

Name of Practice:

Enter address and contact information here.

Name of Project:

Enter name here.

Location:

Enter address here.

Date:

Enter date here.



2024 Ontario Building Code Data Matrix Part 3 – Fire Protection, Occupant Safety and Accessibility				Building Code Reference ¹																								
3.00	Building Code Version:	<u>O. Reg. 163/24</u> Last Amendment <u>O. Reg. 447/24</u>																										
3.01	Project Type:	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Change of use <input type="checkbox"/> Addition and renovation Description: _____		[A] 1.3.3.2.																								
3.02	Major Occupancy Classification:	<table border="0"> <thead> <tr> <th><u>Occupancy</u></th> <th><u>Use</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Occupancy</u>	<u>Use</u>	_____	_____	_____	_____	_____	_____		3.1.2.																
<u>Occupancy</u>	<u>Use</u>																											
_____	_____																											
_____	_____																											
_____	_____																											
3.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes Description: _____		3.2.2.7.																								
3.04	Building Area (m ²)	<table border="0"> <thead> <tr> <th><u>Description:</u></th> <th><u>Existing</u></th> <th><u>New</u></th> <th><u>Total</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>_____</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>_____</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>_____</td><td>0</td><td>0</td><td>0</td></tr> <tr><td style="text-align: right;">Total</td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table> <i>Insert additional lines as needed</i>	<u>Description:</u>	<u>Existing</u>	<u>New</u>	<u>Total</u>	_____	0	0	0	_____	0	0	0	_____	0	0	0	_____	0	0	0	Total	0	0	0		[A] 1.4.1.2.
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3.05	Gross Area (m ²)	<table border="0"> <thead> <tr> <th><u>Description:</u></th> <th><u>Existing</u></th> <th><u>New</u></th> <th><u>Total</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>_____</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>_____</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>_____</td><td>0</td><td>0</td><td>0</td></tr> <tr><td style="text-align: right;">Total</td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table> <i>Insert additional lines as needed</i>	<u>Description:</u>	<u>Existing</u>	<u>New</u>	<u>Total</u>	_____	0	0	0	_____	0	0	0	_____	0	0	0	_____	0	0	0	Total	0	0	0		[A] 1.4.1.2.
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Total	0	0	0																									

3.06	Mezzanine Area (m ²)	<u>Description:</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;"><u>Existing</u></th> <th style="width: 10%; text-align: center;"><u>New</u></th> <th style="width: 20%; text-align: center;"><u>Total</u></th> </tr> </thead> <tbody> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>		<u>Existing</u>	<u>New</u>	<u>Total</u>		0	0	0		0	0	0		0	0	0		0	0	0	Total	0	0	0	3.2.1.1.
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	<i>Insert additional lines as needed</i>																										
3.07	Building Height	<u>0</u> Storeys above grade <u>0</u> (m) Above grade <u>0</u> Storeys below grade	[A] 1.4.1.2. & 3.2.1.1.																								
3.08	High Building	<input type="checkbox"/> No <input type="checkbox"/> Yes	3.2.6.																								
3.09	Number of Streets/ Firefighter access	<u>0</u> street(s)	3.2.2.10. & 3.2.5.																								
3.10	Building Classification: (Size & Construction Relative to Occupancy)	3.2.2. _____ Group/Div _____	3.2.2.20 - 93.																								
3.11	Sprinkler System	<input type="checkbox"/> Required <input type="checkbox"/> Not Required <u>Provided:</u> <input type="checkbox"/> entire building <input type="checkbox"/> selected compartments <input type="checkbox"/> selected floor areas <input type="checkbox"/> basement <input type="checkbox"/> in lieu of roof rating <input type="checkbox"/> none <u>Description:</u> _____	3.2.1.5. & 3.2.2.18., 21., 22., 29., 3.2.4.1., 3.2.4.9., 3.2.4.15., and 3.2.5.12. to 14.																								
3.12	Standpipe System	<input type="checkbox"/> Not required <input type="checkbox"/> Required	3.2.5.8 - 11.																								
3.13	Fire Alarm System	<input type="checkbox"/> Required <input type="checkbox"/> Not required <u>Type Provided:</u> <input type="checkbox"/> Single stage <input type="checkbox"/> Two stage <input type="checkbox"/> None	3.2.4.																								
3.14	Water Service / Supply is Adequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	3.2.5.7.																								
3.15	Construction Type:	<u>Restriction:</u> <input type="checkbox"/> Combustible permitted <input type="checkbox"/> Non-combustible required <input type="checkbox"/> Encapsulated mass timber permitted <u>Actual:</u> <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Combination of combustible and non-combustible <input type="checkbox"/> Encapsulated mass timber <input type="checkbox"/> Combination of encapsulated mass timber and non-combustible <u>Heavy Timber Construction:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes	3.2.2.20.- 93. & 3.1.6. 3.1.4.6., 7., 3.2.2.16.																								

3.16	Importance Category:	<input type="checkbox"/> Low <input type="checkbox"/> Low human occupancy <input type="checkbox"/> Post-disaster shelter <input type="checkbox"/> Normal <input type="checkbox"/> High <input type="checkbox"/> Minor storage building <input type="checkbox"/> Explosive or hazardous substances <input type="checkbox"/> Post-disaster	4.1.2.1.(3) & T4.1.2.1.																									
3.17	Seismic Category:	Seismic Category: _____ Site Class: _____ Seismic design for Table 4.1.8.18. items 6 to 22: <input type="checkbox"/> Required <input type="checkbox"/> Not Required Reasons: _____	4.1.8.4.(1) T-4.1.8.5-B 4.1.8.18.																									
3.18	Occupant Load	<table border="1"> <thead> <tr> <th data-bbox="516 548 727 625"><u>Floor Level/Area</u></th> <th data-bbox="727 548 889 625"><u>Occupancy Type</u></th> <th data-bbox="889 548 1019 625"><u>Based On</u></th> <th data-bbox="1019 548 1149 646"><u>Occupant Load (Persons)</u></th> <th data-bbox="1149 548 1284 646"><u>Posted Limit Required</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">0</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">0</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">0</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">0</td> <td>_____</td> </tr> </tbody> </table> <i>Insert additional lines as needed</i>	<u>Floor Level/Area</u>	<u>Occupancy Type</u>	<u>Based On</u>	<u>Occupant Load (Persons)</u>	<u>Posted Limit Required</u>	_____	_____	_____	0	_____	_____	_____	_____	0	_____	_____	_____	_____	0	_____	_____	_____	_____	0	_____	3.1.17.
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3.19	Barrier-free Design:	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Explanation</u> _____	3.8.																									

	Barrier-free Entrances:	Number _____ <u>Explanation</u>	3.8.1.2.
3.20	Hazardous Substances:	<input type="checkbox"/> Yes <u>Explanation</u> <input type="checkbox"/> No	3.3.1.2.,

3.21	Required Fire Resistance Ratings	<table border="0"> <tr> <td><u>Horizontal Assembly</u></td> <td><u>Rating (H)</u></td> <td><u>Supporting Assembly (H)</u></td> <td><u>Noncombustible in lieu of rating?</u></td> </tr> <tr> <td>Storeys below grade</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td>Floors over basement</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td>Floors</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td>Mezzanine</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td>Roof</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> </table>	<u>Horizontal Assembly</u>	<u>Rating (H)</u>	<u>Supporting Assembly (H)</u>	<u>Noncombustible in lieu of rating?</u>	Storeys below grade	_____ 0 _____	_____ 0 _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Floors over basement	_____ 0 _____	_____ 0 _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Floors	_____ 0 _____	_____ 0 _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Mezzanine	_____ 0 _____	_____ 0 _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Roof	_____ 0 _____	_____ 0 _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	3.2.2.20 - 93, 3.2.1.2, 3.2.1.4., 3.2.2.15., 3.3.2.1.											
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3.22a	Spatial Separation	<table border="0"> <tr> <td><u>Exposing Building Face</u></td> <td><u>EBF Area (m²)</u></td> <td><u>L.D. (m)</u></td> <td><u>L/H or H/L</u></td> <td><u>Required FRR (H)</u></td> <td><u>% Unprotected Openings Permitted</u></td> <td><u>% Unprotected Openings Provided</u></td> </tr> <tr> <td>_____</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td>_____ 0 _____</td> <td>_____</td> <td>_____</td> </tr> </table> <p><i>Insert additional lines as needed</i></p>	<u>Exposing Building Face</u>	<u>EBF Area (m²)</u>	<u>L.D. (m)</u>	<u>L/H or H/L</u>	<u>Required FRR (H)</u>	<u>% Unprotected Openings Permitted</u>	<u>% Unprotected Openings Provided</u>	_____	_____ 0 _____	_____ 0 _____	_____ 0 _____	_____ 0 _____	_____	_____	_____	_____ 0 _____	_____ 0 _____	_____ 0 _____	_____ 0 _____	_____	_____	_____	_____ 0 _____	_____ 0 _____	_____ 0 _____	_____ 0 _____	_____	_____	_____	_____ 0 _____	_____ 0 _____	_____ 0 _____	_____ 0 _____	_____	_____	3.2.3.
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3.22b	Spatial Separation Continued	<table border="0"> <tr> <td><u>EBF (repeated)</u></td> <td><u>Construction Type</u></td> <td><u>Cladding Type</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Noncombustible</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Noncombustible</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Noncombustible</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Noncombustible</td> </tr> </table> <p><i>Insert additional lines as needed</i></p>	<u>EBF (repeated)</u>	<u>Construction Type</u>	<u>Cladding Type</u>	_____	_____	<input type="checkbox"/> Noncombustible	_____	_____	<input type="checkbox"/> Noncombustible	_____	_____	<input type="checkbox"/> Noncombustible	_____	_____	<input type="checkbox"/> Noncombustible	3.2.3.																				
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