



Fire Department Self-Inspection Worksheet

Business Name: _____ **Date:** _____

Address: _____ **Unit:** _____ **Zip:** _____

NOTES:

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|---|-------------------|---|-------------------|
| 1. Is your address visible on the outside of the building with contrasting background and numbers at least 5 inches in height?
IF "NO" Date Corrected _____ | YES NO N/A | 11. Do you have a fire extinguisher? (Minimum rating required 2A10BC-refer to label on extinguisher).
IF "NO" Date Corrected _____ | YES NO N/A |
| 2. Are all exit aisles, hallways, doorways, stairways, landings, walkways, clear of any obstruction?
IF "NO" Date Corrected _____ | YES NO N/A | 12. Do all extinguishers have a State Fire Marshal tag and have been inspected within the last year by a licensed fire extinguisher company?
IF "NO" Date corrected _____ | YES NO N/A |
| 3. Are exit doors easily recognizable, maintained functional and operable from the inside w/o the use of a key or special knowledge or effort?
IF "NO" Date Corrected _____ | YES NO N/A | 13. Is fire extinguisher mounted or secured on a wall (preferably near an exit) so that the top of the extinguisher is not more than 5 feet above the floor?
IF "NO" Date Corrected _____ | YES NO N/A |
| 4. Are circuit breakers clear of any tape, string or wire that would affect their operation?
IF "NO" Date Corrected _____ | YES NO N/A | 14. Are all fire extinguishers visible and readily accessible for use (not blocked by storage, etc.)?
IF "NO" Date Corrected _____ | YES NO N/A |
| 5. Is the cover on the electrical panel and face plates installed on all electrical outlets and switches?
IF "NO" Date Corrected _____ | YES NO N/A | 15. If building has a fire sprinkler system, is storage kept 18 inches below all sprinkler heads?
IF "NO" Date Corrected _____ | YES NO N/A |
| 6. Have all extension cords been replaced with permanent wiring?
IF "NO" Date Corrected _____ | YES NO N/A | 16. If the building has a fire sprinkler system, has the required annual service and test of the fire sprinkler system been performed by a licensed company?
IF "NO" Date Corrected _____ | YES NO N/A |
| 7. Are gas shut off valves clear of weeds, trash, storage, etc., and are they visible and accessible?
IF "NO" Date Corrected _____ | YES NO N/A | 17. If you have compressed gas cylinders, are they chained/secured to prevent falling.
IF "NO" Date Corrected _____ | YES NO N/A |
| 8. Is your heating/air conditioning unit cleaned and/or new filters installed on a regular basis?
IF "NO" Date Corrected _____ | YES NO N/A | 18. If exit signs are required, are they maintained as illuminated or self-luminous?
IF "NO" Date Corrected _____ | YES NO N/A |
| 9. Are gas/electric appliances (water heater, furnace, etc.) free of combustible storage? (No combustibles within 3 feet)
IF "NO" Date Corrected _____ | YES NO N/A | 19. If emergency lighting is provided, is it maintained in operable condition?
IF "NO" Date Corrected _____ | YES NO N/A |
| 10. Are piles of paper, trash, etc., in and around your building picked up and disposed of regularly?
IF "NO" Date Corrected? _____ | YES NO N/A | 20. Do you use or store hazardous materials in the amount of 55 gal., 500 lbs., or 200 cu. ft.? | YES NO N/A |