

**WEST SIDE FIRE DISTRICT
OWNER/OCCUPANT
FIRE LIFE SAFETY SELF INSPECTION FORM**

Business Name: _____ Type of Business _____
 Address _____
 Phone # _____ Hours of Business _____ To _____
 Occupant Name _____ Owner Name _____
 Occupant Phone # _____ Owner Phone # _____
 Alarm System no ___ Yes ___ Type _____
 Alarm Company _____ Phone # _____
 Fire Extinguishing System no ___ Yes ___ Type _____
 Alarm Company _____ Phone # _____
 Utilities: Electricity () LPG () Natural Gas () Aux Power () Mechanical Room ()
 Reportable Quantities of Hazardous Materials no ___ Yes ___ Type _____
 Haz Mat Plan document on site and available no ___ Yes ___ If no when _____
 Emergency Notification: Name _____ Phone # _____
 Additional: _____

NOTE: If questions do not apply to your occupancy note on comment line

ELECTRICAL:

1. Extension cords shall not be used in place of permanent wiring. Used only for temporary use. --- Y () N ()
 2. All wiring maintained in good condition and protected from damage.-----Y () N ()
 3. Electrical panels have 30" clearance. And are unobstructed.-----Y () N ()
- If NO: when will compliance be met _____ Comments _____

EXITS and FIRE DOORS

1. Emergency exit doors to remained unlocked and able to open freely.-----Y () N ()
 2. Exit paths are free and unobstructed.-----Y () N ()
 3. Exit doors to remain unlocked during business hours. (sign Posted)-----Y () N ()
 4. Exit lighting (where required) in place and operational.-----Y () N ()
 5. Fire doors (where required) are operational and unobstructed.-----Y () N ()
 6. Attic and scuttle doors in place.-----Y () N ()
- If NO: when will compliance be met _____ Comments _____

FIRE EXTINGUISHERS

1. Proper Size, Type, and Quantity of extinguishers present.-----Y () N ()
 2. Extinguishers mounted where they are readily available.-----Y () N ()
 3. Extinguishers mounted not higher than 5 feet above ground.-----Y () N ()
 4. Signs posted indicating location of extinguishers.-----Y () N ()
 5. Service tag attached to extinguisher and inspection dates compliant.-----Y () N ()
- If NO: when will compliance be met _____ Comments _____

FIRE PROTECTION INSTALLATIONS (where required)

1. Access to all fire protection appliances, valves and panels are free and unobstructed.-----Y () N ()
 2. All valves are supervised and in open position.-----Y () N ()
 3. Spare sprinklers (6 minimum) and wrench provided.-----Y () N ()
 4. Sprinkler heads free of obstructions.-----Y () N ()
 5. System tested monthly and records maintained.-----Y () N ()
 6. Hood and duct extinguishing system for cooking equipment inspected as required.-----Y () N ()
- If NO: when will compliance be met _____ Comments _____

Over to side two

FLAMMABLE, COMBUSTIBLE LIQUIDS AND HAZARDOUS MATERIALS

- 1. Inside storage of flammable liquids less than 5 gallons.-----Y () N ()
 - 2. Inside storage of combustible liquids less than 25 gallons.-----Y () N ()
 - 3. Flammable liquids stored in original container or closed metal container.-----Y () N ()
 - 4. Flammable liquids storage locker used for items in excess of allowable quantities.-----Y () N ()
 - 5. Hazardous materials stored per manufacturer and MSDS guidelines. -----Y () N ()
 - 6. Flammable liquids stored away from exits, corridors, stairs and main isles. -----Y () N ()
- If NO: when will compliance be met. _____ Comments _____

STORAGE

- 1. Storage of materials shall be 24" below ceiling level 18" if sprinklers are present.-----Y () N ()
 - 2. Remove storage from exits, aisles, corridors, and under stairways.-----Y () N ()
 - 3. Compressed gas cylinders secure.-----Y () N ()
 - 4. Self closing metal can for oily or contaminated rags.-----Y () N ()
- If NO: when will compliance be met _____ Comments _____

GENERAL

- 1. "No Smoking" signs posted where required.-----Y () N ()
- 2. remove all rubbish, trash, and weeds 30 feet from exterior of all buildings.-----Y () N ()
- 3. Address numbers on building and visible from street.-----Y () N ()

If Owner/Occupant requests a Fire Life Safety inspection to be completed by the Fire District contact the Fire Marshals Office.

ON THE DRAWING BELOW PLEASE INDICATE GENERAL DIMENSIONS OF BUILDING LOCATION OF ELECTRICAL PANEL, GAS AND WATER SHUT OFF's EMERGENCY EXITS AND INTERIOR WALLS.

