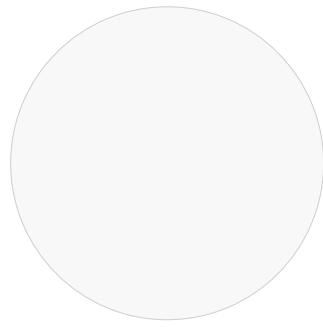


<p><b>Name of Practice:</b> Enter address and contact information here.</p> <p><b>Name of Project:</b> Enter name here.</p> <p><b>Location:</b> Enter address here.</p> <p><b>Date:</b> Enter date here.</p>						
<p><b>2024 Ontario Building Code Data Matrix</b> <b>Part 3 – Fire Protection, Occupant Safety and Accessibility</b></p>					<b>Building Code Reference<sup>1</sup></b>	
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: _____				
3.02	Major Occupancy Classification:	<u>Occupancy</u> _____	<u>Use</u> _____		3.1.2.	
3.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes Description: _____			3.2.2.7.	
3.04	Building Area (m <sup>2</sup> )	Description:	<u>Existing</u>	<u>New</u>	<u>Total</u>	[A] 1.4.1.2.
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
		Insert additional lines as needed	Total	0	0	0
3.05	Gross Area (m <sup>2</sup> )	Description:	<u>Existing</u>	<u>New</u>	<u>Total</u>	[A] 1.4.1.2.
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
		Insert additional lines as needed	Total	0	0	0

3.06	Mezzanine Area (m <sup>2</sup> )  <i>Insert additional lines as needed</i>	<u>Description:</u>	<u>Existing</u>	<u>New</u>	<u>Total</u>	3.2.1.1.
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
3.07	Building Height	0 Storeys above grade	0	(m) Above grade	[A] 1.4.1.2. & 3.2.1.1.	
		0 Storeys below grade				
3.08	High Building	<input type="checkbox"/> No <input type="checkbox"/> Yes			3.2.6.	
3.09	Number of Streets/ Firefighter access	0 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  <i>Insert additional lines as needed</i>	<table> <thead> <tr> <th><u>Floor Level/Area</u></th> <th><u>Occupancy Type</u></th> <th><u>Based On</u></th> <th><u>Occupant Load (Persons)</u></th> <th><u>Posted Limit Required</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>0</td> <td>_____</td> </tr> </tbody> </table>	<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.
<u>Floor Level/Area</u>	<u>Occupancy Type</u>	<u>Based On</u>	<u>Occupant Load (Persons)</u>	<u>Posted Limit Required</u>																								
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_____	_____	_____	0	_____																								
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	<u>Horizontal Assembly</u>	<u>Rating (H)</u>	<u>Supporting Assembly (H)</u>	<u>Noncombustible in lieu of rating?</u>	3.2.2.20 - 93, 3.2.1.2, 3.2.1.4., 3.2.2.15., 3.3.2.1.			
		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				
3.22a	Spatial Separation	<u>Exposing Building Face</u>	<u>EBF Area (m<sup>2</sup>)</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>	3.2.3.

3.23a	Plumbing Fixture Requirements	<u>Ratio:</u> _____ Male:Female = 50:50 Except as noted otherwise <table border="1"> <thead> <tr> <th><u>Floor Level/Area</u></th><th><u>Occupant Load</u></th><th><u>OBC Reference</u></th><th><u>WCs Required</u></th><th><u>WCs Provided</u></th></tr> </thead> <tbody> <tr> <td>_____</td><td>0</td><td>_____</td><td>0</td><td>0</td></tr> <tr> <td>_____</td><td>0</td><td>_____</td><td>0</td><td>0</td></tr> <tr> <td>_____</td><td>0</td><td>_____</td><td>0</td><td>0</td></tr> <tr> <td>_____</td><td>0</td><td>_____</td><td>0</td><td>0</td></tr> </tbody> </table> <p><i>Insert additional lines as needed</i></p>	<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Reference</u>	<u>WCs Required</u>	<u>WCs Provided</u>	_____	0	_____	0	0	_____	0	_____	0	0	_____	0	_____	0	0	_____	0	_____	0	0	3.7.4., 3.8.2.3.
<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Reference</u>	<u>WCs Required</u>	<u>WCs Provided</u>																								
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3.23b	Plumbing Fixture Requirements continued:	<table border="1"> <thead> <tr> <th><u>Floor Level/Area (repeated)</u></th><th><u>Barrier-free WCs Required</u></th><th><u>Barrier-free WCs Provided</u></th><th><u>Universal Washrooms Required</u></th><th><u>Universal Washrooms Provided</u></th></tr> </thead> <tbody> <tr> <td>_____</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr> <td>_____</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr> <td>_____</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr> <td>_____</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table> <p><i>Insert additional lines as needed</i></p>	<u>Floor Level/Area (repeated)</u>	<u>Barrier-free WCs Required</u>	<u>Barrier-free WCs Provided</u>	<u>Universal Washrooms Required</u>	<u>Universal Washrooms Provided</u>	_____	0	0	0	0	_____	0	0	0	0	_____	0	0	0	0	_____	0	0	0	0	Tables 3.8.2.3.A and 3.8.2.3.B
<u>Floor Level/Area (repeated)</u>	<u>Barrier-free WCs Required</u>	<u>Barrier-free WCs Provided</u>	<u>Universal Washrooms Required</u>	<u>Universal Washrooms Provided</u>																								
_____	0	0	0	0																								
_____	0	0	0	0																								
_____	0	0	0	0																								
_____	0	0	0	0																								
3.24	Energy Efficiency:	<u>Compliance Path:</u> _____ <u>Climate Zone:</u> _____ <u>Degree Days Below 18 C:</u> _____	12.2.1.2 SB-1 Table 2																									
3.25	Sound Transmission Design:	<u>Is there more than 1 dwelling unit per building?:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Option Implemented:</u> _____ <u>Notes:</u> _____	SB-3, 5.8.1.2.(2), 5.8.1.4., & 5.8.1.5.																									
3.26	Alternative Solution	_____ _____ _____	[A] 1.2.1.1., and [C] 2.1.																									
3.27	Notes:  <i>Insert additional lines as needed</i>	_____ _____ _____																										

1 All references are to Division B of the OBC, unless preceded by [A] for Division A and [C] for Division C.