

<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>																																						
<b>2024 Ontario Building Code Data Matrix</b> <b>Part 3 – Fire Protection, Occupant Safety and Accessibility</b>		<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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> New Construction</span> <span><input type="checkbox"/> Addition</span> <span><input type="checkbox"/> Renovation</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Change of use</span> <span><input type="checkbox"/> Addition and renovation</span> </div> <div style="margin-top: 5px;">           Description: _____         </div>	[A] 1.3.3.2.																																				
3.02	Major Occupancy Classification: <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 50%; text-align: left; border-bottom: 1px solid black;"><u>Occupancy</u></th> <th style="width: 50%; text-align: left; border-bottom: 1px solid black;"><u>Use</u></th> </tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </table>	<u>Occupancy</u>	<u>Use</u>							3.1.2.																												
<u>Occupancy</u>	<u>Use</u>																																					
3.03	Superimposed Major Occupancies: <div style="margin-top: 5px;"> <input type="checkbox"/> No    <input type="checkbox"/> Yes         </div> <div style="margin-top: 5px;">           Description: _____         </div>	3.2.2.7.																																				
3.04	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 55%; text-align: left; border-bottom: 1px solid black;"><u>Description:</u></th> <th style="width: 10%; text-align: left; border-bottom: 1px solid black;"><u>Existing</u></th> <th style="width: 10%; text-align: left; border-bottom: 1px solid black;"><u>New</u></th> <th style="width: 25%; text-align: left; border-bottom: 1px solid black;"><u>Total</u></th> </tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr> <td style="text-align: right; padding-right: 10px;">Total</td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	<u>Description:</u>	<u>Existing</u>	<u>New</u>	<u>Total</u>																													Total				[A] 1.4.1.2.
<u>Description:</u>	<u>Existing</u>	<u>New</u>	<u>Total</u>																																			
Total																																						



January 2025

3.19	Barrier-free Design:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation _____ _____ _____ _____ _____						3.8.																																																								
	Barrier-free Entrances:	Number _____ Explanation _____ _____ _____ _____ _____						3.8.1.2.																																																								
3.20	Hazardous Substances:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation _____ _____ _____ _____ _____						3.3.1.2.,																																																								
3.21	Required Fire Resistance Ratings	<table border="1"> <thead> <tr> <th data-bbox="526 800 760 852"><u>Horizontal Assembly</u></th> <th data-bbox="776 800 847 852"><u>Rating (H)</u></th> <th data-bbox="896 800 1042 852"><u>Supporting Assembly (H)</u></th> <th data-bbox="1058 800 1276 852"><u>Noncombustible in lieu of rating?</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="526 978 760 1010">Storeys below grade</td> <td data-bbox="776 978 847 1010">_____</td> <td data-bbox="896 978 1042 1010">_____</td> <td data-bbox="1058 978 1276 1010"><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td data-bbox="526 1052 760 1104">Floors over basement</td> <td data-bbox="776 1052 847 1104">_____</td> <td data-bbox="896 1052 1042 1104">_____</td> <td data-bbox="1058 1052 1276 1104"><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td data-bbox="526 1125 760 1157">Floors</td> <td data-bbox="776 1125 847 1157">_____</td> <td data-bbox="896 1125 1042 1157">_____</td> <td data-bbox="1058 1125 1276 1157"><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td data-bbox="526 1188 760 1220">Mezzanine</td> <td data-bbox="776 1188 847 1220">_____</td> <td data-bbox="896 1188 1042 1220">_____</td> <td data-bbox="1058 1188 1276 1220"><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td data-bbox="526 1251 760 1283">Roof</td> <td data-bbox="776 1251 847 1283">_____</td> <td data-bbox="896 1251 1042 1283">_____</td> <td data-bbox="1058 1251 1276 1283"><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> </tbody> </table>						<u>Horizontal Assembly</u>	<u>Rating (H)</u>	<u>Supporting Assembly (H)</u>	<u>Noncombustible in lieu of rating?</u>	Storeys below grade	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Floors over basement	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Floors	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Mezzanine	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Roof	_____	_____	<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.																																
<u>Horizontal Assembly</u>	<u>Rating (H)</u>	<u>Supporting Assembly (H)</u>	<u>Noncombustible in lieu of rating?</u>																																																													
Storeys below grade	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A																																																													
Floors over basement	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A																																																													
Floors	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A																																																													
Mezzanine	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A																																																													
Roof	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A																																																													
3.22a	Spatial Separation	<table border="1"> <thead> <tr> <th data-bbox="526 1314 626 1398"><u>Exposing Building Face</u></th> <th data-bbox="643 1314 708 1398"><u>EBF Area (m<sup>2</sup>)</u></th> <th data-bbox="740 1314 805 1346"><u>L.D. (m)</u></th> <th data-bbox="837 1314 902 1367"><u>L/H or H/L</u></th> <th data-bbox="919 1314 984 1367"><u>Required FRR (H)</u></th> <th data-bbox="1016 1314 1130 1398"><u>% Unprotected Openings Permitted</u></th> <th data-bbox="1162 1314 1276 1398"><u>% Unprotected Provided Openings</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>						<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 Provided Openings</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	3.2.3.
<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 Provided Openings</u>																																																										
_____	_____	_____	_____	_____	_____	_____																																																										
_____	_____	_____	_____	_____	_____	_____																																																										
_____	_____	_____	_____	_____	_____	_____																																																										
_____	_____	_____	_____	_____	_____	_____																																																										
_____	_____	_____	_____	_____	_____	_____																																																										
_____	_____	_____	_____	_____	_____	_____																																																										
_____	_____	_____	_____	_____	_____	_____																																																										

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> <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>	<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			<input type="checkbox"/> Noncombustible			<input type="checkbox"/> Noncombustible			<input type="checkbox"/> Noncombustible			<input type="checkbox"/> Noncombustible	3.2.3.													
<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																																									
		<input type="checkbox"/> Noncombustible																																									
		<input type="checkbox"/> Noncombustible																																									
		<input type="checkbox"/> Noncombustible																																									
		<input type="checkbox"/> Noncombustible																																									
3.23a	Plumbing Fixture Requirements	<table border="0"> <tr> <td colspan="5"><u>Ratio:</u>      <u>Male: Female = 50:50 Except as noted otherwise</u></td> </tr> <tr> <td><u>Floor Level/Area</u></td> <td><u>Occupant Load</u></td> <td><u>OBC Reference</u></td> <td><u>WCs Required</u></td> <td><u>WCs Provided</u></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	<u>Ratio:</u> <u>Male: Female = 50:50 Except as noted otherwise</u>					<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Reference</u>	<u>WCs Required</u>	<u>WCs Provided</u>																															3.7.4., 3.8.2.3.
<u>Ratio:</u> <u>Male: Female = 50:50 Except as noted otherwise</u>																																											
<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Reference</u>	<u>WCs Required</u>	<u>WCs Provided</u>																																							
3.23b	Plumbing Fixture Requirements continued:	<table border="0"> <tr> <td><u>Floor Level/Area (repeated)</u></td> <td><u>Barrier-free WCs Required</u></td> <td><u>Barrier-free WCs Provided</u></td> <td><u>Universal Washrooms Required</u></td> <td><u>Universal Washrooms Provided</u></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	<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>																															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>																																							

