



**UNITED STATES MARINE CORPS**  
MARINE AIR GROUND TASK FORCE TRAINING COMMAND  
MARINE CORPS AIR GROUND COMBAT CENTER  
BOX 788100  
TWENTYNINE PALMS, CALIFORNIA 92278-8100

CCO 11320.1H CH 1  
ISD 11B

**AUG 30 2023**

COMBAT CENTER ORDER 11320.1H CH 1

From: Commanding General  
To: Distribution List

Subj: COMBAT CENTER FIRE REGULATIONS AND INSTRUCTIONS

Encl: (1) New pages 2 and 3 insert to CCO 11320.1H

1. Situation. To transmit new pages insert to the Order.
2. Execution. Remove pages 2 and 3 of the Order and replace it with the corresponding page contained in enclosure (1).
3. Summary of Changes. This revision contains three administrative changes as follows.
  - a. Update the building number to Building 2080.
  - b. Update the web link to <https://www.29palms.marines.mil/Staff-Offices/Installation-Support-Directorate/Fire-Dept/>.
  - c. Update the web link to <https://www.29palms.marines.mil/Staff-Offices/Resource-Management-Directorate/Adjutant-Office/Orders/>.
4. Filing Instructions. File this transmittal as the first page of the Order immediately.

S. A. GERRIS  
Chief of Staff



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CCO 11320.1H  
ISD 11B

COMBAT CENTER ORDER 11320.1H

From: Commanding General  
To: Distribution List

Subj: COMBAT CENTER FIRE REGULATIONS AND INSTRUCTIONS

Ref: (a) MCO 11000.11A  
(b) Combat Center Fire Regulations and Instructions Manual

Encl: (1) Sample of Fire Warden Appointment Letter  
(2) Inspections Tracking  
(3) CCFD Construction and Building Permits

1. Situation. In accordance with the references, the Combat Center Fire Department (CCFD) is to establish and maintain an effective and efficient fire protection and emergency services program that incorporates fire prevention and public fire education, fire protection engineering, all-hazards emergency response, and fire protection systems inspection, testing, and maintenance.

2. Cancellation. CCO 11320.1G.

3. Mission. This Order provides policy to protect Marine Corps personnel and the public from loss of life, injury, and illness due to fires and other emergencies as a result of installation activities, aircraft operations, disasters or terrorist incidents. Reference (b) provides guidance to Assistant Chiefs of Staff (ACs/S), Special Staff Officers, Division Directors (DivDirs), Officers-in-Charge (OICs), Tenant Commands and Subordinate Commands to prevent or minimize damage to Marine Corps property and the environment aboard Marine Air Ground Task Force Training Command, Marine Corps Air Ground Combat Center.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. This Order emphasizes the requirement for all levels of leadership to ensure that Marines, civilians, and contracted personnel in their charge, are familiar with and comply with this Order and reference (b).

(2) Concept of Operations. The Mission Assurance (MA) Division will ensure the Combat Center Fire Department, in concert with the Commanding General (CG), will establish and provide operating procedures for the fire protection and emergency services program.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

b. Subordinate Element Missions

(1) ACs/S, Special Staff Officers, DivDirs, OICs, Tenant Commands, and Subordinate Commands

(a) Appoint, in writing, a single fire warden from within their unit, command, directorate or division. The designated appointee shall have email capability and will be CCFD's primary point of contact on all matters concerning fire protection and prevention. The appointee shall be a commissioned, noncommissioned officer or a civilian person of equivalent authority. A copy of the written appointment notice shall be forwarded to the fire chief. See enclosure (1) for an example of the Fire Warden Appointment Letter.

(b) Provide an after-hour's point of contact to the fire prevention office for each building, and group of buildings, occupied by personnel. Contact information shall be updated when change necessitates, but not less than annually.

(c) Ensure master key(s) are made for placement in the building's Knox box to be used for emergency access. Notify the fire prevention office for an appointment to have keys placed in the box.

(d) Notify the fire prevention office when any building or groups of buildings are to be activated or deactivated.

(e) Notify the fire chief in writing where billeting of personnel is requested in buildings or spaces not specifically designed for this purpose. A pre-occupancy inspection is required and shall be conducted by CCFD personnel utilizing enclosure (2).

(f) Ensure that prior to securing an unoccupied building, a thorough inspection is made to ensure the electrical power and other utilities are turned off, the building has been properly policed, and all fire extinguishers are returned to the applicable unit in charge of maintenance and purchasing.

(g) Ensure all building projects, modifications, renovations, or additions to any facilities have been approved by CCFD utilizing enclosure (3).

(h) Report property loss and content value to CCFD at (760) 830-6871 or (760) 830-6475, within 24 hours of any fire event.

(2) AC/S Installation Support Directorate (ISD), MA Division, Fire Department. The Fire Chief is responsible to the CG, under the cognizance of the AC/S ISD, MA Division, for the CCFD protection and prevention program. The Fire Chief is vested with the authority to take immediate action as necessary to protect life, property, and the environment from fire, hazards, or other applicable conditions.

(3) Fire Wardens. Will report to the Fire Chief upon being appointed, and provide a list of the buildings for which they are responsible. Upon approval, call (760) 830-5239 to sign up for initial training and for guidance from the CCFD prevention office in Building 2080.

c. Coordinating Instructions. Reference (b) can be accessed at: <https://www.29palms.marines.mil/Staff-Offices/Installation-Support-Directorate/Fire-Dept/> and includes the following information:

- (1) Administration
- (2) General fire regulations
- (3) Fire protection
- (4) Life safety
- (5) Fire prevention and fire safety
- (6) Electrical safety
- (7) Special processes and material handling
- (8) Ammunition magazine and ammunition
- (9) Exercise support base and expeditionary airfield
- (10) Construction requirements

5. Administration and Logistics. Directives issued by this Headquarters are published and distributed electronically. Electronic versions of Combat Center Orders can be found at <https://www.29palms.marines.mil/Staff-Offices/Resource-Management-Directorate/Adjutant-Office/Orders/>.

6. Command and Signal

a. Command. This Order is applicable to active duty, reserve, civilian personnel, contractors, and family members working and living aboard the Combat Center.

b. Signal. This Order is effective the date signed.



S. A. GEHRIS  
Chief of Staff

DISTRIBUTION: A

Sample of Fire Warden Appointment Letter



UNITED STATES MARINE CORPS  
[your unit's letter head]  
MARINE AIR GROUND TASK FORCE TRAINING COMMAND  
MARINE CORPS AIR GROUND COMBAT CENTER  
BOX 788100  
TWENTYNINE PALMS, CALIFORNIA 92278-8100

11320.2a  
[org code]  
[date]

From: Commanding Officer/Director, [your unit]  
To: [Named Appointee]  
Subj: APPOINTMENT AS THE [your unit] FIRE WARDEN  
Ref: (a) CCO 11320.1\_

1. Per the reference, you are hereby appointed as the Fire Warden for [your unit] with responsibility for the following buildings.

a. [list all buildings in which appointee has responsibility for fire safety]

2. You are directed to contact the Fire Department within 7 days of appointment and attend the required Fire Warden training provided by Combat Center's Fire Department within 90 days of appointment. Completion of the return endorsement reflects your compliance and assumption of the duties as the Fire Warden.

3. This appointment is effective immediately and will remain in effect until rescinded or upon your transfer.

[SIGNATURE]  
F. M. LNAME

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FIRST ENDORSEMENT

From: [Appointee's Name]  
To: [Commanding Officer/Director]

1. I have reported to the Fire Department, have signed up to attend the required training and have reviewed the reference. I have assumed the duties as the [your unit] Fire Warden.

[SIGNATURE]  
F. M. LNAME

Copy to:  
CCFD



# INSPECTIONS TRACKING

UNITED STATES MARINE CORPS  
 FIRE, RESCUE & EMERGENCY SERVICES BRANCH  
 MARINE AIR GROUND TASK FORCE TRAINING COMMAND  
 P.O. BOX 6004 \* TWENTYNINE PALMS \* CALIFORNIA 92278-6004



This checklist is provided to assist with record-keeping for required inspections.  
*For fastest execution, submit a copy of this checklist and all permits concurrently with your request for Final Inspection*

Review	Required	Signature of Inspector	Date Approved
Footing and Foundation	<input type="checkbox"/>		
Concrete Slab	<input type="checkbox"/>		
Foundation	<input type="checkbox"/>		
Under Floor	<input type="checkbox"/>		
Lowest Floor Level (In Floor Area)	<input type="checkbox"/>		
Underground	<input type="checkbox"/>		
Roof Framing	<input type="checkbox"/>		
Wall Framing	<input type="checkbox"/>		
Wall Close-In	<input type="checkbox"/>		
Ceiling Close-In	<input type="checkbox"/>		
Fire and Smoke Resistant Penetration	<input type="checkbox"/>		
Fire Protection and Fire Alarm	<input type="checkbox"/>		
Lath and Gypsum Board	<input type="checkbox"/>		
Accessibility	<input type="checkbox"/>		
Mechanical	<input type="checkbox"/>		
Electrical	<input type="checkbox"/>		
Plumbing	<input type="checkbox"/>		
Energy Efficiency	<input type="checkbox"/>		
Life Safety	<input type="checkbox"/>		
Elevator	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		
Final Inspection	<input type="checkbox"/>		
Fire Life Safety*			
Electrical*			
Mechanical*			
Plumbing*			
Environmental*			
Safety*			

# CCFD CONSTRUCTION AND BUILDING PERMIT BUILDING PERMIT APPLICATION



UNITED STATES MARINE CORPS  
FIRE, RESCUE & EMERGENCY SERVICES BRANCH  
MARINE AIR GROUND TASK FORCE TRAINING COMMAND

P.O. BOX 6004 \* TWENTYNINE PALMS \* CALIFORNIA 92278-6004

**IMPORTANT – Complete ALL applicable items on Pages 1 and 2. Pages 3, 4, and 5 are FOR OFFICE USE ONLY**

Project Name: \_\_\_\_\_

Room No. \_\_\_\_\_ Application Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Tenant/Agency Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Government PM: \_\_\_\_\_

Phone No: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Architect: \_\_\_\_\_ Gen. Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

- New Construction
- Renovation
- Alteration
- Change of Use

Project Description: \_\_\_\_\_

Will the space be occupied during construction? Yes  No

Contract No: \_\_\_\_\_ Project/Task No: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Mixed Use: Yes  No  Primary Use Group: \_\_\_\_\_ Total Area (sq ft): \_\_\_\_\_  
If, other use group(s): \_\_\_\_\_ No. of Stories: \_\_\_\_\_

Construction Type:  IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

Other, Explain: \_\_\_\_\_

Fire Alarm System Provided: Yes  No

Fire Sprinkler System Provided: Yes  No  If partial, Explain: \_\_\_\_\_

I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the plans submitted to the requirements of MAGCC Fire Division Code (Revision \_\_\_\_\_, dated \_\_\_\_\_) and all applicable ordinances.

Printed Name of Applicant or Project Manager \_\_\_\_\_

Signature of Applicant or Project Manager \_\_\_\_\_ Date: \_\_\_\_\_

## CCFD CONSTRUCTION AND BUILDING PERMIT

### Attachments to Building Permit Application

Providing the information requested herein is not required; however providing this information with your application may facilitate expedited processing of the application.



#### Plans Submitted

**Check all plans that are provided for this project.**

	Date Submitted		Date Submitted
<input type="checkbox"/> Civil		<input type="checkbox"/> Electrical Power	
<input type="checkbox"/> Underground Fire Protection		<input type="checkbox"/> Electrical Lighting	
<input type="checkbox"/> Structural		<input type="checkbox"/> Mechanical	
<input type="checkbox"/> Architectural		<input type="checkbox"/> Plumbing	
<input type="checkbox"/> Fire Protection		<input type="checkbox"/> Safety	
<input type="checkbox"/> Fire Alarm		<input type="checkbox"/> Environmental and Waste Mgt.	
<input type="checkbox"/> Life Safety		<input type="checkbox"/> Sustainability and Energy	
<input type="checkbox"/> Accessibility		<input type="checkbox"/> Tennant Fit-Out	
<input type="checkbox"/> NCPC		<input type="checkbox"/> Security	
<input type="checkbox"/> Exterior Standards		<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

#### Permits

Check all permits that have been/will be obtained related to work described in this application. See Current addition of IBC, UBC, and NFPA Codes for requirements and contact information for individual permits.

	Permit	Permit No.	Effective Date
<input type="checkbox"/>	Air Quality Permit Review		
<input type="checkbox"/>	Antenna and Similar Devices Installation Application		
<input type="checkbox"/>	Asbestos Control Permit		
<input type="checkbox"/>	Building Permit		
<input type="checkbox"/>	Building Pass Application		
<input type="checkbox"/>	Confined Space Permit		
<input type="checkbox"/>	Demolition Permit		
<input type="checkbox"/>	Excavation Permit		
<input type="checkbox"/>	Flammable Combustible Permit		
<input type="checkbox"/>	Hazardous Materials Permit		
<input type="checkbox"/>	Hazardous Material Management Form		
<input type="checkbox"/>	Hot Work Permit		
<input type="checkbox"/>	Lead Work		
<input type="checkbox"/>	LPG Permit		
<input type="checkbox"/>	Open Flame Permit		
<input type="checkbox"/>	Photo Permit		
<input type="checkbox"/>	Roof Access Permit		
<input type="checkbox"/>	Roof Hot Work Permit		
<input type="checkbox"/>	Space Access		
<input type="checkbox"/>	Stationary Lead Acid Battery System Permit		
<input type="checkbox"/>	Use of Explosive Permit		
<input type="checkbox"/>	Utility Outage Permit		
<input type="checkbox"/>	Utility Space Permit		



## CCFD CONSTRUCTION AND BUILDING PERMIT BUILDING PERMIT



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 P.O. BOX 6004 \* TWENTYNINE PALMS \* CALIFORNIA 92278-6004  
 This Page is for Standard and Compliance Office Use



Project Name: _____
Project Description: _____
Will the Space be occupied during construction? No <input type="checkbox"/> Yes <input type="checkbox"/>
Contract No: _____ Project/Task No: _____

Approved                       Disapproved – Reason: \_\_\_\_\_

Approval Official	
Printed Name: _____	
Title: _____	
Signature _____	
Issue Date: _____	Expiration Date: _____

		Date Approved	By			Date Approved	By
Civil	<input type="checkbox"/>			Electrical - Power	<input type="checkbox"/>		
Underground Fire protection	<input type="checkbox"/>			Electrical - Lighting	<input type="checkbox"/>		
Structural	<input type="checkbox"/>			Mechanical	<input type="checkbox"/>		
Architectural	<input type="checkbox"/>			Plumbing	<input type="checkbox"/>		
Fire Protection	<input type="checkbox"/>			Safety	<input type="checkbox"/>		
Fire Alarm	<input type="checkbox"/>			Environmental	<input type="checkbox"/>		
Life Safety	<input type="checkbox"/>			Waste Management	<input type="checkbox"/>		
Accessibility	<input type="checkbox"/>			Tenant Fit-Out	<input type="checkbox"/>		
NCPC	<input type="checkbox"/>			Security	<input type="checkbox"/>		
Exterior Standards	<input type="checkbox"/>			Other:	<input type="checkbox"/>		
Other:	<input type="checkbox"/>			Other:	<input type="checkbox"/>		

Inspections Required Before Occupancy (Check all that apply – See page 5 tracking form)					
<input type="checkbox"/>	Footing and Foundation	<input type="checkbox"/>	Concrete Slab,	<input type="checkbox"/>	Lowest Floor Elevation (In Floor Areas)
<input type="checkbox"/>	Underground	<input type="checkbox"/>	Foundation Wall	<input type="checkbox"/>	Wall Framing
<input type="checkbox"/>	Wall Close-In	<input type="checkbox"/>	Under Floor	<input type="checkbox"/>	Life Safety
<input type="checkbox"/>	Fire and Smoke Resistant Penetration	<input type="checkbox"/>	Roof Framing	<input type="checkbox"/>	Lath and Gypsum Board
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Ceiling Close-In	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Accessibility	<input type="checkbox"/>	Fire Protection	<input type="checkbox"/>	Elevator
<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Fire Alarm	<input checked="" type="checkbox"/>	Energy Efficiency
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Final Inspection

## CCFD CONSTRUCTION AND BUILDING PERMIT BUILDING PERMIT CONTINUED



UNITED STATES MARINE CORPS  
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Inspections Required Before Occupancy (Check all that apply - see page 5 tracking form)					
<input type="checkbox"/>	Footing and Foundation	<input type="checkbox"/>	Foundation Wall and Under Floor	<input type="checkbox"/>	Lowest Floor Elevation (in flood areas)
<input type="checkbox"/>	Underground	<input type="checkbox"/>	Roof Framing	<input type="checkbox"/>	Wall Framing
<input type="checkbox"/>	Wall Close-in	<input type="checkbox"/>	Ceiling Close-in	<input type="checkbox"/>	Life Safety
<input type="checkbox"/>	Fire and Smoke Resistant Penetration	<input type="checkbox"/>	Fire Protection and Fire Alarm	<input type="checkbox"/>	Lath and Gypsum Board
<input type="checkbox"/>	Accessibility	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Energy Efficiency	<input type="checkbox"/>	Elevator
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Final Inspection