



Ohio Board of Building Standards

RESIDENTIAL/INSTITUTIONAL OCCUPANCY QUESTIONNAIRE and CERTIFICATION

November 2017

CARE FACILITIES		YES	NO	N/A
1	Are any occupants receiving "personal care services"* as defined in the OBC?	How many? <input type="text"/>		
2	Are any occupants receiving "custodial care"* as defined in the OBC?	How many? <input type="text"/>		
3	Are any occupants receiving "medical care"* as defined in the OBC?	How many? <input type="text"/>		
4	Are any occupants "incapable of self-preservation"* as defined in the OBC at any time while in the building?	How many? <input type="text"/>		
5	Do any occupants need limited verbal or physical assistance to evacuate in an emergency situation?	How many? <input type="text"/>		
6	Is the building held out to the public for and intended to provide housing/accommodation, care, and supervision?			
7	Is care provided in a dwelling or dwelling unit which is the permanent residence of the care provider?			
8	Is care provided in a dwelling unit?			
9	Is care provided in a single-family dwelling?			
10	Is care provided in a two- or three-family dwelling?			
11	Is care provided in a building with more than three dwelling units?			
12	Is care provided in a mixed occupancy building?			
13	Is care provided in a building intended to be used for sleeping purposes?			
14	Is the care being provided by a relative or guardian?			
15	Is the care being provided in the residence of the care recipient?			
16	Is care being provided in a building with shared exits?			
17	Is care provided only in rooms located at the level of exit discharge?			
18	Is an exit door that leads directly to the outside provided in the room where care is provided?			
19	Are stairs required to be traversed when exiting from the room where care is provided?			
20	Are any care recipients between the ages of newborn to 2.5 years?	How many? <input type="text"/>		
21	Are any care recipients between the ages of 2.5 years to 12 th grade?	How many? <input type="text"/>		
22	Are any of the care recipients adults?	How many? <input type="text"/>		
23	Is care being provided in a place of worship?			
RESIDENTIAL FACILITIES		YES	NO	N/A
1	Is the building intended to be used for sleeping purposes?			
2	Are any of the occupants primarily transient?			
3	Are guests staying in the primary residence of the building owner?			
4	Are transient guests provided sleeping accommodations and meals for a fee?			
5	How many sleeping units?			
6	Are the occupants sleeping in a dwelling unit?			
7	Are the occupants sleeping in a single-family dwelling?			
8	Are the occupants sleeping in a two- or three-family dwelling?			
9	Are the occupants sleeping in a building with more than three dwelling units?			
10	Does the building share exits?			
11	Is the building a mixed occupancy building?			

CORRECTIONS FACILITIES		YES	NO	N/A
1	Are any occupants locked or secured in the building?			
		How many?		
2	Does the corrections facility allow free movement from sleeping areas, including egress from the building?			
3	Does the corrections facility allow free movement from sleeping areas, except locked exits?			
4	Does the corrections facility allow free movement within the smoke compartment with remote control locked exits?			
5	Does the corrections facility restrict free movement from the sleeping units, and other spaces with remote control locked exits?			
6	Does the corrections facility restrict free movement from occupied spaces with staff-controlled manual release?			

OWNER/OWNER’S AGENT/ADMINISTRATOR CERTIFICATION

The answers to the above questions have been provided to the best of my knowledge. I understand that the answers are needed in order to establish the risks, properly classify the building, and manage the risks to ensure the safety of the occupants. This questionnaire is part of the approved construction documents and should be submitted to the building official upon application for plan approval. It should be attached the certificate of occupancy to permanently establish the basis of the approval.

Signature: _____ Date: _____
 Printed Name: _____
 Employer: _____ Title: _____

***DEFINITIONS:**

CUSTODIAL CARE. Assistance with day-to-day living tasks; such as assistance with cooking, taking medication, bathing, using toilet facilities and other tasks of daily living. Custodial care includes persons receiving care who have the ability to respond to emergency situations and evacuate at a slower rate and/or who have mental and psychiatric complications. Persons who receive custodial care may or may not require assistance with evacuation depending on the occupancy and/or the “condition” in the occupancy.

MEDICAL CARE. Care involving medical or surgical procedures, nursing or for psychiatric purposes.

PERSONAL CARE SERVICE. The care of persons who do not require medical care. Personal care involves responsibility for the safety of the persons while inside the building.

INCAPABLE OF SELF-PRESERVATION. Persons who, because of age, physical limitations, mental limitations, chemical dependency or medical treatment, cannot respond as an individual to an emergency situation to complete building evacuation.