Office of the State Fire Marshal

Division of Fire, Emergency, and Building Services

POLICY

SUBJECT: Board Certification (Voluntary Certificate Program)

PURPOSE: The purpose of this policy is to create a formalized system of local Fire Marshals and their staff to become a Board Certified Fire Inspector I in Connecticut and a certified Fire Inspector I nationally.

POLICY: Requirements of Board Certification

I. Candidate's Responsibilities

A. The candidate must complete the mandatory requirements for State Certification as a Fire Inspector.

B. The candidate must establish a relationship with currently certified and active Fire Marshal(s) in order to pursue completion of the voluntary Certificate Program

C. The candidate shall inspect the following occupancies:

1. Assembly (new or existing)
2. Educational (new or existing)

D. The candidate shall inspect ONE of the following Residential Occupancies

1. Apartments (new or existing)
2. Hotels and Dormitories (new or existing)
3. Lodging or Rooming House (new or existing)
4. Residential Board and Care (new or existing)

E. The candidate shall inspect ONE of the following Occupancies:

1.Healthcare (new or existing)
2. Mercantile (new or existing)
3. Business (new or existing)

All inspections are to be completed on forms provided by the Office of the State Fire Marshal.

II. Local Fire Marshal's Responsibilities

A. The local Fire Marshal will ensure that the candidate satisfactorily performs the mandatory and optional inspections as outlined above.

B. In the event that the local Fire Marshal identifies a designee to oversee the

candidate-performed inspections, such designee shall, at a minimum, be currently certified and active Fire Inspector with a minimum of four (4) years of field experience.

C. Upon successful completion of inspections, the local Fire Marshal shall, by affixing his signature to each of the relevant documents, attest that the candidate has properly completed the mandatory and optional inspections.

D. The local Fire Marshal shall then submit said documents to the Office of the State Fire Marshal.

III. State Fire Marshal's Responsibilities

A. The Office of the State Fire Marshal shall review documents pertaining to a candidate's completion of the requisite inspections.

B. If the Office of the State Fire Marshal determines that the candidate has successfully completed the above inspection requirements, it shall recommend to the Certification Board (FMTC and a representative from the Office of the State Fire Marshal) that a proper certificate be issued.

C. In the event that the Office of the State Fire Marshal determines that the candidate has not met the requirement for Board Certification, it shall present its findings to the Certification Board.

IV. Certification Board

A. Upon recommendation of the Office of the State Fire Marshal the Certification Board shall recommend to the Deputy State Fire Marshal that a certificate be issued to the candidate indicating achievement of Board Certification.

B. In the event that the Office of the State Fire Marshal determines that the candidate has not met the requirements for Board Certification, the Certification Board shall recommend to the Deputy State Fire Marshal that the candidate be notified, in writing, of the reasons for such determination, as well as the steps required for the candidate to successfully meet the requirements for Board Certification.

DISCUSSION: It shall be each individual's responsibility to apply for certification under either program, state or national. The application for National Certification, which can only be obtained upon successful completion of the Connecticut Certification, outlines the procedures, fees, ect., that must accompany each application.

RELATED: The Connecticut Office of the State Fire Marshal only verifies the qualifications for National Certification and is not involved in any other aspect of that process.

lcs/policy98-01

Office of State Fire Marshal

Division of Fire, Emergency, and Building Services

APPLICATION FOR BOARD CERTIFICATION
FIRE INSPECTOR I

Please PRINT or TYPE all information

PROSPECTIVE CANDIDATES MUST HAVE COMPLETED THE MANDITORY REQUIREMENTS FOR STATE CERTIFICATION AS A FIRE INSPECTOR.

Applicant Name: _____
Last First

Home Address: _____
Town State Zip

Title: _____ Home Phone: (_____)_____

SS#: _____/_____/_____

Jurisdiction: _____

Business Address: _____
Town State Zip

Business Phone: (_____)_____

_____ _____
Applicant Signature Date

Below to be completed by FIRE MARSHAL

Name: _____
Last First

Jurisdiction: _____

Business Address: _____
Town State Zip

Business Phone: (_____)_____

By affixing my signature below, I attest that I have reviewed the attached inspection documents, and that all mandatory and optional inspections were satisfactorily performed by the applicant.

_____ _____
Fire Marshal Signature Date

*** FOR OFFICE USE ONLY ***

DATE RECEIVED: ACTION TAKEN:

ASSEMBLY OCCUPANCY

Inspection Date: _____ Time Involved: _____
Hours Mins
Inspected By:_____

BUILDING DATA

Building Name:_____ Key Code: _____

Location: _____

Fixed Property Use: _____

Date of Construction/Conversion: _____

Change from Last Inspection: ☐ YES ☐ NO Describe: _____

_____

Any Renovations: ☐ YES ☐ NO Describe: _____

_____

Mixed Occupancy: ☐ YES ☐ NO If YES, list other occupancy: _____

Reason for Inspection: ☐ ANNUAL ☐ COMPLAINT ☐ POST FIRE

Remarks:

OWNER INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

MANAGEMENT INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

1. GENERAL

A. New ☐ Existing ☐

B. Class "A" ☐ Class "B" ☐ Class "C" ☐

C. Mixed Occupancy: ☐ YES ☐ NO OK SEC. #

D. Combined Assembly & Residential: _____

E. Other: _____

F. Remarks:

2. EGRESS—GENERAL

NOTES OK SEC.#

A. Headroom: _____

B. Changes in Level: _____

C. Number Of: _____

D. Other: _____

E. Remarks:

3. EGRESS—ARRANGEMENT

NOTES OK SEC.#

A. Arrangement: _____

B. Common Path of Travel: _____

C. Travel Distance to an Exit: _____

D. Main Entrance/Exit: _____

E. Other Exits: _____

F. Exit Discharge: _____

G. Exterior Exit Access: _____

H. Illumination: _____

I. Divided Lobby Areas: _____

J. Impediments: _____

K . Other: _____

L. Remarks:

4. CORRIDORS

NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Obstruction: _____

D. Barrier-Fire Protection Rating: _____

E. Openings-Fire Protection Rating: _____

F. Doors are Self-Closing: _____

G. Obstruction by Doors: _____

H. Other: _____

I. Remarks:

5. Seating At Tables

NOTES OK SEC.#

A. General: _____

B. Aisle Access: _____

C. Aisles: _____

D. Capacity : _____

E. Aisle Stairs & Ramps: _____

F. Approval of Layouts: _____

G. Other: _____

H. Remarks:

6. Seating Not At Tables

NOTES OK SEC.#

A. General: _____

B. Aisle Access: _____

C. Aisles: _____

D. Aisle Stairs & Ramps: _____

E. Aisle Capacity: _____

F. Handrails: _____

G. Dimensions: _____

H. Other: _____

I. Remarks:

7. Stairs

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Guards: _____

D. Handrails: _____

E. Separation of Interior Stairs: _____

F. Separation of Outside Stairs: _____

G. Storage: _____

H. Stairwell Re-Entry: _____

I. Obstruction by Doors: _____

J. Other: _____

K. Remarks:

8. Ramps

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Details: _____

D. Guards: _____

E. Handrails: _____

F. Other: _____

G. Remarks:

9. Fire Escapes

NOTES OK SEC.#

A. General: _____

B. Capacity: _____

C. Opening Protection: _____

D. Access: _____

E. Dimensions: _____

F. Guards: _____

G. Handrails: _____

H. Materials & Strength: _____

I. Swinging Stairs: _____

J. Ladders: _____

K. Other: _____

L. Remarks:

10. Doors

NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Floor Level: _____

D. Door Swing: _____

E. Force to Open: _____

F. Self or Automatic Closing: _____

G. Other: _____

H. Remarks:

11. Locks/Latches

NOTES OK SEC.#

A. Doors Readily Openable: _____

B. Release Device: _____

C. Improper Devices: _____

D. Special Locking: _____

E. Panic/Fire Exit Hardware: _____

F. Positive Latching (FPR Only): _____

G. Other: _____

H. Remarks:

12. Mainteance

NOTES OK SEC.#

A. Egress Clear and Unobstructed: _____

B. Exit Enclosures Free of Storage: _____

C. Other: _____

D. Remarks: _____

13. Emergency Lights

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement: _____

D. Properly Illuminated Egress Paths: _____

E. Operable: _____

F. Monthly Testing: _____

G. Annual Testing: _____

H. Written Records: _____

I. Other: _____

J. Remarks:

14. Exit Signs

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement and Visibility: _____

D. Illumination: _____

E. Other: _____

F. Remarks:

15. Vertical Openings

NOTES OK SEC.#

A. Enclosure of Floor Openings: _____

B. Mezzanines: _____

C. Atrium Protection: _____

D. Mini-Atrium Protection: _____

E. Other: _____

F. Remarks:

16. Fire Alarm

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

D. Initiation: _____

E. Annunciator Panel: _____

F. Audibility: _____

G. Condition: ☐ Normal ☐ Trouble ☐ Alarm ☐ Off _____

H. Annual Testing: _____

I. Proper Maintenance Req.'d: _____

J. Other: _____

K. Remarks:

17. Fire Extinguishers

NOTES OK SEC.#

A. Within Projection Rooms: _____

B. Type of Extinguisher: _____

C. Mounted Properly: _____

D. Accessible: _____

E. Fully Charged & Operational: _____

F. Monthly Inspection: _____

G. Other: _____

H. Remarks:

18. Extinguishing Systems

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

D. Inspection Schedule-Sprinklers: _____

E. Inspections Schedule-Standpipes: _____

F. Operating Condition: _____

G. Date of Last Test: _____

H. Testing Schedule-Sprinklers: _____

I. Other: _____

J. Remarks:

19. Hazardous Areas

NOTES OK SEC.#

A. Fire-Rated Separation: _____

B. Extinguishing System: _____

C. Food Preparation Facilities: _____

D. Other: _____

E. Remarks:

20. Interior Finish

NOTES OK SEC.#

A. Walls and Ceilings-Proper Rating: _____

B. Floor Finish-Proper Rating: _____

C. Other: _____

D. Remarks:

21. Building Services:

NOTES OK SEC.#

A. Electrical Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

B. Heating Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

C. Rubbish/Laundry Chutes: _____

D. Other: _____

E. Remarks:

22. Operating Features:

NOTES OK SEC.#

A. Construction & Repair Operations: _____

B. Training of Employees: _____

C. Announcement of Exit Location: _____

D. Open Flame Devices: _____

E. Portable Food Service Devices: _____

F. Smoking: _____

G. Seating: _____

Additional Comments:

Inspecting Officer: _____ Date: _____

Fire Marshal: _____ Date: _____

ADDITIONAL FORM FOR ASSEMBLY OCCUPANCIES

1. GENERAL

NOTES OK SEC.#

A. ☐ New ☐ Existing

B. Stage/Platform: ☐ YES ☐ NO _____

C. Exposition Facilities: ☐ YES ☐ NO _____

D. Special Amusements: ☐ YES ☐ NO _____

E. Other: _____

F. Remarks:

2. STAGES / PLATFORMS

NOTES OK SEC.#

A. Platform Construction: _____

B. Stage Construction: _____

C. Accessory Rooms: _____

D. Vents: _____

E. Proscenium Walls: _____

F. Proscenium Curtain: _____

G. Gridirons & Fly Galleries: _____

H. Automatic Sprinklers: _____

I. Special Exiting: _____

J. Auxiliary Spaces: _____

K. Flame Retardant Requirements: _____

L. Standpipes: _____

M. Open Flame Devices: _____

N. Other: _____

O. Remarks:

3. EXPOSITION FACILITIES

NOTES OK SEC.#

A. Egress from Exhibits: _____

B. Exhibit Booth Construction: _____

C. Flame Retardant Requirements: _____

D. Automatic Sprinklers: _____

E. Open Flame Devices: _____

F. Cooking/Food Warming Devices: _____

G. Amounts of Combustibles: _____

H. Approved Plans: _____

I. Vehicles: _____

J. Other: _____

K. Remarks:

4. Special Amusements

NOTES OK SEC.#

A. General: _____

B. Automatic Sprinklers: _____

C. Smoke Detection Systems: _____

D. Exit Markings: _____

E. Interior Finish: _____

F. Other: _____

G. Remarks:

Additional Comments:

Inspecting Officer: _____ Date: _____

Fire Marshal: _____ Date: _____

EDUCATIONAL OCCUPANCY

Inspection Date: _____ Time Involved: _____
Hours Mins
Inspected By:_____

BUILDING DATA

Building Name:_____ Key Code: _____

Location: _____

Fixed Property Use: _____

Date of Construction/Conversion: _____

Change from Last Inspection: ☐ YES ☐ NO Describe: _____

_____

Any Renovations: ☐ YES ☐ NO Describe: _____

_____

Mixed Occupancy: ☐ YES ☐ NO If YES, list other occupancy: _____

Reason for Inspection: ☐ ANNUAL ☐ COMPLAINT ☐ POST FIRE

Remarks:

OWNER INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

MANAGEMENT INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

1. GENERAL

OK SEC. #

A. New ☐ Existing ☐

B. Mixed Occupancy: ☐ YES ☐ NO

C. Combined Educational & Assembly:_____

D. Combined Educational & Dormitory: _____

E. Other: _____

F. Remarks:

2. EGRESS—GENERAL

NOTES OK SEC.#

A. Headroom: _____

B. Changes in Level: _____

C. Number Of: _____

D. Other: _____

E. Remarks:

3. EGRESS—ARRANGEMENT

NOTES OK SEC.#

A. Common Path of Travel: _____

B. Corridor Dead-Ends: _____

C. Travel Distance to an Exit: _____

D. Exit Discharge: _____

E. Exterior Exit Access: _____

F. Mechanical/Equipment Rooms: _____

G. Illumination: _____

H. Impediments:_____

I . Other: _____

J. Remarks:

4. CORRIDORS

NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Obstruction: _____

D. Barrier-Fire Protection Rating: _____

E. Openings-Fire Protection Rating: _____

F. Doors are Self-Closing: _____

G. Obstruction by Doors: _____

H. Clothing/Personal Effects: _____

I. Other: _____

J. Remarks:

5. DOORS

NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Floor Level: _____

D. Door Swing: _____

E. Force to Open: _____

F. Self or Automatic Closing: _____

G. Other: _____

H. Remarks:

6. LOCKS/LATCHES

NOTES OK SEC.#

A. Doors Readily Openable: _____

B. Release Device: _____

C. Improper Devices: _____

D. Special Locking: _____

E. Panic/Fire Exit Hardware: _____

F. Positive Latching (FPR Only): _____

G. Other: _____

H. Remarks:

7. STAIRS

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Guards: _____

D. Handrails: _____

E. Separation of Interior Stairs: _____

F. Separation of Outside Stairs: _____

G. Storage: _____

H. Stairwell Re-Entry: _____

I. Obstruction by Doors: _____

J. Other: _____

K. Remarks:

8. RAMPS

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Details: _____

D. Guards: _____

E. Handrails: _____

F. Other: _____

G. Remarks:

9. Emergency Lights

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement: _____

D. Properly Illuminated Egress Paths: _____

E. Operable: _____

F. Monthly Testing: _____

G. Annual Testing: _____

H. Written Records: _____

I. Other: _____

J. Remarks:

10. Exit Signs

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement and Visibility: _____

D. Illumination: _____

E. Other: _____

F. Remarks:

11. Mainteance

NOTES OK SEC.#

A. Egress Clear and Unobstructed: _____

B. Exit Enclosures Free of Storage: _____

C. Other: _____

D. Remarks: _____

12. Vertical Openings

NOTES OK SEC.#

A. Enclosure of Floor Openings: _____

B. Convenience Stair: _____

C. Atrium Protection: _____

D. Mini-Atrium Protection: _____

E. Other: _____

F. Remarks:

13. Hazardous Area

NOTES OK SEC.#

A. Fire-Rated Separation: _____

B. Egress: _____

C. Janitor Closets: _____

D. Food Prep Facilities: _____

E. Extinguishing Systems: _____

F. Other: _____

G. Remarks:

14. Fire Alarm

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

D. Initiation: _____

E. Annunciator Panel: _____

F. Audibility: _____

G. Condition: ☐ Normal ☐ Trouble ☐ Alarm ☐ Off _____

H. Annual Testing: _____

I. Proper Maintenance Req.'d: _____

J. Other: _____

K. Remarks:

15. Extinguishing Systems

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

D. Inspection Schedule-Sprinklers: _____

E. Inspections Schedule-Standpipes: _____

F. Operating Condition: _____

G. Date of Last Test: _____

H. Testing Schedule-Sprinklers: _____

I. Other: _____

J. Remarks:

16. Interior Finish

NOTES OK SEC.#

A. Walls and Ceilings-Proper Rating: _____

B. Other: _____

C. Remarks:

17. Student Occupied Rooms

NOTES OK SEC.#

A. Location of Students: _____

B. Exit Access from Room: _____

C. Number of Exit Access Doors: _____

D. Rescue & Ventilation Windows: _____

E. Aisles: _____

F. Other: _____

G. Remarks:

18. Building Services:

NOTES OK SEC.#

A. Electrical Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

B. Heating Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

C. Unvented Fuel-Fired Room Heaters: _____

D. Rubbish/Laundry Chutes: _____

E. Other: _____

F. Remarks:

19. Subdivision of Building Spaces

NOTES OK SEC.#

A. Floor Separation: _____

B. Other: _____

C. Remarks:

20. Operating Features:

NOTES OK SEC.#

A. Construction & Repair Operations: _____

B. Fire Drills: _____

C. Facility Inspection: _____

D. Child Prepared Artwork: _____

E. Portable Heating Devices: _____

Additional Comments:

Inspecting Officer: _____ Date: _____

Fire Marshal: _____ Date: _____

APARTMENT OCCUPANCY

Inspection Date: _____ Time Involved: _____
Hours Mins
Inspected By:_____

BUILDING DATA

Building Name:_____ Key Code: _____

Location: _____

Fixed Property Use: _____

Date of Construction/Conversion: _____

Change from Last Inspection: ☐ YES ☐ NO Describe: _____

_____

Any Renovations: ☐ YES ☐ NO Describe: _____

_____

Mixed Occupancy: ☐ YES ☐ NO If YES, list other occupancy: _____

Reason for Inspection: ☐ ANNUAL ☐ COMPLAINT ☐ POST FIRE

Remarks:

OWNER INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

MANAGEMENT INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

1. GENERAL

NOTES OK SEC.#

A. New ☐ Existing ☐

B. Mixed Occupancy: ☐ YES ☐ NO _____

C. Other: _____

D. Remarks:

2. EGRESS—GENERAL

NOTES OK SEC.#

A. Headroom: _____

B. Changes in Level: _____

C. Number Of: _____

D. Other: _____

E. Remarks:

3. EGRESS—ARRANGEMENT

NOTES OK SEC.#

A. Arrangement: _____

B. Common Path of Travel: _____

C. Corridor Dead-Ends: _____

D. Travel Distance from Unit to Exit: _____

E. Exit Discharge: _____

F. Exterior Exit Access: _____

G. Illumination: _____

H. Mechanical/Equipment Rooms: _____

I. Impediments: _____

J . Other: _____

K. Remarks:

4. CORRIDORS

NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Obstruction: _____

D. Barrier-Fire Protection Rating: _____

E. Openings-Fire Protection Rating: _____

F. Doors are Self-Closing: _____

G. Transfer Grilles: _____

H. Obstruction by Doors: _____

I. Other: _____

J. Remarks:

5. DOORS

NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Floor Level: _____

D. Door Swing: _____

E. Force to Open: _____

F. Self or Automatic Closing: _____

G. Other: _____

H. Remarks:

6. LOCKS/LATCHES

NOTES OK SEC.#

A. Doors Readily Openable: _____

B. Release Device: _____

C. Improper Devices: _____

D. Special Locking: _____

E. Panic/Fire Exit Hardware: _____

F. Positive Latching (FPR Only): _____

G. Other: _____

H. Remarks:

7. STAIRS

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Winder Treads: _____

D. Guards: _____

E. Handrails: _____

F. Separation of Interior Stairs: _____

G. Separation of Outside Stairs: _____

H. Storage: _____

I. Stairwell Re-Entry: _____

J. Obstruction by Doors: _____

K. Other: _____

L. Remarks:

8. RAMPS

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Details: _____

D. Guards: _____

E. Handrails: _____

F. Other: _____

G. Remarks:

9. Fire Escapes

NOTES OK SEC.#

A. General: _____

B. Capacity: _____

C. Opening Protection: _____

D. Access: _____

E. Dimensions: _____

F. Guards: _____

G. Handrails: _____

H. Materials & Strength: _____

I. Swinging Stairs: _____

J. Ladders: _____

K. Other: _____

L. Remarks:

10. Maintenance

NOTES OK SEC.#

A. Egress Clear and Unobstructed: _____

B. Exit Enclosures Free of Storage: _____

C. Other: _____

D. Remarks: _____

11. Emergency Lights

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement: _____

D. Properly Illuminated Egress Paths: _____

E. Operable: _____

F. Monthly Testing: _____

G. Annual Testing: _____

H. Written Records: _____

I. Other: _____

J. Remarks:

12. Exit Signs

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement and Visibility: _____

D. Illumination: _____

E. Other: _____

F. Remarks:

13. Vertical Openings

NOTES OK SEC.#

A. Enclosure of Floor Openings: _____

B. Atrium Protection: _____

C. Mini-Atrium Protection: _____

D. Other: _____

E. Remarks:

14. Hazardous Areas

NOTES OK SEC.#

A. Fire-Rated Separation: _____

B. Extinguishing System: _____

C. Other: _____

D. Remarks:

15. Fire Alarm

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

D. Initiation: _____

☐ Smoke ☐ Heat ☐ Manual ☐ Water Flow

E. Annunciator Panel: _____

F. Audibility: _____

G. Fire Department Notification: _____

H. Condition: _____

☐ Normal ☐ Trouble ☐ Alarm ☐ Off

I. Annual Testing: _____

J. Proper Maintenance Req.'d: _____

K. Other: _____

L. Remarks:

16. Fire Extinguishers

NOTES OK SEC.#

A. At Hazardous Areas: _____

B. Type of Extinguisher: _____

C. Mounted Properly: _____

D. Accessible: _____

E. Fully Charged & Operational: _____

F. Monthly Inspection: _____

G. Other: _____

H. Remarks:

17. Extinguishing Systems

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

☐ Partial _____

D. Type of System: _____

E. Inspection Schedule-Sprinklers: _____

F. Inspections Schedule-Standpipes: _____

G. Operating Condition: _____

H. Date of Last Test: _____

I. Testing Schedule-Sprinklers: _____

J. Other: _____

K. Remarks:

18. Interior of Living Units

NOTES OK SEC.#

Access Gained ☐ YES ☐ NO

A. Number of Means of Escape: _____

B. Primary Means of Escape: _____

C. Second Means of Escape: _____

D. Arrangement: _____

E. Travel Distance Within Units: _____

F. Doors: _____

G. Stairs: _____

H. Hallways: _____

I. Vertical Openings: _____

J. Smoke Detection Placement: _____

K. Smoke Detection-Power Source: _____

L. Smoke Detection-Audibility: _____

M. Smoke Detection-Proper Testing: _____

N. Unvented Fuel-Burning Heaters: _____

O. Other: _____

P. Remarks:

19. Interior Finish

NOTES OK SEC.#

A. Walls and Ceilings-Proper Rating: _____

B. Other: _____

C. Remarks:

20. Building Services:

NOTES OK SEC.#

A. Electrical Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

B. Heating Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

C. Unvented Fuel-Fired Room Heaters: _____

D. Rubbish/Laundry Chutes: _____

E. Other: _____

F. Remarks:

21. Subdivision of Building Spaces

NOTES OK SEC.#

A. Floor Separation: _____

B. Other: _____

C. Remarks:

22. Operating Features:

NOTES OK SEC.#

A. Construction & Repair Operations: _____

B. Emergency Instructions Provided

To Occupants Yearly: _____

Additional Comments:

Inspecting Officer: _____ Date: _____

Fire Marshal: _____ Date: _____

HOTEL / DORMITORY OCCUPANCY

Inspection Date: _____ Time Involved: _____
Hours Mins
Inspected By:_____

BUILDING DATA

Building Name:_____ Key Code: _____

Location: _____

Fixed Property Use: _____

Date of Construction/Conversion: _____

Change from Last Inspection: ☐ YES ☐ NO Describe: _____

_____

Any Renovations: ☐ YES ☐ NO Describe: _____

_____

Mixed Occupancy: ☐ YES ☐ NO If YES, list other occupancy: _____

Reason for Inspection: ☐ ANNUAL ☐ COMPLAINT ☐ POST FIRE

Remarks:

OWNER INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

MANAGEMENT INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

1. GENERAL

A. ☐ Dormitory ☐ Hotel

B. ☐ New ☐ Existing

C. Mixed Occupancy: ☐ YES ☐ NO NOTES OK SEC. #

D. Combined Assembly & Residential: _____

E. Other: _____

F. Remarks:

2. EGRESS—GENERAL NOTES OK SEC.#

A. Headroom: _____

B. Changes in Level: _____

C. Number Of: _____

D. Other: _____

E. Remarks:

3. EGRESS—ARRANGEMENT NOTES OK SEC.#

A. Common Path of Travel: _____

B. Corridor Dead-Ends: _____

C. Travel Distance from Unit to Exit:_____

D. Exit Discharge: _____

E. Exterior Exit Access: _____

F. Mechanical/Equipment Rooms:_____

G. Illumination: _____

H. Impediments:_____

I. Other: _____

J. Remarks:

4. CORRIDORS NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Obstruction: _____

D. Barrier-Fire Protection Rating: _____

E. Openings-Fire Protection Rating: _____

F. Doors are Self-Closing: _____

G. Obstruction by Doors: _____

H. Other: _____

I. Remarks:

5. Doors

NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Floor Level: _____

D. Door Swing: _____

E. Force to Open: _____

F. Self or Automatic Closing: _____

G. Other: _____

H. Remarks:

6. Locks/Latches

NOTES OK SEC.#

A. Doors Readily Openable: _____

B. Release Device: _____

C. Improper Devices: _____

D. Special Locking: _____

E. Panic/Fire Exit Hardware: _____

F. Positive Latching (FPR Only): _____

G. Other: _____

H. Remarks:

7. Stairs

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Guards: _____

D. Handrails: _____

E. Separation of Interior Stairs: _____

F. Separation of Outside Stairs: _____

G. Storage: _____

H. Stairwell Re-Entry: _____

I. Obstruction by Doors: _____

J. Other: _____

K. Remarks:

8. Ramps

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Details: _____

D. Guards: _____

E. Handrails: _____

F. Other: _____

G. Remarks:

9. Fire Escapes

NOTES OK SEC.#

A. General: _____

B. Capacity: _____

C. Opening Protection: _____

D. Access: _____

E. Dimensions: _____

F. Guards: _____

G. Handrails: _____

H. Materials & Strength: _____

I. Swinging Stairs: _____

J. Ladders: _____

K. Other: _____

L. Remarks:

10. Maintenance

NOTES OK SEC.#

A. Egress Clear and Unobstructed: _____

B. Exit Enclosures Free of Storage: _____

C. Other: _____

D. Remarks: _____

11. Emergency Lights

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement: _____

D. Properly Illuminated Egress Paths: _____

E. Operable: _____

F. Monthly Testing: _____

G. Annual Testing: _____

H. Written Records: _____

I. Other: _____

J. Remarks:

12. Exit Signs

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement and Visibility: _____

D. Illumination: _____

E. Other: _____

F. Remarks:

13. Vertical Openings

NOTES OK SEC.#

A. Enclosure of Floor Openings: _____

B. Atrium Protection: _____

C. Mini-Atrium Protection: _____

D. Other: _____

E. Remarks:

14. Hazardous Areas

NOTES OK SEC.#

A. Fire-Rated Separation: _____

B. Extinguishing System: _____

C. Other: _____

D. Remarks:

15. Fire Alarm

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

D. Initiation: _____

E. Corridor Smoke Detection System: _____

F. Annunciator Panel: _____

G. Audibility: _____

H. Fire Department Notification: _____

I. Condition: _____

☐ Normal ☐ Trouble ☐ Alarm ☐ Off

J. Annual Testing: _____

K. Proper Maintenance Req.'d: _____

L. Other: _____

M. Remarks:

16. Fire Extinguishers

NOTES OK SEC.#

A. At Hazardous Areas: _____

B. Type of Extinguisher: _____

C. Mounted Properly: _____

D. Accessible: _____

E. Fully Charged & Operational: _____

F. Monthly Inspection: _____

G. Other: _____

H. Remarks:

17. Extinguishing Systems

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

☐ Partial _____

D. Type of System: _____

E. Inspection Schedule-Sprinklers: _____

F. Inspections Schedule-Standpipes: _____

G. Operating Condition: _____

H. Date of Last Test: _____

I. Testing Schedule-Sprinklers: _____

J. Other: _____

K. Remarks:

18. Interior Finish

NOTES OK SEC.#

A. Walls and Ceilings Proper Rating: _____

B. Floor Finish Proper Rating: _____

C. Other: _____

D. Remarks:

19. Interior of Guest Units

NOTES OK SEC.#

Access Gained ☐ YES ☐ NO

A. Number of Means of Escape: _____

B. Primary Means of Escape: _____

C. Second Means of Escape: _____

D. Arrangement: _____

E. Travel Distance Within Units: _____

F. Doors: _____

G. Stairs: _____

H. Hallways: _____

I. Vertical Openings: _____

J. Smoke Detection Placement: _____

K. Smoke Detection-Power Source: _____

L. Smoke Detection-Hearing Impaired: _____

M. Smoke Detection-Proper Testing: _____

N. Unvented Fuel-Burning Heaters: _____

O. Other: _____

P. Remarks:

20. Building Services:

NOTES OK SEC.#

A. Electrical Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

B. Heating Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

C. Rubbish/Laundry Chutes: _____

D. Other: _____

E. Remarks:

21. Subdivision of Building Spaces

NOTES OK SEC.#

A. Floor Separation: _____

B. Other: _____

C. Remarks:

22. Operating Features:

NOTES OK SEC.#

A. Construction & Repair Operations: _____

B. Training of Employees: _____

C. Monthly Fire Drills: _____

D. Emergency Instructions-Guests: _____

Additional Comments:

Inspecting Officer: _____ Date: _____

Fire Marshal: _____ Date: _____

LODGING OR ROOMING HOUSES

Inspection Date: _____ Time Involved: _____
Hours Mins
Inspected By:_____

BUILDING DATA

Building Name:_____ Key Code: _____

Location: _____

Fixed Property Use: _____

Date of Construction/Conversion: _____

Change from Last Inspection: ☐ YES ☐ NO Describe: _____

_____

Any Renovations: ☐ YES ☐ NO Describe: _____

_____

Mixed Occupancy: ☐ YES ☐ NO If YES, list other occupancy: _____

Reason for Inspection: ☐ ANNUAL ☐ COMPLAINT ☐ POST FIRE

Remarks:

OWNER INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

MANAGEMENT INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

1. GENERAL

A. ☐ New ☐ Existing

C. Mixed Occupancy: ☐ YES ☐ NO NOTES OK SEC. #

D. Combined Assembly & Residential: _____

E. Other: _____

F. Remarks:

2. ESCAPE—GENERAL

A. Headroom: _____

B. Changes In Level: _____

C. Number of: _____

D. Primary Means of Escape: _____

E. Secondary Means of Escape: _____

F. Stories > 2,000 sq. ft.: _____

G. Arrangement: _____

H. Other: _____

I. Remarks:

3. HALLWAYS

NOTES OK SEC.#

A. Minimum Width: _____

B. Barrier-Construction: _____

C. Openings-Protection: _____

D. Other: _____

E. Remarks:

4. DOORS

NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Floor Level: _____

D. Door Swing: _____

E. Force to Open: _____

F. Self or Automatic Closing: _____

G. Other: _____

H. Remarks:

5. LOCKS/LATCHES

NOTES OK SEC.#

A. Doors Readily Openable: _____

B. Release Device: _____

C. Improper Devices: _____

D. Special Locking: _____

E. Panic/Fire Exit Hardware: _____

F. Positive Latching (FPR Only): _____

G. Other: _____

H. Remarks:

6. STAIRS

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Winder Treads: _____

D. Guards: _____

E. Handrails: _____

F. Separation of Interior Stairs: _____

G. Separation of Outside Stairs: _____

H. Other: _____

I. Remarks:

7. RAMPS

NOTES OK SEC.#

A. Dimensions: _____

B. Details: _____

C. Guards: _____

D. Handrails: _____

E. Other: _____

F. Remarks:

8. FIRE ESCAPES

NOTES OK SEC.#

A. General: _____

B. Capacity: _____

C. Opening Protection: _____

D. Access: _____

E. Dimensions: _____

F. Guards: _____

G. Handrails: _____

H. Materials & Strength: _____

I. Swinging Stairs: _____

J. Ladders: _____

K. Other: _____

L. Remarks:

9. EMERGENCY LIGHTS

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement: _____

D. Properly Illuminated Egress Paths: _____

E. Operable: _____

F. Monthly Testing: _____

G. Annual Testing: _____

H. Written Records: _____

I. Other: _____

J. Remarks:

10. Exit Signs

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement and Visibility: _____

D. Illumination: _____

E. Other: _____

F. Remarks:

11. Vertical Openings

NOTES OK SEC.#

A. Separation of Floor Openings: _____

B. Other: _____

C. Remarks:

12. Fire Alarm

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

D. Initiation: _____

E. Annunciator Panel: _____

F. Audibility: _____

G. Condition: _____

☐ Normal ☐ Trouble ☐ Alarm ☐ Off

H. Annual Testing: _____

I. Proper Maintenance Req.'d: _____

J. Smoke Detection: _____

K. Smoke Detection-Placement: _____

L. Smoke Detection-Power Source: _____

M. Smoke Detection-Hearing Impaired: _____

N. Smoke Detection-Proper Testing: _____

O. Other: _____

P. Remarks:

13. Interior Finish

NOTES OK SEC.#

A. Walls and Ceilings Proper Rating: _____

B. Other: _____

C. Remarks:

14. Extinguishing Systems

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

☐ Partial _____

D. Type of System: _____

E. Inspection Schedule-Sprinklers: _____

F. Inspections Schedule-Standpipes: _____

G. Operating Condition: _____

H. Date of Last Test: _____

I. Testing Schedule-Sprinklers: _____

J. Other: _____

K. Remarks:

15. Building Services:

NOTES OK SEC.#

A. Electrical Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

B. Heating Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

C. Placement of Stoves or HeatersHeaters: _____

D. Unvented Fuel-Fired Heaters: _____

E. Other: _____

F. Remarks:

16. Operating Features:

NOTES OK SEC.#

A. Construction & Repair Operations: _____

Additional Comments:

Inspecting Officer: _____ Date: _____

Fire Marshal: _____ Date: _____

RESIDENTIAL BOARD AND CARE OCCUPANCY

Inspection Date: _____ Time Involved: _____
Hours Mins
Inspected By:_____

BUILDING DATA

Building Name:_____ Key Code: _____

Location: _____

Fixed Property Use: _____

Occupant Load: _____ Egress Capacity: _____

E Score Effective Date: _____ ☐ Prompt ☐ Slow ☐ Impractical

☐ Small ☐ Large ☐ Apartment Building

High Rise: ☐ YES ☐ NO Windowless: ☐ YES ☐ NO Underground: ☐ YES ☐ NO

Date of Construction/Conversion: _____

Change from Last Inspection: ☐ YES ☐ NO Describe: _____

_____

Any Renovations: ☐ YES ☐ NO Describe: _____

_____

Mixed Occupancy: ☐ YES ☐ NO If YES, list other occupancy: _____

Reason for Inspection: ☐ ANNUAL ☐ COMPLAINT ☐ POST FIRE

Remarks:

OWNER INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

MANAGEMENT INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

1. GENERAL

NOTES OK SEC.#

A. ☐ New ☐ Existing

B. Mixed Occupancy: ☐ YES ☐ NO

C. Other: _____

D. Remarks:

2. MEANS OF ESCAPE

NOTES OK SEC.#

A. Readily Visible: _____

B. Clear and Unobstructed: _____

C. Two Remote Exits Available: _____

D. Travel Distance Within Limits: _____

E. Common Paths of Travel Within Limits: _____

F. Dead Ends Within Limits: _____

G. 50% Maximum Through Level of Exit Discharge: _____

H. Two Means of Escape Provided: _____

I. Window 5.7 sq. ft. (20W x 24H): _____

J. Window Opening Maximum 44” from Floor: _____

K. Operable: _____

L. Adequate Illumination: _____

M. Proper Rating on All Components: _____

N. All Exit Enclosure Free of Storage: _____

O. Door Swing in Direction of Egress Travel (when required): _____

P. Panic/Fire Exit Hardware Operable: _____

Q. Door Open Easily: _____

R. Door Closed or Held Open with Automatic Closures: _____

S. Corridors and Aisles of Sufficient Size: _____

T. Stairwell Re-Entry: _____

U. Mezzanines: _____

V. Smoke Barriers Provided: _____

W. Proper Fire Resistance Rating & Size: _____

X. Other: _____

Y. Remarks:

3. Building Services

NOTES OK SEC.#

☐ Electricity ☐ Gas ☐ Water ☐ Other

A. Utilities in Good Working Order: _____

B. Elevators: _____

C. Fire Service Control: _____

D. Elevator Recall: _____

E. Heat Type: ☐ Gas _____

☐ Oil _____

☐ Electric _____

☐ Coal _____

☐ Other _____

F. In Good Working Order: _____

G. Emergency Generator: _____

Last Date Tested: _____

Date of Last Full Load Test: _____

In Automatic Position: _____

H. Other: _____

I. Remarks:

4. Emergency Lights

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Operable: _____

D. Monthly Testing: _____

E. Annual Testing: _____

F. Properly Illuminated Egress Paths: _____

G. In Good Condition: _____

H. Other: _____

I. Remarks:

5. Exit Signs

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Illuminated : ☐ Internally ☐ Externally _____

D. Emergency Power: _____

E. Readily Visible: _____

F. Other: _____

G. Remarks:

6. Fire Alarm

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Location of Panel: _____

D. In Normal Condition: ☐ YES ☐ NO _____

E. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

F. Monitored/Method: _____

G. Fire Department Notification: _____

H. Initiation: ☐ Smoke ☐ Heat ☐ Manual ☐ Water Flow ☐ Special Systems

I. Date of Last Test: _____

J. Notification Signal Adequate: _____

K. Single Station Smoke Detectors in Sleeping Room: _____

L. Audible in All Areas: _____

M. Other: _____

N. Remarks:

7. Fire Extinguishers

NOTES OK SEC.#

A. Proper Type of Hazard Protecting: _____

B. Mounted Properly: _____

C. Date of Last Inspection: _____

D. Adequate Number: _____

E. Other: _____

F. Remarks:

8. Fire Protection Systems

NOTES OK SEC.#

A. Type: ☐ Sprinkler ☐ 13 ☐ 13D ☐ 13R ☐ Standpipe ☐ Dry Chemical ☐ Wet Chemical ☐ Other

B. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

C. Date of Last Inspection: _____

D. Cylinder or Gauge Pressure(s):

1. _____ psi 2. _____ psi 3. _____ psi 4. _____ psi 5. _____ psi

E. Valves Supervised:

☐ Electrical ☐ Lock ☐ Seal ☐ Other

F. Are Valves Accessible: _____

G. System Operational: _____

H. Sprinkler Heads 18" Storage: _____

I. Fire Pump:

GPM: _____ Suction Pressure: _____ System Pressure: _____

Date Last Tested: _____ Date of Last Flow Test: _____

In Automatic Position: _____ Jockey Pump: _____

J. Other: _____

K. Remarks:

9. Fire Resistive (FR) Construction Integrity

NOTES OK SEC.#

A. Stairway: _____

B. Corridors: _____

C. Elevator Shaft: _____

D. Major Structural Members: _____

E. Floor-Ceiling Assemblies: _____

F. All Openings Protected in FR
Walls and Floor-Ceiling Assemblies: _____

G. Other: _____

H. Remarks:

10. Hazardous Areas

NOTES OK SEC.#

A. Protected by: ☐ Fire-Rated Separation ☐ Extinguishing System ☐ Both

B. Door Self-Closures: _____

C. Kitchen Properly Protected: _____

D. Other Occupancies Separated: _____

E. Other: _____

F. Remarks:

11. Housekeeping

NOTES OK SEC.#

A. Areas Free of Excessive Combustibles: _____

B. Other: _____

C. Remarks:

12. Interior Finish

NOTES OK SEC.#

A. Walls and Ceilings Proper Rating: _____

B. Furniture/Draperies Flame Resistive: _____

C. Wastebasket/Containers Non-Combustible: _____

D. Other: _____

E. Remarks:

13. Vertical Openings

NOTES OK SEC.#

A. Properly Protected: _____

B. Atrium: _____

C. Are Fire Doors in Good Working Condition: _____

D. Other: _____

E. Remarks:

14. Operating Features:

NOTES OK SEC.#

A. Emergency Plan : _____

B. Date of Last Update: _____

C. Staff and Residents Trained in Plan: _____

D. Fire Drills Conducted: _____

E. Date of Last Drill: _____

F. Other: _____

G. Remarks:

Additional Comments:

Inspecting Officer: _____ Date: _____

Fire Marshal: _____ Date: _____

HEALTHCARE OCCUPANCY

Inspection Date: _____ Time Involved: _____
Hours Mins
Inspected By:_____

BUILDING DATA

Building Name:_____ Key Code: _____

Location: _____

Fixed Property Use: _____

☐ Hospital ☐ Nursing Home ☐ Ambulatory Healthcare ☐ Limited Care Facility

Date of Construction/Conversion: _____

Change from Last Inspection: ☐ YES ☐ NO Describe: _____

_____

Any Renovations: ☐ YES ☐ NO Describe: _____

_____

Mixed Occupancy: ☐ YES ☐ NO If YES, list other occupancy: _____

Reason for Inspection: ☐ ANNUAL ☐ COMPLAINT ☐ POST FIRE

Remarks:

OWNER INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

MANAGEMENT INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

1. GENERAL

NOTES OK SEC.#

A. ☐ New ☐ Existing

B. Mixed Occupancy: ☐ YES ☐ NO

C. Other: _____

D. Remarks:

2. MEANS OF ESCAPE

NOTES OK SEC.#

A. Readily Visible: _____

B. Clear and Unobstructed: _____

C. Two Remote Exits Available: _____

D. Travel Distance Within Limits: _____

E. Dead Ends Within Limits: _____

F. 50% Maximum Through Level of Exit Discharge: _____

G. Patient Sleeping Rooms > 1000 sq. ft. _____

Two Means of Egress ☐ YES ☐ NO

H. Other Rooms >2500 sq. ft.: _____

Two Means of Egress ☐ YES ☐ NO

I. Suite Sleeping Rooms <5000 sq. ft.:_____

J. Other than Sleep Suites <10,000 sq. ft.: _____

K. Adequate Illumination: _____

L. All Exit Enclosure Free of Storage: _____

M. Door Swing in Direction of Egress Travel (when required): _____

N. Panic/Fire Exit Hardware Operable: _____

O. Door Open Easily: _____

P. Self-Closures Operable: _____

Q. Patient Room Doors Latch: _____

R. Locked: _____

S. Staff Have Keys: _____

T. Corridors and Aisles of Sufficient Size: _____

U. Stairwell Re-Entry:_____

V. Mezzanines: ☐ YES ☐ NO Proper Exits: ☐ YES ☐ NO

W. Smoke Barriers Proper Size and Rating:_____

X. Doors Closed or Held Open With Automatic Closures: _____

Y. Patient Rooms Outside Window: _____

Z. Other: _____

aa. Remarks:

3. BUILDING SERVICES

NOTES OK SEC.#

☐ Electricity ☐ Gas ☐ Water ☐ Other

A. Utilities in Good Working Order: _____

B. Elevators: _____

C. Fire Service Control: _____

D. Elevator Recall: _____

E. Heat Type: ☐ Gas _____

☐ Oil _____

☐ Electric _____

☐ Coal _____

☐ Other _____

F. In Good Working Order: _____

G. Emergency Generator: _____

Last Date Tested: _____

Date of Last Full Load Test: _____

In Automatic Position: _____

H. Other: _____

I. Remarks:

4. EMERGENCY LIGHTS

NOTES OK SEC.#

A. Operable: _____

B. Monthly Testing: _____

C. Annual Testing: _____

D. In Good Condition: _____

E. Other: _____

F. Remarks:

5. EXIT SIGNS

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Illuminated : ☐ Internally ☐ Externally _____

D. Emergency Power: _____

E. Readily Visible: _____

F. Other: _____

G. Remarks:

6. Fire Alarm

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Location of Panel: _____

D. In Normal Condition: ☐ YES ☐ NO

E. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

F. Monitored: ☐ YES Method: _____

G. Fire Department Notification: _____

H. Initiation: ☐ Smoke ☐ Heat ☐ Manual ☐ Water Flow ☐ Special Systems

I. Date of Last Test: _____

J. Date of Last Inspection: _____

K. Notification Signal Adequate: _____

L. Other: _____

M. Remarks:

7. Fire Extinguishers

NOTES OK SEC.#

A. Proper Type of Hazard Protecting: _____

B. Mounted Properly: _____

C. Date of Last Inspection: _____

D. Adequate Number: _____

E. Other: _____

F. Remarks:

8. Fire Protection Systems

NOTES OK SEC.#

A. Type: ☐ Sprinkler ☐ Halon ☐ Carbon Dioxide ☐ Standpipe ☐ Dry Chemical ☐ Wet Chemical

☐ Foam ☐ Water Spray ☐ Other

B. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

C. Date of Last Inspection: _____

D. Cylinder or Gauge Pressure(s):

1. _____ psi 2. _____ psi 3. _____ psi 4. _____ psi 5. _____ psi

E. Valves Supervised:

☐ Electrical ☐ Lock ☐ Seal ☐ Other

F. Are Valves Accessible: _____

G. System Operational: _____

H. Sprinkler Heads 18” Storage: _____

I. Fire Pump:

GPM: _____ Suction Pressure: _____ System Pressure: _____

Date Last Tested: _____ Date of Last Flow Test: _____

In Automatic Position: _____ Jockey Pump: _____

J. Other: _____

K. Remarks:

9. Fire Resistive (FR) Construction Integrity

NOTES OK SEC.#

A. Stairway: _____

B. Corridors: _____

C. Elevator Shaft: _____

D. Major Structural Members: _____

E. Floor-Ceiling Assemblies: _____

F. All Openings Protected in FR
Walls and Floor-Ceiling Assemblies: _____

G. Other: _____

H. Remarks:

10. Hazardous Areas

NOTES OK SEC.#

A. Protected by: ☐ Fire-Rated Separation ☐ Extinguishing System ☐ Both

B. Door Self-Closures: _____

C. Kitchen Exhaust Hoods Properly Protected: _____

Clean: _____ Date of Last Inspection: _____

D. Laboratories Properly Protected: _____

E. Anesthesia Areas Properly Protected: _____

F. Medical Gases Stored Properly:_____

G. Gift Shop Properly Protected: _____

H. Other Occupancies Separated by 2-hour Construction: _____

I. Other: _____

J. Remarks:

11. Housekeeping

NOTES OK SEC.#

A. Areas Free of Excessive Combustibles: _____

B. Items Stored in Corridors: _____

C. Other: _____

D. Remarks:

12. Interior Finish

NOTES OK SEC.#

A. Walls and Ceilings Proper Rating: _____

B. Floor Finish Proper Rating: _____

C. Furniture/Draperies Flame Resistive: _____

D. Wastebasket/Containers Non-Combustible: _____

E. Other: _____

F. Remarks:

12. Vertical Openings

NOTES OK SEC.#

A. Properly Protected: _____

B. Atrium: _____

C. Are Fire Doors in Good Working Order: _____

D. Other: _____

E. Remarks:

13. Operating Features:

NOTES OK SEC.#

A. Written Fire Emergency Plan : _____

B. Date of Last Update: _____

C. Available Employees: _____

D. Employees Trained: _____

E. Fire Drills Conducted: _____

F. Date and Time of Last Drill: _____

G. Other: _____

H. Remarks:

Additional Comments:

Inspecting Officer: _____ Date: _____

Fire Marshal: _____ Date: _____

MERCANTILE OCCUPANCY

Inspection Date: _____ Time Involved: _____
Hours Mins
Inspected By:_____

BUILDING DATA

Building Name:_____ Key Code: _____

Location: _____

Fixed Property Use: _____

Date of Construction/Conversion: _____

Change from Last Inspection: ☐ YES ☐ NO Describe: _____

_____

Any Renovations: ☐ YES ☐ NO Describe: _____

_____

Mixed Occupancy: ☐ YES ☐ NO If YES, list other occupancy: _____

Reason for Inspection: ☐ ANNUAL ☐ COMPLAINT ☐ POST FIRE

Remarks:

OWNER INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

MANAGEMENT INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

TENANT #1

Name: _____ Phone (_____) _____

Address: _____

City: _____ State: _____ Zip:_____

Contact Name: _____ Phone (_____) _____

Location: _____

Remarks:

TENANT #2

Name: _____ Phone (_____) _____

Address: _____

City: _____ State: _____ Zip:_____

Contact Name: _____ Phone (_____) _____

Location: _____

Remarks:

TENANT #3

Name: _____ Phone (_____) _____

Address: _____

City: _____ State: _____ Zip:_____

Contact Name: _____ Phone (_____) _____

Location: _____

Remarks:

TENANT #4

Name: _____ Phone (_____) _____

Address: _____

City: _____ State: _____ Zip:_____

Contact Name: _____ Phone (_____) _____

Location: _____

Remarks:

1. GENERAL

NOTES OK SEC. #

A. ☐ New ☐ Existing ☐ Covered Mall

B. Class "A" ☐ Class "B" ☐ Class "C" ☐

C. Mixed Occupancy: ☐ YES ☐ NO

D. Combined Business & Parking: _____

E. Combined Business & Residential: _____

F. Other: _____

G. Remarks:

2. EGRESS—GENERAL

NOTES OK SEC.#

A. Headroom: _____

B. Changes in Level: _____

C. Number Of: _____

D. Other: _____

E. Remarks:

3. EGRESS—ARRANGEMENT

NOTES OK SEC.#

A. Arrangement: _____

B. Common Path of Travel: _____

C. Corridor/Aisle Dead-Ends: _____

D. Travel Distance to an Exit: _____

E. Aisles: _____

F. 2/3 of Exit Capacity-Exterior Wall: _____

G. Egress Through Check-Out Stands: _____

H. Exit Discharge: _____

I. Exterior Exit Access: _____

J. Mechanical/Equipment Rooms: _____

K. Illumination: _____

L. Impediments: _____

M. Other: _____

N. Remarks:

4. CORRIDORS

NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Obstruction: _____

D. Barrier-Fire Protection Rating: _____

E. Openings-Fire Protection Rating: _____

F. Doors are Self-Closing: _____

G. Obstruction by Doors: _____

H. Other: _____

I. Remarks:

5. DOORS

NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Floor Level: _____

D. Door Swing: _____

E. Force to Open: _____

F. Self or Automatic Closing: _____

G. Other: _____

H. Remarks:

6. LOCKS/LATCHES

NOTES OK SEC.#

A. Doors Readily Openable: _____

B. Release Device: _____

C. Improper Devices: _____

D. Special Locking: _____

E. Panic/Fire Exit Hardware: _____

F. Positive Latching (FPR Only): _____

G. Other: _____

H. Remarks:

7. STAIRS

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Spiral Stairs: _____

D. Winder Treads: _____

E. Guards: _____

F. Handrails: _____

G. Separation of Interior Stairs: _____

H. Separation of Outside Stairs: _____

I. Storage: _____

J. Stairwell Re-Entry: _____

K. Obstruction by Doors:_____

L. Other: _____

M. Remarks:

8. RAMPS

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Details: _____

D. Guards: _____

E. Handrails: _____

F. Other: _____

G. Remarks:

9. Fire Escapes

NOTES OK SEC.#

A. General: _____

B. Capacity: _____

C. Opening Protection: _____

D. Access: _____

E. Dimensions: _____

F. Guards: _____

G. Handrails: _____

H. Materials & Strength: _____

I. Swinging Stairs: _____

J. Ladders: _____

K. Other: _____

L. Remarks:

10. Maintenance

NOTES OK SEC.#

A. Egress Clear and Unobstructed: _____

B. Exit Enclosures Free of Storage: _____

C. Other: _____

D. Remarks: _____

11. Emergency Lights

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement: _____

D. Properly Illuminated Egress Paths: _____

E. Operable: _____

F. Monthly Testing: _____

G. Annual Testing: _____

H. Written Records: _____

I. Other: _____

J. Remarks:

12. Exit Signs

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement and Visibility: _____

D. Illumination: _____

E. Other: _____

F. Remarks:

13. Vertical Openings

NOTES OK SEC.#

A. Enclosure of Floor Openings: _____

B. Mezzanines: _____

C. Atrium Protection: _____

D. Mini-Atrium Protection: _____

E. Other: _____

F. Remarks:

14. Hazardous Areas

NOTES OK SEC.#

A. Fire-Rated Separation: _____

B. Extinguishing System: _____

C. Other: _____

D. Remarks:

15. Fire Alarm

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

D. Initiation: _____

E. Annunciator Panel: _____

F. Audibility: _____

G. Emergency Forces Notification: _____

H. Condition: _____

☐ Normal ☐ Trouble ☐ Alarm ☐ Off

I. Annual Testing: _____

J. Proper Maintenance Req.'d: _____

K. Other: _____

L. Remarks:

16. Fire Extinguishers

NOTES OK SEC.#

A. Throughout: _____

B. Type of Extinguisher: _____

C. Mounted Properly: _____

D. Accessible: _____

E. Fully Charged & Operational: _____

F. Monthly Inspection: _____

G. Other: _____

H. Remarks:

17. Extinguishing Systems

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

D. Inspection Schedule-Sprinklers: _____

E. Inspections Schedule-Standpipes: _____

F. Operating Condition: _____

G. Date of Last Test: _____

H. Testing Schedule-Sprinklers: _____

I. Other: _____

J. Remarks:

18. Interior Finish

NOTES OK SEC.#

A. Walls and Ceilings Proper Rating: _____

B. Floor Finish Proper Rating: _____

C. Other: _____

D. Remarks:

19. Building Services:

NOTES OK SEC.#

A. Electrical Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

B. Heating Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

C. Rubbish/Laundry Chutes: _____

D. Other: _____

E. Remarks:

20. Operating Features:

NOTES OK SEC.#

A. Construction & Repair Operations: _____

B. Training of Employees: _____

Additional Comments:

Inspecting Officer: _____ Date: _____

Fire Marshal: _____ Date: _____

BUSINESS OCCUPANCY

Inspection Date: _____ Time Involved: _____
Hours Mins
Inspected By:_____

BUILDING DATA

Building Name:_____ Key Code: _____

Location: _____

Fixed Property Use: _____

☐ Hospital ☐ Nursing Home ☐ Ambulatory Healthcare ☐ Limited Care Facility

Date of Construction/Conversion: _____

Change from Last Inspection: ☐ YES ☐ NO Describe: _____

_____

Any Renovations: ☐ YES ☐ NO Describe: _____

_____

Mixed Occupancy: ☐ YES ☐ NO If YES, list other occupancy: _____

Reason for Inspection: ☐ ANNUAL ☐ COMPLAINT ☐ POST FIRE

Remarks:

OWNER INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

MANAGEMENT INFORMATION

Name: _____ Phone: (_____)_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (_____)_____

Remarks:

TENANT #1

Name: _____ Phone (_____) _____

Address: _____

City: _____ State: _____ Zip:_____

Contact Name: _____ Phone (_____) _____

Location: _____

Remarks:

TENANT #2

Name: _____ Phone (_____) _____

Address: _____

City: _____ State: _____ Zip:_____

Contact Name: _____ Phone (_____) _____

Location: _____

Remarks:

TENANT #3

Name: _____ Phone (_____) _____

Address: _____

City: _____ State: _____ Zip:_____

Contact Name: _____ Phone (_____) _____

Location: _____

Remarks:

TENANT #4

Name: _____ Phone (_____) _____

Address: _____

City: _____ State: _____ Zip:_____

Contact Name: _____ Phone (_____) _____

Location: _____

Remarks:

1. GENERAL

NOTES OK SEC. #

A. ☐ New ☐ Existing

B. Mixed Occupancy: ☐ YES ☐ NO

C. Combined Business & Parking: _____

D. Combined Business & Residential: _____

E. Other: _____

F. Remarks:

2. EGRESS—GENERAL

NOTES OK SEC.#

A. Headroom: _____

B. Changes in Level: _____

C. Floors Below Street Level: _____

D. Other: _____

E. Remarks:

3. EGRESS—ARRANGEMENT

NOTES OK SEC.#

A. Arrangement: _____

B. Common Path of Travel: _____

C. Corridor/Aisle Dead-Ends: _____

D. Travel Distance to an Exit: _____

E. Exit Discharge: _____

F. Exterior Exit Access: _____

G. Mechanical/Equipment Rooms: _____

H. Illumination: _____

I. Impediments: _____

J. Other: _____

K. Remarks:

4. CORRIDORS

NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Obstruction: _____

D. Barrier-Fire Protection Rating: _____

E. Openings-Fire Protection Rating: _____

F. Doors are Self-Closing: _____

G. Obstruction by Doors: _____

H. Other: _____

I. Remarks:

5. DOORS

NOTES OK SEC.#

A. Minimum Width: _____

B. Capacity: _____

C. Floor Level: _____

D. Door Swing: _____

E. Force to Open: _____

F. Self or Automatic Closing: _____

G. Other: _____

H. Remarks:

6. LOCKS/LATCHES

NOTES OK SEC.#

A. Doors Readily Openable: _____

B. Release Device: _____

C. Improper Devices: _____

D. Special Locking: _____

E. Panic/Fire Exit Hardware: _____

F. Positive Latching (FPR Only): _____

G. Other: _____

H. Remarks:

7. STAIRS

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Spiral Stairs: _____

D. Winder Treads: _____

E. Guards: _____

F. Handrails: _____

G. Separation of Interior Stairs: _____

H. Separation of Outside Stairs: _____

I. Storage: _____

J. Stairwell Re-Entry: _____

K. Obstruction by Doors: _____

L. Other: _____

M. Remarks:

8. RAMPS

NOTES OK SEC.#

A. Dimensions: _____

B. Capacity: _____

C. Details: _____

D. Guards: _____

E. Handrails: _____

F. Other: _____

G. Remarks:

9. Fire Escapes

NOTES OK SEC.#

A. General: _____

B. Capacity: _____

C. Opening Protection: _____

D. Access: _____

E. Dimensions: _____

F. Guards: _____

G. Handrails: _____

H. Materials & Strength: _____

I. Swinging Stairs: _____

J. Ladders: _____

K. Other: _____

L. Remarks:

10. Maintenance

NOTES OK SEC.#

A. Egress Clear and Unobstructed: _____

B. Exit Enclosures Free of Storage: _____

C. Other: _____

D. Remarks: _____

11. Emergency Lights

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement: _____

D. Properly Illuminated Egress Paths: _____

E. Operable: _____

F. Monthly Testing: _____

G. Annual Testing: _____

H. Written Records: _____

I. Other: _____

J. Remarks:

12. Exit Signs

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Placement and Visibility: _____

D. Illumination: _____

E. Other: _____

F. Remarks:

13. Vertical Openings

NOTES OK SEC.#

A. Enclosure of Floor Openings: _____

B. Convenience Stair: _____

C. Atrium Protection: _____

D. Mini-Atrium Protection: _____

E. Other: _____

F. Remarks:

14. Hazardous Areas

NOTES OK SEC.#

A. Fire-Rated Separation: _____

B. Extinguishing System: _____

C. Other: _____

D. Remarks:

15. Fire Alarm

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

D. Initiation: _____

E. Annunciator Panel: _____

F. Audibility: _____

G. Condition: _____

☐ Normal ☐ Trouble ☐ Alarm ☐ Off

H. Annual Testing: _____

I. Proper Maintenance Req.'d: _____

J. Other: _____

K. Remarks:

16. Fire Extinguishers

NOTES OK SEC.#

A. Throughout: _____

B. Type of Extinguisher: _____

C. Mounted Properly: _____

D. Accessible: _____

E. Fully Charged & Operational: _____

F. Monthly Inspection: _____

G. Other: _____

H. Remarks:

17. Extinguishing Systems

NOTES OK SEC.#

A. Required: ☐ YES ☐ NO _____

B. Installed: ☐ YES ☐ NO _____

C. Coverage: ☐ Throughout Occupancy _____

☐ Throughout Building _____

D. Inspection Schedule-Sprinklers: _____

E. Inspections Schedule-Standpipes: _____

F. Operating Condition: _____

G. Date of Last Test: _____

H. Testing Schedule-Sprinklers: _____

I. Other: _____

J. Remarks:

18. Interior Finish

NOTES OK SEC.#

A. Walls and Ceilings Proper Rating: _____

B. Floor Finish Proper Rating: _____

C. Other: _____

D. Remarks:

19. Building Services

NOTES OK SEC.#

A. Electrical Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

B. Heating Systems: Obvious Potential Hazards? ☐ YES ☐ NO _____

C. Rubbish/Laundry Chutes: _____

D. Other: _____

E. Remarks:

20. Operating Features

NOTES OK SEC.#

A. Construction & Repair Operations: _____

B. Training of Employees: _____

C. Fire Drills: _____

D. Emergency Instructions: _____

Additional Comments:

Inspecting Officer: _____ Date: _____

Fire Marshal: _____ Date: _____