



FIRE LIFE SAFETY INSPECTION REPORT

Building/Business Owner Name: _____ Inspection Date: _____

Business Name: _____ Address: _____

Inspection Issued To: _____ Mailing Address: _____

Type of Business: _____ Business phone number: _____

A fire inspection has been conducted on your property. During this inspection conditions affecting fire safety may have been noted.

A. Exterior Assessment	E. Fire Alarm System	I. Kitchen Suppression
1 - Building number not posted	1 - Alarm Service Report	1 - Cleaning of hood and duct
2 - Obstructed FDC	2 - Devices obstructed	2 - Illegal cooking operation
3 - Obstructed fire hydrant	3 - Alarm Maintenance	3 - Six month service needed
4 - Gas meter protection	F. Flammable/Combustible Liquids	J. Automatic Sprinkler
5 - Storage proximity	1 - Storage cabinet	1 - Annual service needed
6 - Storage under eaves	2 - Improper housekeeping	2 - FDC cap needed
B. Exits	3 - No storage area	3 - Hanging material
1 - Exit travel	4 - Close to heating appliance	4 - Sprinkler clearance
2 - Exits obstructed	5 - Fueled equipment	5 - Provide sprinkler protection
3 - Panic hardware	6 - Oily rags	6 - Damaged/Painted heads
4 - Number of exits	7 - Compressed gas tanks	7 - Spare heads and/or wrench
5 - Unapproved locking devices	8 - Equipment rooms	K. Fuel Dispensing
C. Exit Lighting and Signs	G. Electrical	1 - Fire extinguisher
1 - Exit signs battery backup	1 - Extension cord usage	2 - Emergency shutoff
2 - Exit signs required	2 - Electrical panel labeling	3 - Provide signage
3 - Emergency lighting	3 - Portable heaters	4 - Replace hoses
4 - Exit sign burnt out	4 - Improper power strip usage	L. Hotel/Apartments
5 - "to remain unlocked" sign	5 - Panel obstructed	1 - Evacuation routes
D. Extinguishers	6 - No cover plate	2 - Fire alarm system
1 - Class K extinguisher	7 - Multi-plug adapter	3 - Smoke detectors
2 - Number of extinguishers		
3 - Extinguisher placement	H. Fire Walls and Doors	X. No Apparent Violations
4 - Extinguisher obstructed	1 - Restrained fire door	1 - No Apparent Violations
5 - Extinguisher maintenance	2 - Breached wall or ceiling	
6 - Signs indicating location	3 - Fire assembly needs repair	

Remarks: _____

Inspector: _____ Received By: _____

- Compliance with the preceding requirements shall be effective immediately.**
 A re-inspection shall be conducted on/or after _____ days to verify full compliance.
- You are hereby notified to remedy the conditions as stated above immediately.**
 After the conditions have been abated, mail a copy of the notice within _____ days including a signature certifying completion.

I CERTIFY THAT THE VIOLATIONS SPECIFIED ABOVE HAVE BEEN CORRECTED.

SIGNATURE _____ PRINT NAME _____ DATE _____