regional Safety Administrators (RSA).
- Provide direction and guidance on fire protection issues that cannot be resolved at the institution or regional level.
- Interpret the Federal Bureau of Prisons National Fire Protection Policy and the NFC.
- Serve as a technical resource for:
 - Responses involving fires and similar emergencies.
 - Fire protection programs.
 - Fire prevention initiatives.

c. **Chief of Fire Protection.** The Chief of Fire Protection reports to the COSH on issues relating to fire protection. They:

- Oversee the daily operation of the Bureau's fire protection program.
- Develop and update the National Fire Protection Policy to reflect current best practices and regulatory requirements.
- Interpret the National Fire Protection Policy and NFC.
- Ensure compliance with codes, standards, regulations, and policy relating to fire protection.
- Provide guidance on inspection, testing, and maintenance of fire alarm, detection, suppression, and water supply systems.
- Conduct fire hazard assessments.
- Review fire prevention programs.
- Develop fire response programs.

- Develop SCBA training initiatives.
- Conduct staff fire response training.
- Serve as a technical resource in the areas of:
 - Responses involving fires and similar emergencies.
 - Fire protection programs.
 - Fire prevention initiatives.
- Provide guidance and technical assistance to Central Office, Regional, and Institution staff to help resolve fire protection issues.

d. **Regional Safety Administrator.** The Regional Safety Administrator (RSA), reports to the Regional Director (RD) and COSH on issues relating to fire protection as they occur in a timely manner. They:

- In conjunction with the Occupational Safety and Health Branch, provides direction and technical assistance to help resolve fire protection issues that cannot be resolved at the institution level.
- Conduct technical assistance visits.
- Monitor the effectiveness and uniformity of regional fire protection programs.
- Monitor reports and fire protection data generated by institution personnel.
- Monitor fire reports to identify:
 - Fire trends.
 - Fire response effectiveness.
 - Fire protection training needs.
 - Injury causation.
- Monitor program review findings relating to fire protection issues.
- Identify and implements corrective actions to address program review findings.
- Review and certifies institution Fire Plans.
- Assist institutions in implementing SCBA fit test and training programs.
- Serve as the Regional technical resource for emergency response procedures involving fires and similar emergencies.
- Provide quarterly written report to the COSH and Chief of Fire Protection on:
 - Fire incidents.
 - Regional fire protection initiatives.
 - Status of corrective actions on fire-related program review findings.
 - SCBA training initiatives.
 - Number of SCBA qualified staff at each institution.

e. **Safety Administrators.** The Safety Administrator (SA) reports to the institution Chief Executive Officer (CEO), Regional Safety Administrator, and Chief of Fire Protection on issues relating to fire protection. They work at the department head level with other institution

managers to achieve fire protection goals. When policy and regulations are not specific, they must exercise professional judgment to maintain a reasonable level of fire protection at the institution. They serve as the institution's technical resource for emergency response procedures involving fires and similar emergencies.

f. **Other Safety Personnel.** Other Occupational Safety and Health Department staff report to the SA and assist in the implementation of the institution's fire protection program.

g. **Safety Alternates.** If the institution SA is the only full-time Occupational Safety and Health Department staff, the CEO must appoint at least one safety alternate to provide department coverage during the SA's absence.

The CEO at an institution with two or more full-time Occupational Safety and Health Department staff is highly encouraged to appoint one or more safety alternates.

h. **Chief Executive Officers.** The Chief Executive Officer (CEO) must:

- Provide material support to institution fire protection program initiatives.
- The CEO reports to the Regional Director on fire related issues as they occur in a timely manner.
- Monitor the effectiveness of the institution fire protection program.
- Ensure adequate Occupational Safety and Health Department staffing to administer the institution fire protection program.
- Ensure an adequate fire response capability on all shifts.
- Ensure compliance with this policy and applicable fire protection regulations/standards.
- Ensure periodic fire inspections by Occupational Safety and Health Department staff.
- Ensure prompt abatement of improperly controlled fire hazards.
- Ensure accurate recordkeeping for fire protection inspections, testing, and maintenance.
- Ensure employees are not subject to restraint, interference, coercion, discrimination, or reprisal for exercising their rights under, or participating in, the Bureau's Fire Protection Program.
- Ensure all staff are adequately trained in:
 - Fire Plan.
 - Emergency response to fires.
 - Fire hazard recognition/abatement.

i. **Supervisors.** All supervisors must:

- Ensure fire protection procedures are followed.
- Ensure building occupants are trained in fire protection procedures.

- Familiarize themselves with fire hazards associated with their work area.
- Provide written reports on all fires to the Occupational Safety and Health Department within 24 hours of the incidents.

j. **Employees.** Employees must:

- Perform their duties in the safest possible manner.
- Comply with this policy.
- Immediately report all fires or similar emergencies to the Control Center.
- Respond to fire emergencies in accordance with the institution Fire Plan.

3. **FIRE PROTECTION TRAINING REQUIREMENTS**

Note. All required training and reviews will be conducted on duty time.

a. **SA.** SAs must complete the following training:

- BOP Advanced Safety Management.
- Code Requirements for Maintaining Fire and Life Safety Systems.
- Correctional Fire Brigade Training.
- Fire/Emergency Evacuation for High Rise Facilities (High Rise staff only).
- Fire Extinguisher Maintenance Certification.
- Hazardous Materials Awareness.
- ICS for Single Resources and Initial Action Incidents (FEMA ICS-200).
- Incident Safety Officer.
- Intermediate ICS for Expanding Incidents (FEMA ICS-300).
- Inspection, Testing, and Maintenance of Water Based Fire Protection Systems (NFPA 25).
- NFPA 13, Standard for the Installation of Sprinkler Systems.
- Introduction to Fire Investigation.
- Introduction to Fire Plan Development.
- Introduction to Fire Protection.
- Introduction to Incident Command System, (FEMA ICS-100).
- NPFA 101, Life Safety Code.
- NFPA 70, National Electrical Code.
- National Fire Alarm and Signaling Code (NFPA 72).
- IS-700: National Incident Management System, An Introduction.
- IS-800: National Response Framework, An Introduction.
- Self-Contained Breathing Apparatus (SCBA) Train-the-Trainer training.

b. **SA Trainees.** SA Trainees must complete the following training:

- Correctional Fire Brigade Training.
- Fire Extinguisher Maintenance Certification.
- Hazardous Materials Awareness.
- ICS for Single Resources and Initial Action Incidents (FEMA IS-200).
- Incident Safety Officer.
- Inspection, Testing, and Maintenance of Water Based Fire Protection Systems (NFPA 25).
- NFPA 13, Standard for the Installation of Sprinkler Systems.
- Intermediate ICS for Expanding Incidents (FEMA ICS-300).
- Introduction to Incident Command System (FEMA IS-100).
- Introduction to Fire Plan Development.
- Introduction to Fire Protection.
- NFPA 101, Life Safety Code.
- NFPA 70, National Electrical Code.
- National Fire Alarm and Signaling Code (NFPA 72).
- IS-700: National Incident Management System, An Introduction
- IS-800: National Response Framework, An Introduction.
- Self-Contained Breathing Apparatus (T4T).

c. **Other Occupational Safety and Health Staff (Institution).** All Occupational and Health Department staff must complete the following training:

- Correctional Fire Brigade Training.
- Fire/Emergency Evacuation for High Rise Facilities (High Rise Staff Only).
- Fire Extinguisher Maintenance Certification.
- Hazardous Materials Awareness.
- ICS for Single Resources and Initial Action Incidents (FEMA ICS-200).
- Incident Safety Officer.
- Introduction to Fire Plan Development.
- Introduction to Fire Protection.
- Introduction to Incident Command System (FEMA ICS-100).
- NPFA 101, Life Safety Code.
- IS-700: National Incident Management System, An Introduction.
- IS-800: National Response Framework, An Introduction.
- Self-Contained Breathing Apparatus (SCBA).

d. **All Staff (Institution).** Institution staff must be trained during Introduction to Correctional Techniques, Phase I and Annual Training in the following:

- Control Center response to fire alarms.
- Fire emergency response procedures.

- Use of portable fire extinguishers.
- Fire alarm annunciator panel operation.
- Fire alarm signals.
- Fire reporting procedures.
- Institution Fire Plan.
- National Fire Protection Policy requirements.
- Self-Contained Breathing Apparatus Familiarization.

e. **Administrators, Managers, and Supervisors (Institution Duty Officers).** All administrators, managers, and supervisors must be trained annually in inspection techniques needed to determine compliance with the following requirements:

- Applicable fire protection regulations and standards.
- This policy.

f. **Equivalent Training.** The COSH, with input from the Chief of Fire Protection, may accept external training as equivalent to any of the mandatory fire protection courses.

Requests to accept equivalent training must be submitted to the COSH in writing and must be accompanied by a copy of any certification(s) or documentation of comparable prior training.

4. **CODES, STANDARDS, AND REGULATIONS**

a. **Authority Having Jurisdiction.** The Authority Having Jurisdiction (AHJ) enforces the Bureau's National Fire Protection Policy and the NFC. They also approve equipment, materials, installations, and procedures necessary for compliance with policy and the NFC. The Assistant Director, Health Services Division, is the AHJ for the Bureau.

b. **Building Official.** The Building Official is authorized to enforce the provisions of the approved Building Code. They have the authority to render interpretations of the Building Code and adopt policies and procedures needed to clarify the application and provisions of the Code.

c. **Compliance with Codes and Standards.** Each institution must be constructed, maintained, and operated in compliance with the most recent edition of the fire protection codes, standards, and regulations developed and published by the following agencies/organizations:

- National Fire Protection Association (NFPA).
- Occupational Safety and Health Administration (OSHA), U.S. Department of Labor.
- American Correctional Association (ACA).

Existing buildings are not required to be modified to come into compliance with the latest edition of the NFC, unless mandated by regulatory requirements.

Existing buildings must comply with the most recent Life Safety Code requirements for existing occupancies.

d. **Building Changes (Rehabilitation).** Building changes must comply with the NFC requirements for new construction. The SA may authorize use of the Life Safety Code Building Rehabilitation requirements on a case-by-case basis.

e. **Code Modifications.** The AHJ may modify the NFC, as adopted by the BOP. Where a reasonable degree of safety can be provided, the AHJ may modify the requirements for existing buildings if their application would be impractical in the judgment of the AHJ.

f. **Building Codes.** Buildings constructed or altered by the Bureau must be designed and constructed in accordance with either the International Building Code or NFPA Building Construction and Safety Code (NFPA 5000).

The use of any other building code requires the approval of the AHJ.

g. **Local Amendments.** The use of local amendments to an approved building code must be evaluated on a case-by-case basis and authorized by the AHJ. Local amendments that decrease the level of safety of the original code are not acceptable.

h. **Accessibility Design.** The Architectural Barriers Act (ABA) will be used to address accessibility design issues.

i. **Additional Standards.** Fire protection for conditions or operations not adequately addressed by the codes and standards referenced above may use information published by:

- American Society for Testing and Materials (ASTM).
- American National Standards Institute (ANSI).
- FM Global (FM).
- Underwriters' Laboratories (UL).

j. **Prescriptive vs. Performance-Based Design Standards.** Prescriptive design options of fire protection codes, standards, and regulations must be used when possible.

Performance-based design options may be used with the approval of the AHJ.

k. **Code Conflicts.** Conflicts in the fire protection and life safety requirements between various codes, standards, and regulations must be resolved as follows:

(1) **Building Code vs. Life Safety Code.** Where differences exist between the fire protection and life safety requirements of the building code and the Life Safety Code, follow the requirements of the Life Safety Code.

Compliance with the Life Safety Code and applicable sections of the NFC is considered equivalent to the life safety and fire protection requirements of the building code.

(2) **Building Code vs. National Fire Codes.** Where differences exist between the fire protection requirements of the building code and the NFC, follow the requirements of the NFC.

Compliance with the fire protection requirements of the applicable NFC sections is considered equivalent to the fire protection requirements of the building code.

(3) **National Fire Codes vs. Life Safety Code.** Where differences exist between the fire protection and life safety requirements of the other National Fire Codes and the Life Safety Code, follow the requirements of the Life Safety Code.

(4) **National Fire Codes vs. National Fire Codes.** Where differences exist between fire protection and life safety requirements within the NFC, follow the more stringent requirements.

Note. See Life Safety Code exception above.

(5) **National Fire Codes vs. OSHA (Fire).** Where differences exist between fire protection and life safety requirements of the NFC and OSHA, follow the requirements of the Life Safety Code.

Note. 29 CFR 1910.35 allows compliance with the 2000 Life Safety Code to be considered equivalent to compliance with OSHA provisions on egress.

Note. Compliance with a more recent edition of the Life Safety Code is also considered equivalent.

(6) **National Fire Codes vs. OSHA (Safety).** Where differences exist between the worker safety requirements of the NFC and OSHA, follow the more stringent requirements.

(7) **National Fire Codes vs. BOP Policy.** Where differences exist between fire protection and life safety requirements of BOP policy and the NFC, BOP policy applies.

Note. If future NFC changes create conflicts with policy, the AHJ may determine which requirements apply.

(8) **BOP Policy vs. BOP Policy.** Where differences exist between fire protection and life safety requirements of multiple BOP policies, follow the more stringent requirements.

l. **Equivalent Levels of Protection.** The use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety over those prescribed by the NFC or this policy must be approved by the AHJ. Before installation, technical documentation must be submitted to the AHJ for review.

m. **Alternative Compliance Methods.** Alternative systems, methods, or devices approved by the AHJ are considered in compliance with BOP policy and the NFC.

n. **Equivalency (Request Process).** Equivalency requests from institutions must be submitted by the CEO, through the Regional Director, to the AHJ.

o. **Equivalency (System-Wide Request).** System-wide equivalency requests must be submitted by the Director or an Assistant Director to the AHJ.

p. **AHJ Decisions.** AHJ decisions on the National Fire Protection Policy, NFC, equivalencies, or alternate compliance methods are final.

q. **Reconsideration.** Requests for reconsideration of an AHJ decision may be accepted if compelling additional information is provided.

5. FIRE PROTECTION AND LIFE SAFETY REVIEW PROCESS

a. **Purpose.** The purpose of the fire protection and life safety review process is to provide a formal mechanism for institution, Regional, and Central Office staff to provide input to the AHJ on:

- Plans of corrective action.
- Equivalent levels of protection.
- Additional functions deemed necessary by the AHJ.

b. **Request for Approval.** The CEO must initiate the following:

- Requests to accept plans of action to address Fire and Life Safety Code deficiencies.
- Equivalent levels of protection requests.

c. **Routing.** Proposals or requests must be submitted to the Regional Office for review, then to the Central Office. The requests must be routed through:

- Facilities Manager.
- SA.
- CEO.
- Regional Facility Administrators.
- RSA.
- Regional Director.
- Chief of Fire Protection.
- COSH.
- AHJ.

d. **Additional Subject Matter Experts.** The AHJ may expand the review process to include other staff with specialized knowledge, such as:

- Correctional Services Administrator.
- Food Service Administrator.
- Health Services Administrator.
- Chief of Facilities Programs.

e. **Response.** A formal response to all review requests will be sent from the AHJ to the CEO, with a copy to the Regional Director.

6. CONSTRUCTION AND RENOVATION PROJECTS

a. **Plan Review.** Plans for new construction, repair, renovation, modification, reconstruction, change of use, change of occupancy classification, or building additions must be approved by the institution SA.

The SA's review focuses on compliance with the fire protection requirements in NFC, OSHA, and BOP policy.

Plans determined to be beyond the scope of the SA's expertise must be referred to the RSA and, if necessary, the Central Office Chief of Fire Protection and COSH.

- b. **Pre-Construction Meetings.** An Occupational Safety and Health Department representative must attend all pre-construction and job progress meetings to advise project staff on fire protection issues.
- c. **Monitoring.** The SA must monitor construction projects to ensure compliance with approved design and mandatory fire protection requirements.
- d. **Final Certification.** On completion of major construction, repair, renovation, modification, reconstruction, change of use, change of occupancy classification, or building addition projects, a post-construction certification must document that all work was completed in accordance with the approved project plans and specifications. A copy of the final certification must be submitted to the SA.
- e. **Food Service.** Projects involving the installation of security enclosures around cooking equipment are prohibited.
- f. **Non Food Service/Cooking Equipment Security Enclosures.** Projects involving the installation of supplemental security ceilings, fencing, expanded metal, and grills must be approved by the SA. The evaluation of supplemental security enclosures must include a review of:
- Exit obstructions.
 - Locking devices.
 - Sprinkler system obstructions.
 - Travel distance modifications.
 - Staff supervision provisions.

7. EXTERNAL AGENCY COMMUNICATION

- a. **Notification.** The RSA must be notified when an outside visit or inspection related to fire protection is conducted at a BOP facility.
- b. **Reporting.** The SA must forward a copy of all outside visit reports to the RSA. The RSA forwards a copy to the COSH and Chief of Fire Protection within 48 hours of receipt.

8. CENTRAL OFFICE TECHNICAL ASSISTANCE VISITS

Requests for a technical assistance visit to address a fire protection issue(s) must be submitted to the COSH or AHJ.

9. FIRE HAZARD REPORTING

a. **Fire Hazard Reporting Requirements.** Any employee, or representative of employees who believes that an unsafe condition relating to fire protection exists where he/she is employed, has the right to report the unsafe condition to the SA, CEO, RSA, Central Office staff, or directly to OSHA, U.S. Department of Labor.

Since many fire protection problems can be eliminated as soon as they are identified, the existence of formal channels of communication does not preclude immediate corrective action by a supervisor in response to oral reports of unsafe conditions.

b. **Imminent Danger.** When a member of the Occupational Safety and Health Department determines that conditions or practices could reasonably and immediately be expected to cause death or serious physical harm, he/she must inform affected employees of the danger and shut down the area, work, or process until the danger is eliminated.

Written notification of an imminent danger determination, identifying both the hazardous conditions and actions taken, must be submitted to the CEO, RSA, COSH, and local Union President or designee.

The building or area may be reopened and work restarted only after the SA conducts an inspection and provides written approval.

The RSA and COSH must review all actions taken as a result of an imminent danger determination.

10. FIRE INCIDENT REPORTING

a. **Serious Fires (Definition).** Serious fires are defined as fires that produce any of these results:

- Fatality.
- One or more persons admitted to an outside medical facility.
- Property loss in excess of \$100,000.

b. **Serious Fire – SA Notification.** The SA must be immediately notified of all serious fires.

c. **Serious Fire – Regional Office Notification.** The SA must notify the RSA by telephone and e-mail within eight hours of a serious fire. The notification must include:

- Time and location of the fire.
- Actions taken during the response.
- Name(s) of fatalities.
- Name(s) of hospitalized.
- Name(s) of injured.
- Extent of fire damage.
- Operating status of the institution.

d. **Serious Fire – Central Office Notification.** The RSA must immediately notify the Chief of Fire Protection by telephone and e-mail of any serious fires.

e. **Non-Serious Fire (Regional Reporting).** The SA must notify the RSA in writing of all fires that do not meet the “serious fire” criteria, outlined above, within 48 hours.

f. **Non-Serious Fire (Central Office Reporting).** The RSA must notify the Chief of Fire Protection in writing within 72 hours of all non-serious fires.

g. **Fire Incident Log.** A log of all fires (regardless of size) must be maintained by the Institution’s Occupational Safety and Health Department.

Quarterly, the SA must provide an updated Fire Incident Log to the RSA.

Quarterly, the RSA must provide a consolidated Fire Incident Log, covering all institutions in the Region, to the Chief of Fire Protection.

h. **Fire Reports (Initial).** All fires must be reviewed by the following:

- Occupational Safety and Health Department.
- Correctional Supervisor.
- Department Head.

A report on the review findings must be submitted to the SA.

i. **Fire Reports (Serious/Suspicious).** The RSA and Central Office Fire Protection Section are available to assist in the review of a serious or suspicious fire.

j. **Fire Report (Distribution).** Copies of all fire reports must be submitted by the SA to the RSA and Chief of Fire Protection.

11. INSTITUTION SAFETY COMMITTEE (FIRE PROTECTION ISSUES)

The institution safety committee (see National Occupational Safety and Health Policy for committee membership list) must address the following at every meeting:

- All fires.
- All fire-related injuries.
- Status of fire protection inspections (internal or external).

12. BUILDING EGRESS

a. **Number of Means of Egress.** There must be at least two means of egress from all areas of an institution. Additional egress routes may be needed based on factors such as:

- Occupancy.
- Occupant load.
- Total travel distance.
- Common path of travel.
- Sprinkler protection.
- Building operations.

b. **Single Means of Egress.** The SA may authorize a single means of egress from small buildings that meet the Life Safety Code requirements for a single means of egress.

c. **Individual Rooms.** Individual rooms with a maximum occupant load of 50 or more must have at least two egress doors.

d. **Evacuation Diagrams.** Buildings must have evacuation diagrams conspicuously posted near the main entrance. In addition, evacuation diagrams must also be posted in the following locations:

- Inmate housing units.
- Visiting rooms.
- Adjacent to elevator doors.

Exception. Evacuation diagrams are not required in small buildings with limited occupancy (pumping stations, hazardous materials storage buildings, storage sheds, rear gate, etc.) or adjacent to elevator doors that open directly into a mechanical room/area.

e. **Evacuation Diagram Content.** Evacuation diagrams must include:

- Outline of the general area.
- Location of building exits.
- Travel routes required to reach exits.
- Point of reference: “You Are Here.”
- Evacuation instructions in English and Spanish.

f. **Exit Signs.** Internally illuminated, externally illuminated, and photoluminescent exit signs that meet all the requirements outlined in the NFPA 101, Life Safety Code, are approved for use at BOP facilities.

g. **Tritium Exit Signs.** The installation of new Tritium exit signs is not approved for use at BOP facilities. Existing Tritium signs may remain in service until the expiration date.

Note. Prior to disposing of expired or unwanted Tritium exit signs, contact the National Environmental Protection Section to identify any special handling or reporting requirements.

h. **Exit Signs (Non-Housing Areas).** All exits and exit access routes must be identified by approved exit signs.

Exception. Exit signs are not required in small buildings with a limited occupancy and a single obvious exit (pumping stations, hazardous materials storage buildings, storage sheds, rear gate, etc.).

i. **Exit Signs (Inmate Housing Areas).** Exits and exit access routes in locked FCI and USP inmate housing units are not required to be identified by exit signs.

All exits and access routes in the following inmate housing units must be identified by approved exit signs:

- Unlocked FPCs and FCIs.
- Medical Referral Centers.
- High rise facilities.

j. **Exit Signs (Individual Rooms).** Exit access doors in individual rooms with fewer than 50 people are not required to be identified by approved exit signs.

k. **Emergency Egress Lights.** Emergency egress lighting must be provided for the following areas:

- Means of egress from all buildings.
- Control Center.
- Armory/squad room.
- Emergency Operations Center.
- Large mechanical, electrical, or pump rooms.

Emergency egress lighting is not required in the following areas:

- Individual offices or rooms with a maximum occupant load of less than 50 people.
- Normally unoccupied small buildings.

l. **Exit Access Aisles (Capacity).** Exit access aisles must be sized to accommodate the maximum anticipated occupant load of the area.

m. **Exit Access Aisles (Minimum Width).** The minimum width of an exit access aisle is as follows:

- Inmate housing unit (48 inches).
- Warehouse (48 inches).
- All other areas (44 inches).

Exception. Aisles formed by furniture or movable partitions, serving not more than six people, must be sized in accordance with NFPA 101.

n. **Exit Access Aisles (Obstructions).** The required aisle width must be kept clear and unobstructed at all times.

o. **Exit Access Aisles (Marking).** Exit access aisles in storage and industrial occupancies must be permanently marked with paint or a similar material.

p. **Aisle Accessways.** Aisle accessways used to reach exit access aisles must be provided and maintained in accordance with the NFPA 101.

q. **Area of Refuge (Definition).** An area of refuge is a protected room or area in the immediate fire area where building occupants can be moved to limit exposure to the fire and products of combustion.

r. **Area of Refuge (Identification).** Areas of refuge must be identified in the institution's Fire Plan and on the building's evacuation diagrams.

Note. If the use of an area of refuge is being considered, refer to the NFPA 101, Life Safety Code, for additional information. Designation of an area of refuge must be approved by the SA.

s. **Temporary Holding Area (Definition).** Temporary holding areas are secure locations where building occupants can be relocated after they have been evacuated from the immediate area of a fire or similar emergency.

t. **Temporary Holding Area (Identification).** If a temporary holding area is identified as part of an institution's plan for response to fires and similar emergencies, it must be identified in the institution's Fire Plan.

u. **Fire Evacuation Drills.** Fire evacuation drills must be conducted in all areas of the institution. The department responsible for operating the area must conduct the fire drills.

v. **Fire Evacuation Drills (Frequency).** Fire evacuation drills must be conducted in all areas of the institution at least quarterly.

w. **Fire Evacuation Drills (Conducting).** Fire drills in inmate housing units and other areas occupied during evening or morning watch must be rotated to ensure at least one drill is conducted annually on every shift. The SA will determine the shift times for the purposes of conducting fire drills.

Drills must be conducted at irregular intervals to familiarize all building occupants with emergency evacuation procedures.

x. **Fire Evacuation Drills (Medical Referral Centers).** Fire drills in Medical Referral Center inmate housing units must be conducted quarterly on all shifts. The SA will determine the shift times for the purposes of conducting fire drills.

y. **Fire Evacuation Drills (Health Services Ambulatory Care).** Ambulatory Care Occupancies are defined as Health Services areas that provide outpatient services or treatment simultaneously to four or more patients meeting one or more of the following:

- Treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others.
- Anesthesia that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others.

- Emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others.

Fire drills in Ambulatory Care Occupancies must be conducted quarterly on all shifts. The SA will determine the shift times for the purposes of conducting fire drills.

Health Services areas that do not meet the definition of Ambulatory Care Occupancy must conduct quarterly fire drills rotating through all occupied shifts. The SA will determine the shift times for the purposes of conducting fire drills.

z. Fire Evacuation Drills (UNICOR). UNICOR factories and warehouses occupied during more than one shift must conduct fire drills quarterly on all occupied shifts. The SA will determine the shift times for the purposes of conducting fire drills.

aa. Fire Evacuation Drills (Procedures). Fire Evacuation Drills must include the evacuation of all building occupants.

Exception. In areas where safety or security of an institution may be jeopardized by an actual evacuation during the drill, staff may simulate actions needed during a fire or emergency evacuation (example: in-patient treatment, long term care, observation, and infirmary beds, along with Special Housing Units).

bb. Fire Evacuation Drills (Reports). A written report must be prepared by the department head responsible for the area and submitted to the SA after every fire drill.

cc. Emergency Keys (Availability). Emergency keys must be available to unlock all doors, grills, and gates necessary to complete an evacuation or facilitate an emergency response.

dd. Emergency Keys (Storage/Marking). Emergency keys must be stored in the Control Center apart from regular issue keys. Alternate storage locations may be approved by the SA. Keys must be stored and identified so that staff can easily find and identify them during a fire or similar emergency.

ee. Emergency Keys (Maximum Number). The maximum number of prison style lock keys on a single emergency key ring is limited to eight.

ff. Emergency Keys (Drills). Emergency key response drills must be conducted in conjunction with fire evacuation drills for inmate housing areas and all areas where egress is restricted by locked doors. During the response drill, emergency keys must be:

- Drawn from the Control Center or an alternate site.
- Transported to the drill site.
- Used to unlock a primary and secondary egress door.

The time required to draw the keys and transport them to the drill site must be recorded on the fire drill form.

Building evacuation may be initiated prior to the arrival of emergency keys.

Emergency key drills are not required in areas where the doors cannot be locked to restrict egress.

13. LOCKS

a. **Prison-Style Locks.** Doors, grills, or gates that can be locked to restrict egress from inmate housing units, Receiving and Discharge (R&D), Health Services observation cells, and any area with the potential for 50 or more occupants, must have prison-style locks meeting the ASTM F-1577 test standard.

b. **Builders' Hardware Locks.** Doors serving areas (other than inmate housing units, R&D, or Health Services observation cells) with a potential occupant load of 50 people or more may be equipped with builders' hardware-type locks meeting the ASTM F-1577 test standard.

Doors with builders' hardware-type locks must remain unlocked when the area is occupied.

On or adjacent to the egress doors, signs with the following wording must be installed:

THIS DOOR TO REMAIN UNLOCKED WHEN THE BUILDING IS OCCUPIED.

Signs must be visible and durable, with lettering at least one inch high on a contrasting background:

Note. Doors equipped with builders' hardware locks may be locked for short periods during an institution emergency if staff with door keys are available in the immediate area.

c. **Multiple Locks.** Doors in a means of egress may not have multiple locks.

d. **Padlocks and Chains.** Padlocks or chains may not be used on any door, grill, or gate in the means of egress. This prohibition includes all outside grills or gates used as part of the means

of egress (evacuation route).

e. **Use Condition I Facilities.** Egress doors at use condition I facilities (camps) must not be locked.

Exception. Delayed egress locking devices, in compliance with NFPA 101, are permitted with the approval of the AHJ.

f. **Fire Door Locks.** ASTM F-1577 prison-style locks do not provide the self-latching feature required for fire doors. As a result, the following measures must be taken to provide an equivalent level of protection:

- Doors installed in fire-rated wall assemblies must be built to the same standard as a listed fire door.
- Doors installed in fire-rated wall assemblies must be normally maintained in the closed and locked position.
- When fire doors must be opened, a staff member must unlock the door and remain in the immediate area until the door can be relocked.
- Doors installed in fire barriers must have listed fire door self-closing devices.

g. **Non-Housing Areas.** Egress doors in non-housing units must be keyed from the inside. Staff with the keys needed to unlock the doors must be available inside the locked area any time the area is occupied.

14. USE CONDITION/STAFFING

a. Definitions

Use Condition I – Free Egress. Use Condition I shall be defined as a condition under which free movement is allowed from sleeping areas and other spaces where access or occupancy is permitted to the exterior via means of egress that meet the requirements of the Life Safety Code.

Use Condition II – Zoned Egress. Use Condition II shall be defined as a condition under which free movement is allowed from sleeping areas and any other occupied smoke compartment to one or more other smoke compartments.

Use Condition III – Zoned Impeded Egress. Use Condition III shall be defined as a condition under which free movement is allowed within individual smoke compartments, such as within a residential unit comprised of individual sleeping rooms and a group activity space, with egress

impeded by remote-controlled release of means of egress from such a smoke compartment to another smoke compartment.

Use Condition IV – Impeded Egress. Use Condition IV shall be defined as a condition under which free movement is restricted from an occupied space, and remote-controlled release is provided to allow movement from all sleeping rooms, activity spaces, and other occupied areas within the smoke compartment to another smoke compartment.

Use Condition V – Contained. Use Condition V shall be defined as a condition under which free movement is restricted from an occupied space, and staff-controlled manual release at each door is provided to allow movement from all sleeping rooms, activity spaces, and other occupied areas within the smoke compartment to another smoke compartment.

b. Housing Unit Staffing

Housing units must be provided with 24-hour staffing and the following requirements also apply:

- Staff shall be within three floors or a 300 feet horizontal distance of an access door to each housing unit.
- For Use Condition III, Use Condition IV, and Use Condition V, the arrangement shall be such that the staff involved start the release of locks necessary for emergency evacuation or rescue and initiate other necessary emergency actions within 2 minutes of alarm.
- Staff are not required to be within three floors or 300 feet of a housing unit access door if all locks can be unlocked remotely in compliance with the Life Safety Code.

15. OCCUPANT LOAD

a. **Definition.** Occupant load is defined as the maximum number of people that may occupy a building or area at one time.

b. **Design.** Design occupant load figures can be found on the original life safety certification or as-built drawings.

c. **Modifications.** Proposals to modify the maximum occupant load of an area must be reviewed by the Captain and Facilities Manager prior to being submitted to the SA for final approval.

The maximum occupant load is based on the following:

- Use of an area.
- Supervision requirements.

- Security considerations.
- Capacity of individual means of egress components.
- Total capacity of all means of egress.

Note. The maximum occupant load may never exceed the total capacity of the means of egress.

d. **Signs.** Maximum occupant loads must be posted in assembly occupancies. Examples of assembly occupancies include but are not limited to:

- Visiting room.
- Chapel.
- Food Service dining room.
- Gymnasium.
- Staff Training Center.
- Open activity areas with a maximum occupant load of 50 or more.

Note. Areas with a maximum occupant load of less than 50 are not required to have occupant load signs.

16. CONTROL OF COMBUSTIBLES

a. **Flammable/Combustible Liquids.** Flammable and combustible liquids must be stored, handled, and used in accordance with NFPA 30 (Flammable and Combustible Liquids Code).

b. **Housekeeping.** Waste receptacles must be provided in sufficient sizes and quantities to facilitate the collection of trash.

c. **Waste Receptacle Construction.** Waste receptacles used for the collection of trash in inmate housing areas must be constructed of non-combustible or an approved fire-resistant material.

d. **Large Waste Receptacles.** All waste receptacles with a capacity exceeding 20 gallons in inmate housing areas must have a non-combustible or approved fire-resistant lid.

e. **Waste Removal.** All waste receptacles in inmate housing areas must be emptied at least daily.

f. **Storage (Mechanical and Electric Rooms).** Storage in mechanical and/or electrical rooms is prohibited.

g. **Combustible Construction.** Wood framing or other combustible construction elements must not be used in new construction or renovation of inmate housing areas.

h. **Interior Finish.** Walls and ceilings in inmate housing areas must have a class A interior finish rating.

i. **Mattress Fire Tests.** Mattresses must pass the following fire tests:

- 16 CFR 1632: Standard for the Flammability of Mattresses and Mattress Pads.
- 16 CFR 1633: Standard for the Flammability (Open Flame) of Mattress Sets.
- ASTM E1590: Standard Test Method for Fire Testing of Mattresses.

j. **Surplus/Used Mattresses.** The acquisition of surplus or used mattresses is not permitted.

k. **Mattress Modification.** Mattresses may not be repaired, modified, or recovered. Damaged mattresses must be removed from service.

l. **Furnishings.** Furniture in inmate housing areas must be constructed of non-combustible, fire-resistant, or solid wood materials.

The SA must review purchase requests for: furniture, mattresses, waste receptacles, and curtains (including shower curtains) to ensure the flammability standards referenced in the NFC and BOP policy are being met.

Limited quantities of combustible components such as locker shelves, bulletin boards, or small tabletops may be used in inmate housing areas with the approval of the SA.

m. **Housing Unit Laundry Operations.** Energy conservation initiatives have limited the ability to operate housing unit laundry operations. The preferred method of processing laundry is the institution central laundry. If the security of the institution necessitates the use of a housing unit operation, the following precautions must be taken. Housing unit laundries must be:

- Located in a one-hour fire-rated room with a fire rated self-closing door.
- Protected by a sprinkler system.
- Cleaned regularly to prevent a build-up of lint/dust on equipment.

n. **Inmate Property.** Books, clothing, and other combustible personal property allowed in inmate housing areas must be stored in closable non-combustible lockers or a closable fire-resistant container approved by the SA.

17. CONTROL OF IGNITION SOURCES

- a. **Portable Space Heaters.** Space heaters are prohibited in inmate housing areas. If supplemental heat is required, permanently mounted hard-wired heaters may be installed with the approval of the SA.
- b. **Fuel Pumps.** Fueling operations for flammable and combustible liquids must be installed per NFPA 30 (Flammable and Combustible Liquids Code) and NFPA 30A (Code for Motor Fuel Dispensing Facilities and Repair Garages).
- c. **Heat-Producing Appliances.** The use of heat producing appliances in inmate housing areas must be authorized by the SA. Authorized appliances must be:
- Suitable for use in a detention and correctional environment.
 - Used only in designated areas.
 - Stored away from cells and other inmate sleeping areas.
 - Maintained and repaired in accordance with manufacturers' recommendations.
- d. **Matches, Candles, and Open Flames.** The use of matches, candles, and open flames is prohibited except for use during religious observances under direct staff supervision.

18. FIRE SUPPRESSION/DETECTION SYSTEMS

- a. **Sprinkler Systems (Installation).** All new buildings, additions, and renovations must be protected by a sprinkler system. The AHJ may approve non-sprinklered additions to existing non-sprinklered buildings on a case-by-case basis.

Exception. Small buildings (outside the secure perimeter), towers, shooting range buildings, and range canopies are not required to be protected by a sprinkler system unless specifically mandated by BOP Policy, Building Codes, or NFC.

- b. **Sprinkler System (Design).** New sprinkler systems must be designed and installed in accordance with the most recent edition of NFPA 13 (Standard for the Installation of Sprinkler Systems).
- c. **Sprinkler System (Modification).** Sprinkler system modifications must be made in accordance with the most recent edition of NFPA 13.
- d. **Sprinkler System (Reevaluation).** Any change in the sprinkler system, building, storage

arrangement, or water supply must be accompanied by a reevaluation of the sprinkler system adequacy.

e. **Sprinkler System (Approval).** Approval to continue using a building after modifications have been made to the sprinkler system, building, storage arrangement, or water supply must be issued by the SA.

f. **Sprinkler System (Existing Buildings).** The following existing buildings/areas must be protected by a sprinkler system:

- Inmate housing units.
- Storage areas with high hazard contents.
- Buildings mandated by a regulatory requirement.

g. **Sprinkler System (Supervision).** The following conditions must be supervised on all sprinkler systems:

- Water flow.
- Valve position.

h. **Sprinkler System (Monitoring).** The following sprinkler system components must be monitored through the fire alarm in the Control Center:

- Water flow alarms.
- Valve tamper switches.

i. **Sprinkler System (SHU Cell Isolation Valves).** Up to four cells per SHU range may be equipped with isolation valves to control the operation of sprinklers in an individual cell. The SHU cell sprinkler control valves must be:

- Indicating valves.
- Easily accessible.
- Locked in the open position.
- Inspected monthly by Facilities staff.

Note. Sprinkler valves isolating the head(s) in a SHU individual cell do not require valve tamper supervision.

j. **Sprinkler System (SHU Cell Isolation Valve Procedures).** The following procedures allow the sprinkler(s) for a single cell in SHU to be temporarily shut off:

- Operations Lieutenant must notify the SA.
- All combustible contents must be removed from the cell.
- Cell isolation valve is shut but not secured in the closed position.
- Record the valve closure reason and time in the both the Control Center and SHU logs.
- Notify the Control Center that the valve has been closed.
- Notify SHU staff that the valve has been closed.
- Establish a procedure to immediately open the valve in the event of fire.

k. **Standpipe System (Installation).** New multistory inmate housing areas must be equipped with standpipe systems to supply water for a fire response by trained personnel.

l. **Standpipe System (Hose).** Pre-connected hose is not required for standpipes in sprinklered buildings. Each institution must maintain a supply of centrally located hose, nozzles, fittings, and tools to be available for use by staff or trained response personnel.

m. **Standpipe System (Existing Non-Sprinklered Inmate Housing Areas).** Existing non-sprinklered inmate housing areas must be equipped with a standpipe system.

n. **Standpipe System (Non-Sprinklered Hose Requirement).** Hose must be provided and available at all standpipe system connections in non-sprinklered inmate housing areas.

o. **Standpipe System (Cabinets).** Standpipe cabinets may be locked if staff working in or responding to the area have the necessary keys to open the cabinets.

p. **Fire Extinguisher (Installation).** Portable fire extinguishers must be installed throughout the facility. Extinguisher locations, inspection, testing, and maintenance must be in accordance with NFPA 10 (Standard for Portable Fire Extinguishers).

Exception (Inmate Housing Areas Only). NFPA 101 allows portable fire extinguishers to be located in “staff only” areas. This allowance may result in travel distances that exceed those permitted by NFPA 10. It is critical that the spacing of fire extinguishers be maintained as close as practical to the NFPA 10 travel limits. In addition, consolidating extinguishers into a single area, such as an officers’ station, without regard for the travel limits, is not permitted. The location of fire extinguishers must be approved by the SA.

q. **Fire Extinguisher (Cabinets).** Fire extinguishers in areas subject to tampering or unauthorized use may be installed in cabinets:

- Cabinets may have solid front doors.

- Cabinets may be locked if staff working in or responding to the area have the necessary keys to open them.
- Cabinets installed in fire-rated wall assemblies must have the correct fire protection rating.
- Cabinets with a fire protection rating must not be altered.

r. **Fire Extinguisher (Class K).** Class K fire extinguishers must be provided for the protection of cooking appliances that use combustible cooking media (vegetable or animal oils and fats).

s. **Fire Extinguisher (Class K Signage).** Where cooking appliances that use combustible cooking media are protected by an automatic fire suppression system, a placard must be conspicuously placed near the class K fire extinguisher that states the fire suppression system must be actuated prior to using the extinguisher.

t. **Fire Extinguisher (Class K Travel Distance).** The maximum travel distance from the combustible cooking media hazard to the class K extinguisher(s) must not exceed 30 feet.

u. **Kitchen (Hood and Duct Exhaust Systems).** Institution cooking equipment must be protected by a hood and duct system that is designed, installed, operated, and maintained in accordance with NFPA 96 (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations).

Exemption. The following cooking operations are exempt from the hood and duct exhaust system requirement:

- Stand-alone microwave ovens.
- Limited-use kitchens.

v. **Kitchen (Hood and Duct Fire-Suppression System).** The following must be protected by a fire suppression system:

- Exhaust hoods.
- Exhaust ducts.
- Grease removal devices.
- Cooking equipment that may produce grease-laden vapors.

w. **Kitchen (Hood and Duct Suppression System Service).** The fixed fire suppression systems protecting cooking operations must be serviced by a competent outside contractor at least every six months.

x. **Kitchen (Hood and Duct Exhaust System Cleaning Service).** Hood and duct exhaust

systems must be cleaned as often as needed to prevent a build-up of grease. The maximum time between cleanings must not exceed 12 months.

y. **Kitchen (Cooking Equipment).** All institution cooking equipment must be certified by National Sanitation Foundation (NSF) International.

z. **Kitchen (Cooking Equipment Installation and Maintenance).** Cooking equipment installation and repairs must be performed by qualified personnel.

aa. **Fire Alarm Systems.** Fire alarm systems must be installed in all areas mandated by:

- NFC.
- Building codes.
- BOP policy.

bb. **Fire Alarm Systems (Locked Buildings).** Buildings that can be locked to restrict egress must be equipped with a fire alarm system that can be activated by manual pull stations.

cc. **Fire Alarm Systems (Out Buildings).** Fire alarm systems are not required in small buildings outside the secure perimeter unless mandated by the NFC, building code, or BOP policy.

dd. **Fire Alarm Systems (Inmate Housing Area Pull Stations).** Manual fire alarm pull stations are required in inmate housing areas. Pull stations must be located in accordance with NFPA 72 (National Fire Alarm and Signaling Code).

Pull stations may be locked if staff, working in and/or responding to the area, have the keys necessary to activate the fire alarm system.

Manual pull stations may be located in the officers' station, provided:

- Officers' station is attended when the building is occupied.
- Officers' station provides a direct line of sight over the entire unit.

ee. **Fire Alarm Systems (Smoke Detection Systems).** Smoke detectors must be installed in all areas mandated by:

- NFC.
- Building codes.
- BOP policy.

ff. **Fire Alarm Systems (Large Cells/Sleeping Areas).** Cells and sleeping areas with five or more occupants must be equipped with smoke detectors.

gg. **Fire Alarm Systems (Supervision).** Fire alarm systems must be supervised by the Control Center staff.

hh. **Fire Alarm Systems (Annunciator Panels).** The main fire alarm annunciator panel must be checked on each shift by Control Center staff. Annunciator panels in other areas must be checked on each shift by the staff member supervising the area.

Institution Duty Officer (IDO) must check the main fire alarm annunciator panel as part of the weekly fire, safety, and sanitation inspection.

ii. **Fire Alarm Systems (Trouble/Alarms).** Trouble/alarm conditions on fire alarm systems must be reported to the SA and Facilities Manager.

jj. **Fire Alarm Systems (Control Center Staff Competencies).** Staff working in the Control Center must be competent in the operation of the fire alarm system and alarm annunciator panel.

kk. **Fire Alarm System (Instruction Booklet).** An instruction booklet outlining the operation of the fire alarm system and the alarm annunciator panels must be available in the Control Center at all times.

ll. **Fire Alarm Systems (Fire Department Notification).** Staff working in the Control Center must immediately notify the local fire department in event of a fire. Notification may be delayed up to 90 seconds while staff verifies an alarm from a single smoke detector.

The fire department must be notified immediately if a second alarm (water flow, heat detectors, manual pull station, etc.) is received.

mm. **Fire Alarm System (Malfunction).** The following actions must be taken when a malfunction of the fire alarm system is detected:

- Notify the Operations Lieutenant.
- Notify the Facilities Department.
- Notify the Occupational Safety and Health Department.
- Make an entry in the Control Center log.

nn. **Emergency Phone List.** Staff working in the Control Center must have immediate access to emergency telephone numbers, including the local fire department.

oo. **Fire Department Entry.** Fire department authorization to enter the institution must be determined by the incident commander based on:

- Security considerations.
- Severity of the incident.

A written emergency response procedure outlining entry and escort protocols must be established with the local fire department as part of the Fire Plan.

19. FIRE WATCH

a. **Implementation.** A fire watch must be initiated in all areas left unprotected when a sprinkler or fire alarm system is out of service (shutdown or malfunction) for more than 4 hours in a 24-hour period.

b. **Staff Instructions.** Staff working in areas left unprotected by a sprinkler or fire alarm shutdowns or malfunctions must be made aware of:

- Fire watch procedures.
- Expected duration of the shutdown.
- Temporary alarm and notification procedures.
- Actions to be taken in the event of a fire or similar emergency.

c. **Occupied Building Tours.** A fire watch in an occupied building consists of a tour of all unprotected areas by a staff member every half hour. Each fire watch tour must be called into the Control Center and recorded in the Control Center log.

d. **Unoccupied Building Tours.** Fire watch tour procedures for unoccupied buildings must be established by the SA based on:

- Exposure to occupied areas.
- Importance of the building to the security and operation of the institution.
- Value of the building and contents.

e. **Duration.** A fire watch is intended as a short-term measure. The use of a fire watch for an extended period (exceeding seven days) must be approved by the AHJ.

20. DURESS ALARM SYSTEMS

a. **Locked Inmate Housing Units (Staff Notification).** Inmates in Use Condition III, IV, and V

facilities must be provided with the means to notify staff of a fire or similar emergency. This can be accomplished by duress alarms, audible supervision, visual supervision, or other reliable means.

b. **Locked Locations (Non-Housing Areas).** Inmates may not be left unattended in locked buildings. Where security necessitates locking of required egress doors, staff must be available in the locked building with the keys needed for evacuation.

Inmates may be locked in a small work area if:

- Staff are available in the immediate area.
- Inmates have access to a signaling device to notify staff.

21. INSPECTION, TESTING, AND MAINTENANCE

a. **Weekly Inspections.** Weekly fire protection and life safety inspections must be conducted by the IDO. Specific items covered must be outlined in the institution's Fire Plan.

b. **Monthly Inspections.** The SA ensures monthly fire protection and life safety inspections are conducted. Specific items covered must be outlined in the Fire Plan.

c. **Outside Fire Agency Visits.** An invitation to conduct a courtesy visit must be extended to responding fire agencies annually. Any outside fire agency recommendations should be reviewed by the SA and implemented, if practical.

d. **Annual Inspection.** An annual fire protection and life safety inspection must be conducted by one of the following:

- SA.
- RSA.
- Central Office Occupational Safety and Health Branch staff.

e. **Fire Alarm System Inspections.** Alarm systems must be inspected, tested, and maintained in accordance with NFPA 72, by qualified Facilities staff or an outside contractor.

f. **Sprinklers, Standpipes, Hydrants, Tanks, and Other Water-Based Extinguishing System Inspections.** Water-based extinguishing systems must be inspected, tested, and maintained per NFPA 25 (Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems) by qualified Facilities staff or an outside contractor.

In addition to the tests specified in NFPA 25, quarterly main drain tests must be conducted by qualified Facilities staff or a qualified outside contractor on all sprinkler risers.

An annual sprinkler inspection must be conducted by a qualified outside contractor. Other inspections and tests may be conducted by qualified Facilities staff.

Any time a sprinkler system control valve is closed, a main drain test must be conducted as soon as the valve is re-opened.

g. **Fire Hydrant Test.** Fire hydrants on institution property must be flow-tested annually. Tests must be conducted by qualified Facilities staff or an outside contractor.

h. **Underground and Exposed Piping Test.** A full flow test of underground and exposed piping serving fire hydrants must be conducted at least every five years. Tests must be conducted by qualified Facilities staff or an outside contractor.

i. **Kitchen Hood and Duct System Inspection.** Exhaust systems, along with associated fixed fire suppression systems, must be inspected, tested, and maintained in accordance with NFPA 96 (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations).

j. **Portable Fire Extinguisher Inspection.** Extinguishers must be inspected, tested, and maintained in accordance with NFPA 10 (Standard for Portable Fire Extinguishers). Annual maintenance/inspection must be conducted by a certified staff member or contractor.

k. **Halon Extinguishing System.** Existing Halon 1301 systems must be inspected, tested, and maintained in accordance with NFPA 12A (Standard on Halon 1301 Fire Extinguishing Systems).

- **Portable Extinguishers.** Portable Halon fire extinguishers are not permitted.

- **Fixed Halon Systems.** New fixed Halon fire suppression may not be installed.

l. **Inspection Records.** Inspections must be documented by a written report:

- **Weekly/Monthly Inspections.** Written reports of weekly and monthly inspections, including deficiencies, must be sent to the Department Head and forwarded to the Warden, through the Associate Warden, for review and corrective action, if needed. The reports and corrective actions taken must be kept in the Safety Department for three years.

- **Fire Alarm/Suppression Inspections.** Inspection, testing, and maintenance records for fire detection, alarm, and suppression equipment must be kept for three years.

- **Hydrostatic Testing.** Records of hydrostatic testing must be kept until the next test.

m. **SCBA.** SCBA must be inspected, tested, and maintained as follows:

- Monthly inspection by Occupational Safety and Health Department staff.
- Annual inspection by a manufacturer's authorized service representative.
- Annual regulator flow test by a manufacturer's authorized service representative.
- Air cylinders must be re-tested in accordance with the appropriate U.S. Department of Transportation (DOT) specification or the applicable DOT exemption. **Note #1.** Carbon fiber air cylinders must be re-tested every five years. **Note #2.** Carbon fiber air cylinders have a maximum 15-year or 30-year service life depending on the model.
- Inspection, testing, and maintenance records must be maintained by the Occupational Safety and Health Department.

22. EMERGENCY RESPONSE PROCEDURES

a. **Emergency Response (Staff).** All institution staff are required to respond to fires and similar emergencies. They must be immediately reported to the Control Center by:

- Radio.
- Body alarm.
- Dialing the institution's emergency number (2-2-2) on any telephone.
- Activating the building fire alarm system.

b. **Emergency Response (Initial).** Initial response to fires or similar emergencies is limited to:

- Moving building occupants away from the immediate fire or emergency area.
- Containing incipient stage fires to the area of origin.

c. **Emergency Response (Fire-Fighting).** Fire-fighting activities, beyond the initial response, must be conducted by the fire department unless a trained and equipped fire response crew is available at the institution.

23. NATIONAL INCIDENT MANAGEMENT SYSTEM/INCIDENT COMMAND SYSTEM

a. **Homeland Security Presidential Directive (HSPD) #5.** HSPD #5 requires Federal departments and agencies to adopt the National Incident Management System (NIMS) and use the Incident Command System (ICS) to manage incidents.

b. **Incident Safety Officer.** The Incident Safety Officer serves as the subject matter expert on

safety within the ICS during an emergency response.

Under the ICS, the Incident Safety Officer is part of the Command Staff in the Incident Command Post or Emergency Operations Center. The Incident Safety Officer reports directly to the Incident Commander to provide guidance and direction on all matters pertaining to incident safety.

Specialized Incident Safety Officer Training must be provided to all Occupational Safety and Health Department staff.

During a fire or similar emergency, Occupational Safety and Health staff should be used as the Incident Safety Officer or as support personnel to monitor and report on fire scene conditions.

The following duties are commonly assigned to Incident Safety Officers:

- Identify and correct hazards.
- Monitor exposure to hazardous conditions.
- Alter, suspend, or terminate activities that may pose an imminent threat to life or health.
- Provide information on safety issues.
- Assess engineering controls and PPE.
- Comply with regulatory requirements.
- Document hazards, corrective actions, and accidents/injuries.
- Participate in planning meetings.
- Review the Incident Action Plan (IAP) for safety implications.
- Investigate accidents within the incident area.
- Review and approve the medical plan.
- Access internet-based incident management tools to assist the Incident Commander.
- Prepare and maintain:
 - ICS 208, Safety Message/Plan.
 - ICS 214, Activity Log.
 - Incident Action Plan Safety Analysis (ICS Form 215a).

REFERENCES

Program Statements

1600.11 National Occupational Safety and Health Policy

ACA Standards

American Correctional Association Standards for Adult Correctional Institutions, 5th Edition: 5-ACI-2A-02(M), 5-ACI-3A-02, 5-ACI-3B-01(M), 5-ACI-3B-02(M), 5-ACI-3B-03(M), 5-ACI-3B-04(M), 5-ACI-3B-05(M), 5-ACI-3B-06, 5-ACI-3B-10(M), 5-ACI-3B-11(M), 5-ACI-3B-12(M), 5-ACI-5D-01(M), 5-ACI-5D-02(M), 5-ACI-5D-03(M), 5-ACI-7A-07(M)

American Correctional Association Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-1A-01M, 4-ALDF-1A-02M, 4-ALDF-1A-07M, 4-ALDF-1A-08, 4-ALDF-1C-01M, 4-ALDF-1C-02M, 4-ALDF-1C-03M, 4-ALDF-1C-04M, 4-ALDF-1C-07M, 4-ALDF-1C-08M, 4-ALDF-1C-09M, 4-ALDF-1C-10M, 4-ALDF-1C-11M, 4-ALDF-1C-12M, 4-ALDF-1C-15.

American Correctional Association Standards for Administration of Correctional Agencies, 2nd Edition: 2-CO-2A-01, 2-CO-2A-02, 2-CO-3B-01M, 2-CO-3B-02M, 2-CO-4D-01.

American Correctional Association Standards for Correctional Training Academies: 1-CTA-3C-01, 1-CTA-3C-02, 1-CTA-3C-03, 1-CTA-3C-04, 1-CTA-3C-05

Records Retention Requirements

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on the Bureau's intranet site.