

**GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
HEADQUARTERS: DELHI FIRE SERVICE, CONNAUGHT PLACE
NEW DELHI-110001**

No. F6/DFS/MS/EH/SZ/2016/ 1358

Dated: 05/09/2016

FIRE SAFETY CERTIFICATE

Certified that the **Days of Raj Restaurant (Unit of Adaab Hotels Ltd.)**, situated at **1st Floor, 81/3, Adchini, New Delhi-110017**, comprised of **Ground + 2 Upper Floor but restaurant is running on 1st floor only** has already been issued FSC by this department vide letter No. F6/DFS/MS/EH/2013/SZ/1029 dated 04/10/2013. The premises was re-inspected by the officer concerned of this department on **18/08/16** in the presence of **Mr. Ashok (General Manager)** and found that the said restaurant have deemed complied with the fire prevention and fire safety requirements in accordance with Rule 33 of the Delhi Fire Service Rules, 2010 and that the premises fit for occupancy class **Group-D Assembly "Eating House"** Building with from **05/09/2016** for a period of **Three years** in accordance with Rule 36 unless renewed under Rule 37 or sooner cancelled under Rule 40 and subjected to compliance of the conditions under Rule 38 of the Delhi Fire Service Rules, 2010.

Issued on **05/09/2016** at New Delhi by


(Vipin Kental)
Chief Fire Officer
Tel: 011-23412225

Copy to :-

1. Mr. Rajiv Chaudhary, Days of Raj Restaurant (Unit of Adaab Hotels Ltd.), 1st Floor, 81/3, Adchini, New Delhi-110017
2. Dy. Health Officer, South Zone, SDMC, Green Park New Delhi

Conditions for the validity of fire safety certificate:

1. All the means of escape/entry/exit shall be kept free from any obstruction.
2. All the fire safety arrangements provided therein shall be maintained in good working condition at all time as seen during inspection. Any loss of life or property due to non-functional fire safety measures shall be at the responsibility of the management.
3. All the staff members must know the correct method of operation of firefighting system.
4. The owner/ occupier shall submit a declaration every year in Form 'K' provided in the first schedule of Delhi Fire Service Rules 2010. The form is available on www.dfs.delhigovt.nic.in.
5. This fire safety certificate may not in any way be treated as regularization of unauthorized construction, if any.
6. "The owner/occupier shall apply for renewal of this Fire Safety Certificate to the Director in Form 'J' [sub rule (1) of rule 37] along with a copy of this Certificate, six months prior to its expiry."

INSPECTION REPORT

1. Name & address of the building: Days of Raj Restaurant (Unit of Adaab Hotels Ltd.), 1st Floor, 81/3, Aachini, New Delhi 110017
2. Type of Occupancy: Group D Assembly Building [Building is B+G+2 upper floors]
3. Type of Case: Renewal [Restaurant is running at 1st floor only]
4. Details of Previous FSC: F6/DFS/MS/EH/2013/SZ/1029 dated 04/10/2013
5. Fire Safety directives letter No: Nil
6. Date of inspection: 18/08/2016
7. Name of inspecting officer: A. K. Malik
8. Name and designation of officers:
From the building side: Mr. Ashok (General Manager)
9. Year of construction: 2000
10. Applicant's letter No. / Outdoor diary no. 7707 dated 04/08/2016

S.No.	Minimum Standards on fire prevention and fire safety U/R 33	Old NOC (14/06/05) Requirement	Proposed at site	Remarks MR/NMR
1.	Access to building			
	<input type="checkbox"/> Road width <input type="checkbox"/> Gate width <input type="checkbox"/> Width of internal road	Accessible (4.5m) <input type="checkbox"/> NA <input type="checkbox"/> NA	9m <input type="checkbox"/> NA <input type="checkbox"/> NA	MR <input type="checkbox"/> NA <input type="checkbox"/> NA
2.	Number, Width, Type & Arrangement of Exits			
	a. Number of staircases			
	<input type="checkbox"/> Upper Floors <input type="checkbox"/> Basements	2 <input type="checkbox"/> NA	2 <input type="checkbox"/> NA	MR <input type="checkbox"/> NA
	b. Width of staircases			
	<input type="checkbox"/> Upper Floor <input type="checkbox"/> Basements	Required <input type="checkbox"/> NA	1.80m, 1.25m <input type="checkbox"/> NA	MR <input type="checkbox"/> NA
	c. Protection of exits			
	<input type="checkbox"/> Fire check door <input type="checkbox"/> Pressurization	<input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA
	d. No. of continuous staircases to terrace	<input type="checkbox"/> NA	One	<input type="checkbox"/> NA
	Width of Corridor	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
	f. Door Size	Two Exit	Two Exit	MR
3.	Compartmentation			
	<input type="checkbox"/> Fire check door <input type="checkbox"/> Sealing of electrical shafts <input type="checkbox"/> Fire Rating of shaft door <input type="checkbox"/> Water Curtain <input type="checkbox"/> Fire Dampers	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA
4.	Smoke Management System			
	<input type="checkbox"/> Basements <input type="checkbox"/> Upper floors	<input type="checkbox"/> NA Exhaust Fan	<input type="checkbox"/> NA <input type="checkbox"/> Exhaust Fan	<input type="checkbox"/> NA MR
5.	Fire Extinguishers			
	<input type="checkbox"/> Total numbers <input type="checkbox"/> Types	ISI Marked	4 No's ABC 4 No's	MR MR

	<input type="checkbox"/> Location of Repeater Panel <input type="checkbox"/> Alternate source of power <input type="checkbox"/> Hooters' Location	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA
8.	MOEFA	Required	Provided	MR
9.	Public Address System	<input type="checkbox"/> NA	Provided	<input type="checkbox"/> NA
10.	Automatic Sprinkler System			
	<input type="checkbox"/> Basement <input type="checkbox"/> Ground Floor <input type="checkbox"/> Sprinkler above false ceiling	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA
11.	Internal Hydrants			
	<input type="checkbox"/> Size of riser/down comer <input type="checkbox"/> Number of hydrants per floor <input type="checkbox"/> Hose Box	Required One <input type="checkbox"/> One	Provided One <input type="checkbox"/> One	MR MR MR
12.	Yard Hydrants			
	<input type="checkbox"/> Total number of hydrants <input type="checkbox"/> Hose Box	<input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA
13.	Pumping Arrangements			
	<input type="checkbox"/> Ground Level <input type="checkbox"/> Discharge of main Pump <input type="checkbox"/> Head of Main pump <input type="checkbox"/> Number of main pumps <input type="checkbox"/> Jockey Pump output <input type="checkbox"/> Jockey pump head <input type="checkbox"/> Standby Pump output <input type="checkbox"/> Standby Pump Head <input type="checkbox"/> Auto Starting/Manual Stopping	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA
	<input type="checkbox"/> Terrace level <input type="checkbox"/> Discharge of pump <input type="checkbox"/> Head of the pump <input type="checkbox"/> Power Supply <input type="checkbox"/> Auto Starting of pump	450 & 180 LPM 40m Required <input type="checkbox"/> NA	450 & 180 LPM 40m Provided <input type="checkbox"/> Provided	MR MR MR <input type="checkbox"/> NA
14.	Captive Water Storage for firefighting			
	<input type="checkbox"/> Underground tank capacity <input type="checkbox"/> Draw off connection <input type="checkbox"/> Fire service inlet <input type="checkbox"/> Access to tank <input type="checkbox"/> Overhead Tank capacity	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA 5,000 Lts.	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA 5,000 Lts.	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA MR
15.	Exit Signage.	Required	Provided	MR
16.	Provision of Lifts.			
	<input type="checkbox"/> Pressurization of Lift Shaft <input type="checkbox"/> Pressurization of Lift lobby <input type="checkbox"/> Communication in Lift Car <input type="checkbox"/> Fireman's Grounding Switch <input type="checkbox"/> Lift Signage	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA <input type="checkbox"/> NA
17.	Standby power supply	Required	Provided	MR
18.	Refuge Area.			

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	<input type="checkbox"/> Building Floor Plans	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
20.	Special Fire Protection System for Protection of special Risks, if any:			<input type="checkbox"/> NA

The fire protection systems provided in the building were tested, checked and found functional at the time of inspection.

Keeping in view of the above substantial compliance of the minimum standards of fire prevention and fire safety measures as required under the rules, it is recommended to grant Fire Safety Certificate under rule 35 of the Delhi Fire Service Rules 2010.

Accordingly DFA is put up for approval and signature.

Anilak
29/16

Signature of Inspecting Officer

Name: A. K. Malik

Designation: DO (SD)

Dy. CFO (SZ)

29/16

CFo(SZ)

m:seel

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