

Kittitas County Fire Marshal's Office 411 N. Ruby St. Suite 2 Ellensburg, WA 98926 509-962-7657 Fax 50

Fax 509-962-7682

FIRE LIFE SAFETY INSPECTION REPORT

Building/Business Owner Name:	Ir	spection Date:
Business Name:	Address:	
Inspection Issued To:	Mailing Address:	
Type of Business:	Business phone numb	er:
•	n your property. During this inspection condition	
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:	
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	ing requirements shall be effective immediat acted on/or after days to verify full comp	
	emedy the conditions as stated above immed	
	n abated, mail a copy of the notice within	
I CERTIFY THAT THE VIOLATION	S SPECIFIED ABOVE HAVE BEEN CORRE	CTED.
SIGNATURE	PRINT NAME	DATE