



ABINGTON TOWNSHIP FIRE DEPARTMENT

1176 Old York Road Abington, PA 19001 | 267-536-1055 | www.AbingtonPA.gov | www.AbingtonFD.org



FIRE MARSHAL'S OFFICE

NFPA 241 FIRE PREVENTION PROGRAM – INFORMATION FORM

This Fire Prevention Program form is required to comply with **NFPA 241: Standard for Safeguarding Construction, Alteration, and Demolition Operations**. The purpose of this plan is to ensure adequate fire safety measures are implemented and maintained throughout the course of construction, renovation, or demolition activities. It provides a framework for minimizing fire risks to workers, emergency personnel, adjacent properties, and the public.

NFPA 241 establishes the minimum requirements for:

- Assigning a Fire Prevention Program Manager (FPPM)
- Maintaining emergency access and fire protection systems
- Implementing hot work controls and fire watches
- Ensuring proper housekeeping, storage, and emergency procedures

Compliance with NFPA 241 is mandated by the 2018 International Fire Code (IFC), as referenced in the 2018 International Building Code (IBC),

In the Commonwealth of Pennsylvania, the **Uniform Construction Code (PA UCC)** adopts the 2018 IBC by reference through **34 Pa. Code § 403.21**, making compliance with NFPA 241 a legal requirement for applicable construction projects.

This submittal form is designed to guide contractors and responsible parties in documenting all relevant NFPA 241 elements for review and approval. Incomplete or inaccurate plans may result in delays in permit issuance or enforcement actions.

Please complete all applicable sections and provide any required attachments or supporting documentation as indicated.

Project Name:	
Project Address:	
Type of Work:	<input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Addition
Building Type/Use:	
Construction Type/Class:	
# of Stories / Square Footage:	
Project Start Date:	
Estimated Completion Date:	

Responsible Parties

Role	Name	Company	Phone
General Contractor			
Fire Prevention Program Manager (FPPM)			
Site Safety Manager (if different)			



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FIRE PREVENTION PROGRAM ELEMENTS

Complete **all sections below**. Check each box to confirm compliance and provide required details or attachments where indicated.

1. Hot Work Program

☐ A hot work permit system per NFPA 51B will be implemented.

- Will hot work occur on site? ☐ Yes ☐ No
- Fire watch trained and assigned? ☐ Yes ☐ No
- Hot work area signage posted? ☐ Yes ☐ No

Describe hot work locations, controls, and fire watch procedures:

Attach sample permit, fire watch policy if applicable.

2. Fire Protection Systems Status

Indicate status of each system during the project. Complete notes if system will be out of service or impaired.

System	Active During Project?	Notes (e.g., impairment details, temporary measures)
Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Standpipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Temporary Fire Protection System	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Watch in Lieu of System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe impairment coordination and notification procedures:

Attach impairment plan or fire watch schedule if applicable.

3. Access & Fire Department Coordination

☐ Fire lanes, hydrants, and access roads will be maintained.

- Site plan includes fire access? ☐ Yes ☐ No
- Fire department connection accessible? ☐ Yes ☐ No
- Site address signage visible? ☐ Yes ☐ No

Describe emergency access provisions or restrictions:

Attach access/site plan showing hydrants, lanes, FDCs if applicable.



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4. Housekeeping & Waste Management

☐ Combustible debris removed regularly and containers provided.

- **Daily cleanup enforced?** ☐ Yes ☐ No
- **Covered metal containers used for oily rags?** ☐ Yes ☐ No
- **Combustible waste stored 10+ ft from structures?** ☐ Yes ☐ No

Describe debris handling and disposal plan:

Attach site housekeeping schedule if applicable.

5. Smoking Control

☐ Smoking prohibited or limited to designated areas.

- **Smoking permitted on site?** ☐ Yes ☐ No
- If Yes, describe controls (location, disposal, signage):

Attach smoking policy or designated area map if applicable.

6. Flammable & Combustible Materials

☐ Flammable liquids/gases will be stored and handled per code.

Material Type	Stored On Site?	Storage Method	Location & Controls
Class I/II Liquids	<input type="checkbox"/> Yes <input type="checkbox"/> No		
LP-Gas Cylinders	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Combustible Building Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Aerosols/Solvents	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Notes: _____



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Attach SDS list, site storage plan if applicable.

7. Emergency Procedures

- ☐ Emergency contacts posted; evacuation plan in place.
- **Alarm/Alert System Present?** ☐ Yes ☐ No
 - **Evacuation Map Posted?** ☐ Yes ☐ No
 - **Contractor Emergency Contact List On Site?** ☐ Yes ☐ No

Describe emergency notification and response procedures:

Attach evacuation map and contact list if applicable.

8. Temporary Heating Equipment

- ☐ Temporary heating equipment will be used in accordance with manufacturer and NFPA standards.

Equipment Type	Fuel Source	Used Indoors?	Controls/Supervision
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe safety controls, fuel storage, and supervision:

Attach equipment list or heating layout if applicable.

Additional Site-Specific Measures (if applicable)

- ☐ Fire Watch / Patrol
- ☐ Occupied Building Coordination
- ☐ Contractor Orientation Program
- ☐ Third-Party Fire Safety Oversight

Use this space to describe other controls or procedures:

Certification



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I certify that the information in this plan is accurate and that these measures will be implemented and maintained on site in compliance with *NFPA 241* and local code requirements.

Name	Title	Signature	Date

This form is not all inclusive, and does not authorize non-compliance with all required elements of the 2018 IFC and *NFPA 241*.