

Date _____

Time _____

Firm _____
Address _____
Person Contacted _____
Business Owner _____

Occupancy Classification _____
Phone No. _____
Title _____
Phone No. _____

TYPE INSPECTION:

- Commercial Residential New Business Safety Complaint Other _____

AREA AROUND BUILDING:

- Fire Lanes/FireZones Address Outside Storage Grass/Weeds Trash/Rubbish Parking Lot
 Other _____

HOUSEKEEPING:

- | | | |
|---|---|---|
| <input type="checkbox"/> Accumulated Trash/Rubbish | <input type="checkbox"/> Interior Decorations | <input type="checkbox"/> Gas Connections/Appliances |
| <input type="checkbox"/> Grease Accumulation | <input type="checkbox"/> Open Flame Devices | <input type="checkbox"/> Explosive Agents/Chemicals |
| <input type="checkbox"/> Storage of Merchandise | <input type="checkbox"/> Compressed Gas Cylinders | <input type="checkbox"/> Lint/Dust Accumulation |
| <input type="checkbox"/> Flammable Liquid - Storage/Use | <input type="checkbox"/> Safety Glass Location | <input type="checkbox"/> Attic Insulation |
| <input type="checkbox"/> Signage / Location | <input type="checkbox"/> Other _____ | |

COPY

MAINTENANCE OF EXIT WAYS:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Exit Obstruction/Locked | <input type="checkbox"/> Exit Hardware | <input type="checkbox"/> 2 Exits Required | <input type="checkbox"/> Posted Occupancy Load |
| <input type="checkbox"/> Exit Sign Illumination | <input type="checkbox"/> Exit Doors/Aisle Width | <input type="checkbox"/> Landing Identification | <input type="checkbox"/> Improper Signing |
| <input type="checkbox"/> Emergency Lighting | <input type="checkbox"/> Exit Corridors | <input type="checkbox"/> Other _____ | |

PLUMBING:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Tempered Water | <input type="checkbox"/> HC Accessible | <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Backflow/ Hose Bibb |
| <input type="checkbox"/> Other _____ | | | |

ELECTRICAL:

- | | | |
|---|---|--|
| <input type="checkbox"/> Use of Extension Cords | <input type="checkbox"/> Meter Loop | <input type="checkbox"/> Main Disconnect |
| <input type="checkbox"/> Breakers Unlabeled | <input type="checkbox"/> Panel Access Blocked | <input type="checkbox"/> GFCI Plug Locations |
| <input type="checkbox"/> Exposed Wiring/Service | <input type="checkbox"/> Arc fault Breakers | <input type="checkbox"/> A/C and Heating Units |
| <input type="checkbox"/> Other _____ | | |

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FIRE PROTECTION - System/Appliances:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Portable Fire Extinguishers | <input type="checkbox"/> Sprinkler System | <input type="checkbox"/> Hood - Fixed System | <input type="checkbox"/> Smoke Detectors |
| <input type="checkbox"/> Fire Containment | <input type="checkbox"/> Other _____ | | |

You are hereby requested to correct the above conditions on or before the re-inspection date. Failure to comply may render you liable to penalties provided by law.

COPY

Inspector: _____ Customer Signature _____