

DSA-810 – LOCAL FIRE AUTHORITY REVIEW FORM

For instructions, see DSA-810.INSTR and DSA Policy 09-01

**DSA-810 LOCAL FIRE AUTHORITY REVIEW**

DSA Application #: \_\_\_\_\_

School District: \_\_\_\_\_

Project address: \_\_\_\_\_

Local Fire Authority is to complete Sections 1-7 as applicable to this project, and sign below. (Check Sections 1-5 per key.)

<b>KEY: "YES"</b> = Complies with LFA Requirements <b>"NR"</b> = LFA elects not to review	<b>"N/A"</b> = Not applicable to this project <b>No Check mark</b> = Reviewed but not approved. Complete Section 7.
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**YES N/A NR Elevators**

1. Where an Elevator does not meet medical emergency service cab size, per 2010 California Building Code, the Local Fire Authority approves the use of stairways for emergency rescue and patient transport.

**Access Roads**

2. Access Roads, Fire Lane Markings, pavers and Gate Entrances are in accordance with Title 19, Calif. Code of Regulations & 2010 California Fire Code, Chapter 5.

**Fire Flow**

3. Fire Hydrant location and distribution complies with 2010 CFC NFPA 1142 (Alternate Means) When NR is checked, DSA can only review on-site water storage as an alternate means. Signature of the School District Official is required to acknowledge use of NFPA 1142 as LFA alternate means:

\_\_\_\_\_  
SIGNATURE of SCHOOL DISTRICT OFFICIAL: (Sign and Print name and Title) (Date)

**Automatic Fire Sprinkler Systems**

4. The location(s) of the proposed Post Indicator Valve and Fire Dept. Connection meet the requirements of this jurisdiction.

5. The location(s) of the Detector Check Valve Assembly meet the requirements of this jurisdiction.

6. **Is project located in a Hazard Severity Zone Area?** (2010 CBC, Chapter 7A, Section 701A.3.1)

**Yes No** If YES, Type (check one): Moderate High Very High WIFA  
(If one of these boxes is checked plans will have to meet requirements of Chapter 7A)

7. **COMMENTS:** Note Deficiencies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. LOCAL FIRE AUTHORITY INFORMATION:**

AGENCY NAME (Print): \_\_\_\_\_

ADDRESS (Print): \_\_\_\_\_

CITY/STATE/ZIP (Print) : \_\_\_\_\_

PHONE NUMBER (Print): \_\_\_\_\_ e-mail: \_\_\_\_\_

Completion of lines 1-7 (including school district representative signature on line 3 if alternate means required) and LFA signature below signifies that the Local Fire Authority has reviewed the listed items for this project.

**Items not checked or marked NR will be reviewed by the DSA.**

**Note: Only sign the DSA-810 when imaged onto the site plan. Loose form not acceptable to DSA.**

REVIEWED BY: \_\_\_\_\_ (Print name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

RANK/TITLE (Print): \_\_\_\_\_