

# Inspection Forms

## APPENDIX

*Compiled by Wayne “Chip” G. Carson*

An inspection is a visual check and generally does not involve testing or maintenance. The following selected forms, keyed to their respective chapters, are intended for use primarily as a memory jog. They are not meant to be a recitation of every code requirement. They are presented here, however, in reproducible format for actual use in the field. Both these inspection forms and the chapters they are linked to in the text should not be used for enforcement purposes. The inspector should verify all requirements in the relevant codes and standards.

- Form A-1 Inspection Checklist to Accompany Chapter 2, “Inspection Procedures”
- Form A-2 Inspection Checklist to Accompany Chapter 7, “Construction, Alteration, and Demolition Operations”
- Form A-3 Inspection Checklist to Accompany Chapter 8, “Protection of Openings in Fire Subdivisions”
- Form A-4 Inspection Checklist to Accompany Chapter 9, “Electrical Systems”
- Form A-5 Inspection Checklist to Accompany Chapter 10, “Heating Systems”
- Form A-6 Inspection Checklist to Accompany Chapter 11, “Air-Conditioning and Ventilating Systems”
- Form A-7 Inspection Checklist to Accompany Chapter 12, “Smoke-Control Systems”
- Form A-8 Inspection Checklist to Accompany Chapter 13, “Fire Alarm Systems”
- Form A-9 Inspection Checklist to Accompany Chapter 14, “Water Supplies”
- Form A-10 Inspection Checklist to Accompany Chapter 15, “Automatic Sprinkler and Other Water-Based Fire Protection Systems”
- Form A-11 Inspection Checklist to Accompany Chapter 16, “Water Mist Systems”
- Form A-12 Inspection Checklist to Accompany Chapter 17, “Special Agent Extinguishing Systems”
- Form A-13 Inspection Checklist to Accompany Chapter 18, “Clean Agent Extinguishing Systems”
- Form A-14 Inspection Checklist to Accompany Chapter 19, “Portable Fire Extinguishers”
- Form A-15 Inspection Checklist to Accompany Chapter 21, “Interior Finish, Contents, and Furnishings”
- Form A-16 Inspection Checklist to Accompany Chapter 22, “Assembly Occupancies”
- Form A-17 Inspection Checklist to Accompany Chapter 23, “Educational Occupancies”
- Form A-18 Inspection Checklist to Accompany Chapter 24, “Day-Care Facilities”
- Form A-19 Inspection Checklist to Accompany Chapter 25, “Health Care Facilities”
- Form A-20 Inspection Checklist to Accompany Chapter 26, “Ambulatory Health Care Facilities”
- Form A-21 Inspection Checklist to Accompany Chapter 27, “Detention and Correctional Occupancies”
- Form A-22 Inspection Checklist to Accompany Chapter 28, “Hotels”

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- Form A-23 Inspection Checklist to Accompany Chapter 29, "Apartment Buildings"
- Form A-24 Inspection Checklist to Accompany Chapter 30, "Lodging or Rooming Houses"
- Form A-25 Inspection Checklist to Accompany Chapter 31, "Residential Board and Care Occupancies"
- Form A-26 Inspection Checklist to Accompany Chapter 32, "One- and Two-Family Dwellings"
- Form A-27 Inspection Checklist to Accompany Chapter 33, "Mercantile Occupancies"
- Form A-28 Inspection Checklist to Accompany Chapter 34, "Business Occupancies"
- Form A-29 Inspection Checklist to Accompany Chapter 35, "Industrial Occupancies"
- Form A-30 Inspection Checklist to Accompany Chapter 36, "Storage Occupancies"
- Form A-31 Inspection Checklist to Accompany Chapter 37, "Special Structures and High-Rise Buildings"

# Inspection Checklist

## Inspection Procedures

### PREINSPECTION CHECKLIST

Equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### General

- Identification (photo ID)  Business work hours

#### Clothing

- Coveralls  Overshoes  Boots

#### Personal Protective Equipment (PPE)

- Hard hat  Safety shoes  Safety glasses  
 Gloves  Ear protection  Respiratory protection

#### Tools

- Flashlight  Tape measure(s)  
 Pad (graph paper) and pen or pencil  Magnifying glass

#### Test gauges

- Combustible gas detector  Pressure gauges  Pitot tube or flow meter

#### Plans and Reports

- Previous reports  Violation notices  Previous surveys  
 Applicable codes and standards

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SITE INSPECTION

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Occupancy Classification

- Assembly  Educational  Day care  
 Health care  Ambulatory health care  Detention and correctional  
 One- and two-family dwelling  Lodging and rooming  Hotel/Motel/Dormitory  
 Apartment  Residential board and care  Mercantile  
 Business  Industrial  Storage  
 Mixed

**Hazard of Contents**

- Light (low)
- Ordinary (moderate)
- Extra (high)
- Mixed
- Special hazards

**Exterior Survey**

- Housekeeping and maintenance

**Building construction type**

- Type I (fire resistive)
- Type II (noncombustible)
- Type III (ordinary)
- Type IV (heavy timber)
- Type V (wood frame)
- Mixed

**Construction problems**

- Building height \_\_\_\_\_ feet \_\_\_\_\_ stories
- Potential exposures
  - Outdoor storage
  - Hydrants

**Fire department connection**

- Vehicle access
- Is it obstructed?
- Is it identified?
- Drainage (flammable liquid and contaminated runoff)
- Fire lanes marked

**Building Facilities**

- HVAC systems
- Electrical systems
- Gas distribution systems
- Refuse handling systems
- Conveyor systems
- Elevators

**Fire Detection and Alarm Systems**

*See Form A-8.*

**Fire Suppression Systems**

*See Form A-10.*

**Closing Interview**

- Imminent fire safety hazards
- Maintenance issues
- Housekeeping issues
- Overall evaluation

**Items to be researched:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Report**

- Draft
- Review
- Final

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Inspection Checklist

## Construction, Alterations, and Demolition Operations

**Building:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Last Inspection:** \_\_\_\_\_ **Outstanding Violations:**  Yes  No

### General

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is it a new construction?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it a renovation?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it a demolition?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is fire protection for construction shown on plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it a high rise?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it windowless?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it underground?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Site Preparation

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Are roadways with all-weather surfaces suitable for fire apparatus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are water supplies adequate?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permanent   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Temporary   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Process Hazards

- |   |                              |                             |                               |
|---|------------------------------|-----------------------------|-------------------------------|
| Are welding facilities separated and is proper housekeeping maintained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A* |
| Is temporary heating equipment properly installed and maintained?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A  |
| Is flammable and combustible liquid storage per code?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A  |
| Are propane and other gases stored per code?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A  |
| Are there explosives?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                               |
| Has permit been obtained?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                               |
| Are they properly stored?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                               |

### Standpipes (Where Required)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Are they carried up with construction, floor by floor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are they permanent?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are they temporary?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\*N/A (not applicable) means no such feature in the building.

**Renovations**

- Is egress maintained during renovation?  Yes  No
- Are sprinklers maintained during construction?  Yes  No
- Is fire alarm system maintained during construction?  Yes  No
- 

**Underground Operations**  N/A

- Are there written procedures for
- Evacuation?  Yes  No
  - Inspections?  Yes  No
  - Emergency procedures?  Yes  No
- Is there a water supply whenever combustibles are present?  Yes  No  N/A
- Is extinguishment equipment for conveyors at
- Head?  Yes  No  N/A
  - Tail?  Yes  No  N/A
  - Drive mechanism?  Yes  No  N/A
  - Take-up pulley?  Yes  No  N/A
  - <300 ft apart?  Yes  No  N/A
- Are Class I liquids improperly located underground or within 100 ft of portal?  Yes  No  N/A
- Are there check-in and check-out procedures?  Yes  No  N/A
- Are oil-filled transformers
- Used?  Yes  No
  - Diked, vented, separated?  Yes  No
- 

**Temporary Structures and Storage**

- Do they obstruct fire department access?  Yes  No
- Do they provide exposure to new construction?  Yes  No
- Is fabric in fabric structures flame resistant per NFPA 701?  Yes  No  N/A
- 

**Housekeeping**

- Is trash removed regularly from buildings under construction?  Yes  No
- Are trash chutes
- On outside of buildings?  Yes  No  N/A
  - Properly anchored?  Yes  No  N/A
  - Reasonably straight?  Yes  No  N/A
-

**Hot Work**

- Is open-flame and spark-producing equipment controlled?  Yes  No
- Is fire watch provided during and after hot work?  Yes  No

**Asphalt pots**

- Are they improperly located on roofs or under canopies?  Yes  No
- Are they in proper working order?  Yes  No
- Are fire extinguishers located within 25 ft?  Yes  No
- Are mops properly stored after use?  Yes  No

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**Portable Fire Extinguishers**

- Are they provided per code?  Yes  No

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**Demolitions**

- Is gas turned off and are pipes capped as appropriate?  Yes  No
- Are standpipes demolished floor-by-floor?  Yes  No  N/A
- Are sprinkler systems maintained on floor-by-floor basis?  Yes  No  N/A

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**Fire Walls**

- Are fire walls carried up with construction?  Yes  No

**Notes:** \_\_\_\_\_  
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# Inspection Checklist

## Protection of Openings in Fire Barriers

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Were alterations/renovations made since last inspection?  Yes  No

### Stair Enclosures N/A

What is fire resistance of enclosure?  1 hr  2 hr

Do doors have proper fire protection rating?  1/2 hr  1 hr  1 1/2 hr

Are doors self-closing and latching?  Yes  No  N/A\*

Are penetrations limited to

- Electrical conduit serving stair?  Yes  No
- Ductwork necessary for independent stair pressurization?  Yes  No
- Water or steam piping for stair heating/cooling?  Yes  No
- Sprinkler and standpipe piping?  Yes  No

Are penetrations properly protected?  Yes  No

Are doors improperly wedged open?  Yes  No

### Utility Shafts N/A

What is fire resistance of enclosure?  1 hr  2 hr

Do doors have proper fire protection rating?  1/2 hr  1 hr  1 1/2 hr

Are doors self-closing and latching?  Yes  No  N/A

Do ducts have dampers?  Yes  No  N/A

Are doors improperly wedged open?  Yes  No

### Horizontal Exits N/A

Is fire resistance 2 hr?  Yes  No

Are doors 1 1/2-hr resistance rated?  Yes  No

Are doors self-closing and latching?  Yes  No

Are penetrations properly protected?  Yes  No  N/A

Are doors improperly wedged open?  Yes  No

\*N/A (not applicable) means there's no such feature in the building.

**Fire Barrier**  N/A

Do fire barriers have proper fire resistance?	<input type="checkbox"/> ½ hr	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 2 hr
Do doors have proper fire resistance?	<input type="checkbox"/> 20 min	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 1½ hr
Are doors self-closing and latching?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are penetrations properly protected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do ducts have dampers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are doors improperly wedged open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Floor/Ceiling**  N/A

Are metal pipe penetrations properly protected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are plastic pipe penetrations properly protected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are wire and cable penetrations properly protected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**Fire Windows**  N/A

Are fire windows installed in 1-hr or less fire-rated assembly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is glazing		
• Wired glass?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Other labeled glazing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Escalator Enclosures**  N/A

Are escalator enclosures properly protected:		
• Are enclosures fire resistive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are sprinklers with draft curtains provided in fully sprinklered buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are there deluge sprinklers with exhaust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are there rolling shutters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are doors improperly wedged open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Elevator Shafts**  N/A

What is fire resistance of enclosure?	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 2 hr	
Do doors have proper fire protection rating?	<input type="checkbox"/> ½ hr	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 1½ hr

**Mail or Laundry Chutes**  N/A

What is fire resistance of enclosure?	<input type="checkbox"/> ½ hr	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 2 hr
Do doors have proper fire protection rating?	<input type="checkbox"/> ½ hr	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 1½ hr
Are doors self-closing and latching?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**Corridor**  N/A

What is fire resistance of corridor?	<input type="checkbox"/> ½ hr	<input type="checkbox"/> 1 hr	<input type="checkbox"/> N/A
Are doors 20 min, self-closing, and latching?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are all penetrations properly sealed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Fire Walls**  N/A

- |  |                                |                               |                               |
|--|--------------------------------|-------------------------------|-------------------------------|
| Do fire walls have proper fire resistance?   | <input type="checkbox"/> 2 hr  | <input type="checkbox"/> 3 hr | <input type="checkbox"/> 4 hr |
| Do doors have proper fire protection rating? | <input type="checkbox"/> 1½ hr | <input type="checkbox"/> 3 hr |                               |
| Are doors self-closing and latching?         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |                               |
| Are penetrations properly protected?         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   | <input type="checkbox"/> N/A  |
| Do ducts have dampers?                       | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   | <input type="checkbox"/> N/A  |
| Are doors improperly wedged open?            | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |                               |

**Smoke Barrier**  N/A

- |   |                                 |  |                              |
|---|---------------------------------|--|------------------------------|
| What is fire resistance of smoke barrier?                 | <input type="checkbox"/> ½ hr   | <input type="checkbox"/> 1 hr          |                              |
| What is the fire protection rating or thickness of doors? | <input type="checkbox"/> 20 min | <input type="checkbox"/> 1¾ in., solid |                              |
| Are doors self-closing and latching?                      | <input type="checkbox"/> Yes    | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| Do ducts have dampers?                                    | <input type="checkbox"/> Yes    | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| Are doors improperly wedged open?                         | <input type="checkbox"/> Yes    | <input type="checkbox"/> No            |                              |

**Smoke Partition**  N/A

- |   |                                  |                                       |  |
|---|----------------------------------|---------------------------------------|--|
| What is fire resistance of smoke partition?               | <input type="checkbox"/> ½ hr    | <input type="checkbox"/> Other _____  |  |
| What is the fire protection rating or thickness of doors? | <input type="checkbox"/> 20 min. | <input type="checkbox"/> 1¾ in, solid |  |
| Are doors improperly wedged open?                         | <input type="checkbox"/> Yes     | <input type="checkbox"/> No           |  |

**Notes:** \_\_\_\_\_  
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# Inspection Checklist

## Electrical Systems

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Is it a new construction?  Yes  No

Is it a renovation?  Yes  No

Is it an existing building?  Yes  No

### Conduits, Raceways, and Cables

Are they badly deteriorated?  Yes  No

Are they improperly supported?  Yes  No

Are they terminated with proper fittings at boxes?  Yes  No

Are they protected from mechanical damage where they pass through walls and floors?  Yes  No  N/A\*

### Circuit Conductors

Are terminals or surfaces of conduits discolored (indication of overloaded circuits)?  Yes  No

Are conductors excessively hot?  Yes  No

### Circuit Breakers

Are they discolored from overheating?  Yes  No

Are they too hot to touch?  Yes  No

Are GFCIs used for wet locations?  Yes  No

### Motors

Are combustibles adequately separated?  Yes  No

Are motor casing excessively hot?  Yes  No

### Dry Transformers

Are they separated from combustible materials?  Yes  No

Is area adequately ventilated?  Yes  No

Are clearance requirements (marked on transformer) maintained?  Yes  No

\*N/A (not applicable) means there's no such feature in the building.

**Static Electricity**  N/A

Are control measures adequately maintained:

- |                   |                              |                             |                              |
|-------------------|------------------------------|-----------------------------|------------------------------|
| • Humidification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| • Bonding?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| • Grounding?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| • Ionization?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**Extension Cords**

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| Used for temporary portable equipment only?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Of proper size for use?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Improperly used for mechanical support (except lamps)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Improperly exposed to mechanical damage, such as under carpets or where damaged by carts or foot traffic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Improperly attached to building surfaces?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Improperly run through walls, doors, or windows?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Improperly coiled or hanked?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**Grounding**

- |   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| Are metal cable armor, raceways, boxes, fittings, and electrical machinery properly grounded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Are ground clamps and connectors tight?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Are connections corroded?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

**Boxes and Cabinets**

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| Complete enclosures with covers provided?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| Are switch and outlets cracked or broken?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| Are switch and outlet covers discolored from overheating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| Are all knockouts in place or covered?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**Switchboards and Panelboards**

- |                              |                              |                             |                              |
|------------------------------|------------------------------|-----------------------------|------------------------------|
| Are covers provided?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Is cage or barrier provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**Lamps and Light Fixtures**

- |  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Is cord insulation cracked or missing?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Are halogen lamps too near combustibles?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Are any fixtures mounted directly to combustible ceilings?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Are fixture globes or lenses discolored from overheating due to wrong lamp size? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |



# Inspection Checklist

## Heating Systems

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Is it a new construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it a renovation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it an existing building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Fuel

Oil	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A*
Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
LP-Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Coal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Wood	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other: _____			

### Flue Pipes

Any sign of corrosion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is clearance from combustibles adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Furnaces

Is clearance from combustibles adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are gravity-type or forced warm-air type provided with limit switches to shut off fuel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do oil- and gas-fired types have fuel shutoff just ahead of appliance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

### Portable Heaters

Are they being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Any damage to cords?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Any unvented heaters used in			
• Educational occupancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Day-care facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Health care facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Residential occupancy, except one- and two-family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Detention and correctional occupancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

\*N/A (not applicable) means there's no such feature in the building.

**Steam and Hot Water Piping**

- Is hot water pipe clearance to combustibles adequate?  Yes  No  N/A
- Is steam pipe clearance to combustibles adequate?  Yes  No  N/A

**Burner Controls**

- Does operator's log indicate periodic testing of controls?  Yes  No  N/A
- Has pilot safety device been provided and tested?  Yes  No  N/A

**Boiler/Heater Rooms**

- Are they used for storage?  Yes  No
- Is housekeeping good?  Yes  No
- Are there any fuel leaks?  Yes  No
- Are rooms with LP-Gas adequately ventilated?  Yes  No  N/A
- Is adequate combustion air provided?  Yes  No  N/A

**Solid Fuel Appliances**

- Are clearances around appliance and chimney adequate?  Yes  No  N/A

**Masonry Chimneys**

- Is spark arrestor provided if solid fuels used?  Yes  No  N/A
- Is chimney clean?  Yes  No
- Is mortar loose or cracked?  Yes  No
- If solid fuel used, any oil- or gas-fired equipment connected to same flue?  Yes  No
- Are combustibles separated  $\geq 2$  in.?  Yes  No  N/A

**Factory-Built Chimney**

- Is it installed per manufacturer's instructions?  Yes  No  N/A

**Notes:** \_\_\_\_\_

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# Inspection Checklist

## Air-Conditioning and Ventilating Systems

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Were building alterations/renovations made since last inspection?  Yes  No

Type of refrigerant used in system: \_\_\_\_\_

### Air Intake

Is air intake protected with grille or screen?  Yes  No  N/A\*

Is intake duct reasonably clean?  Yes  No  N/A

### Conditioning Equipment

Is room required to be separated due to size of equipment, pressure vessels, etc.?  
 Yes  No  N/A

Is room enclosure fire resistive?  
 Yes  No  N/A

• 1 hr with 3/4-hr doors?  Yes  No  N/A

• 2 hr with 1 1/2-hr doors?  Yes  No  N/A

Is room used as return air plenum?  Yes  No

Is storage present (not permitted if room used as plenum)?  Yes  No

Is room clean?  Yes  No  N/A

If storage is in room, are sprinklers provided?  Yes  No  N/A

Are fan belts enclosed?  Yes  No  N/A

Are filters reasonably clean?  Yes  No

### Air Distribution Equipment

Do ducts passing through fire-rated barriers have dampers?  Yes  No  N/A

Are dampers properly installed and maintained?  Yes  No  N/A

Do ceilings that are part of fire-rated floor/ceiling assemblies have proper ceiling dampers?  Yes  No  N/A

Is duct lining per code?  Yes  No  N/A

\*N/A (not applicable) means there's no such feature in the building.

Notes: \_\_\_\_\_

\_\_\_\_\_

# Inspection Checklist

## Smoke-Control Systems

**Building:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Last Inspection:** \_\_\_\_\_ **Outstanding Violations:**  Yes  No

### General

Smoke-control system installed to protect: \_\_\_\_\_

Were building alterations/renovations made since last inspection?  Yes  No

Was any smoke-control system alteration made since last inspection?  Yes  No

What is smoke-control system type?

- Purge
- Pressure sandwich
- Exhaust
- Other: \_\_\_\_\_

Is original design description available?  Yes  No  N/A\*

If so, where: \_\_\_\_\_

Is building fully protected with sprinklers?  Yes  No

### Controls

Are controls properly identified?  Yes  No  N/A

Are operating instructions posted?  Yes  No  N/A

### Dedicated Systems

Is record of semiannual operational test provided?  Yes  No  N/A

### Nondedicated Systems

Is record of annual operational test provided?  Yes  No  N/A

### Periodic Tests and Maintenance

Are records of periodic tests and maintenance provided?  Yes  No  N/A

*\*N/A (not applicable) means there's no such feature in the building.*

**Notes:** \_\_\_\_\_

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# Inspection Checklist

## Fire Alarm Systems

**Building:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Last Inspection:** \_\_\_\_\_ **Outstanding Violations:**  Yes  No

### General

- Were building alterations/renovations made since last inspection?  Yes  No
- Was new alarm system added since last inspection?  Yes  No
- Were new detectors or alarms added since last inspection?  Yes  No

### Control Panel

- Is green power light on?  Yes  No
- Are any trouble lights on?  Yes  No  
If yes, why? \_\_\_\_\_
- Are supervisory lights on?  Yes  No  
If yes, why? \_\_\_\_\_
- Does panel appear in good condition?  Yes  No

### Batteries

- Are batteries in good condition without signs of corrosion?  Yes  No

### Fire Alarm Boxes (Manual Stations)

- Are fire alarm boxes clear, unobstructed, and identified?  Yes  No  N/A\*

### Fire Alarm Notification Appliances

- Do number and location of fire alarm notification appliances appear adequate?  Yes  No  N/A

### Quarterly Tests Recorded

- Test of fuses?  Yes  No  N/A
- Test of interfaced equipment?  Yes  No  N/A
- Test of panel lamps or LEDs?  Yes  No  N/A
- Test of supervisory signal devices (except tamper switches)?  Yes  No  N/A
- Test of off-premises transmission equipment?  Yes  No  N/A

\*N/A (not applicable) means there's no such feature in the building.

**Semiannual Tests Recorded**

Lead acid battery discharge test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lead acid battery load test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lead acid battery specific gravity test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Nickel-battery load voltage test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Radiant energy fire detectors (flame detectors) test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Valve tamper switches test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Waterflow devices test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**Annual Tests Recorded**

Test of panel functions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Test of transponders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Battery discharge test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Charger test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Control unit trouble signals test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Emergency voice communications equipment test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remote annunciators test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Electromagnetic release devices test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Fixed extinguishing system switches test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Heat detectors test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Smoke detector sensitivity (See <i>NFPA 72, 7-3.2.1</i> ) test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Alarm notification appliances test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Guard's tour equipment test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**Notes:** \_\_\_\_\_  
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# Inspection Checklist

## Water Supplies

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Were building alterations/renovations made since last inspection?  Yes  No

Any water supply system changes made since last inspection?  Yes  No

### Hose Houses

Are there hose houses?  Yes  No

Have monthly inspections been recorded?  Yes  No  N/A\*

### Dry Barrel Hydrants

Is dry barrel hydrant present?  Yes  No

Is hydrant accessible?  Yes  No  N/A

Are outlet caps in place?  Yes  No  N/A

Are outlet threads damaged?  Yes  No  N/A

Does hydrant show signs of leaking?  Yes  No  N/A

Are there obvious cracks in hydrant barrel?  Yes  No  N/A

Is operating nut in good condition?  Yes  No  N/A

### Wet Barrel Hydrants

Is wet barrel hydrant present?  Yes  No

Is hydrant accessible?  Yes  No  N/A

Are outlet caps in place?  Yes  No  N/A

Are outlet threads damaged?  Yes  No  N/A

Does hydrant show signs of leaking when opened?  Yes  No  N/A

Are there obvious cracks in hydrant barrel?  Yes  No  N/A

Is operating nut in good condition?  Yes  No  N/A

### Annual Tests Recorded

Test of hydrants opened and water flowed?  Yes  No

### Annual Maintenance Recorded

Operating nut lubricated?  Yes  No

Outlet threads lubricated?  Yes  No

\*N/A (not applicable) means there's no such feature in the building.

Notes: \_\_\_\_\_

# Inspection Checklist

## Sprinkler Systems

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Date sprinklers installed: \_\_\_\_\_

Were building alterations/renovations made since last inspection?  Yes  No

Was new sprinkler system added since last inspection?  Yes  No

Any sprinkler system alteration made since last inspection?  Yes  No

What is system type?

- Wet
- Dry
- Preaction
- Deluge

Is building fully protected with sprinklers?  Yes  No

If not, explain: \_\_\_\_\_

### Sprinkler Valves

Do sprinkler valves appear in good working order?  Yes  No

Is dry pipe valve in heated enclosure?  Yes  No  N/A\*

Are spare sprinklers provided?  Yes  No

### Control Valves

Are control valves sealed?  Yes  No  N/A

Are they locked?  Yes  No  N/A

Do they have tamper switches?  Yes  No  N/A

### Fire Department Connections

Are fire department connections clear and unobstructed?  Yes  No  N/A

Are protective caps in place?  Yes  No  N/A

Are connections identified?  Yes  No  N/A

### Quarterly Inspections and Tests Recorded

Are quarterly inspections and tests recorded?  Yes  No

\*N/A (not applicable) means there's no such feature in the building.



# Inspection Checklist

## Water Mist Systems

**Building:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Last Inspection:** \_\_\_\_\_ **Outstanding Violations:**  Yes  No

### General

Date water mist system installed: \_\_\_\_\_

Were building alterations/renovations made since last inspection?  Yes  No

Was a new water mist system added since last inspection?  Yes  No

Was any water mist system alteration made since last inspection?  Yes  No

Is building fully protected with water mist system?  Yes  No

If not, explain: \_\_\_\_\_

What is fire detection system type?

Smoke  Heat  Flame  Other

If "other," explain: \_\_\_\_\_

### Pressure Tanks

Are pressure tanks supervised?  Yes  No  N/A\*

Are they inspected weekly?  Yes  No  N/A

### Control Valves

Are control valves sealed?  Yes  No  N/A

Are they locked?  Yes  No  N/A

Do they have tamper switches?  Yes  No  N/A

### Fire Department Connections

Are fire department connections unobstructed?  Yes  No  N/A

Are protective caps in place?  Yes  No  N/A

Are connections identified?  Yes  No  N/A

### Quarterly Inspections and Tests Recorded

Are quarterly inspections and tests recorded?  Yes  No

### Semiannual Inspections and Tests Recorded

Are semiannual inspections and tests recorded?  Yes  No

### Annual Inspection and Tests Recorded

Are annual inspections and tests recorded?  Yes  No

*\*N/A (not applicable) means there's no such feature in the building.*

**Notes:** \_\_\_\_\_

# Inspection Checklist

## Special Agent Extinguishing Systems

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Type of special agent extinguishing system:

- Wet chemical
- Dry chemical
- Halon
- Carbon dioxide
- Other: \_\_\_\_\_

What does the system protect? \_\_\_\_\_

Date system installed: \_\_\_\_\_

Were building alterations/renovations made since last inspection?  Yes  No

Was a new special agent extinguishing system added since last inspection?  Yes  No

Was any system alteration made since last inspection?  Yes  No

Is system connected to building fire alarm?  Yes  No  N/A\*

### Automatic Shutdown

What is fuel source?

- Electricity
- Gas
- Other: \_\_\_\_\_

### Nozzles

Are caps in place?  Yes  No  N/A

Are nozzles properly oriented to protect hazard?  Yes  No  N/A

Are there signs of damage?  Yes  No  N/A

### Manual Releases

Are manual releases clear and unobstructed?  Yes  No  N/A

Are they properly identified?  Yes  No  N/A

### System Pressure Gauges

Are system pressure gauges in proper operating range?  Yes  No  N/A

Are they readily visible?  Yes  No  N/A

\*N/A (not applicable) means there's no such feature in the building.



# Inspection Checklist

## Clean Agent Extinguishing Systems

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Agent type: \_\_\_\_\_

Clean agent extinguishing system protects: \_\_\_\_\_

Date system installed: \_\_\_\_\_

Were building alterations/renovations made since last inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was new clean agent extinguishing system added since last inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was any system alteration made since last inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is system connected to building fire alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A*

### Automatic Shutdown

What is fuel source?

- Electricity
- Gas
- Other: \_\_\_\_\_

### Nozzles

Are caps in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are nozzles properly oriented to protect hazard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there signs of damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

### Manual Releases

Are manual releases clear and unobstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are they properly identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

### System Pressure Gauges

Are system pressure gauges in proper operating range?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are they readily visible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

### Room Doors

Are room doors self-closing or automatic closing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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### Quarterly Inspections and Tests Recorded

Are quarterly inspections and tests recorded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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\*N/A (not applicable) means there's no such feature in the building.





# Inspection Checklist

## Interior Finish, Contents, and Furnishings

**Building:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Last Inspection:** \_\_\_\_\_ **Outstanding Violations:**  Yes  No

### General

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| Is it a new construction?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it a renovation?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it an existing building? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Interior Finish

- |   |                              |                             |                               |
|---|------------------------------|-----------------------------|-------------------------------|
| Are wall and ceiling finishes per code?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A* |
| • In exits Class  | <input type="checkbox"/> A   | <input type="checkbox"/> B  | <input type="checkbox"/> C    |
| • In corridors Class  | <input type="checkbox"/> A   | <input type="checkbox"/> B  | <input type="checkbox"/> C    |
| • In rooms Class  | <input type="checkbox"/> A   | <input type="checkbox"/> B  | <input type="checkbox"/> C    |
| Is floor finish per code?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A  |
| • Class   | <input type="checkbox"/> I   | <input type="checkbox"/> II | <input type="checkbox"/> N/A  |
| Are fire-retardant coatings used and properly maintained (reapplied as required)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A  |

### Textile and Expanded Vinyl Materials on Walls

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| Class A with sprinklers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Class A if used on partitions $\leq \frac{3}{4}$ floor-to-ceiling height? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Class A if $\leq 4$ ft high?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Were they previously approved?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

### Furnishings (Where Regulated)

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| Do they meet cigarette ignition resistant tests? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Do they meet heat release rates?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

### Decorations

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| Are any highly combustible?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| In educational occupancies are they <20% of wall area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

*\*N/A (not applicable) means there's no such feature in the building.*

**Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Inspection Checklist

## Assembly Occupancies

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Were alterations/renovations made since last inspection?  Yes  No

Is building mixed occupancy?  Yes  No

What other occupancies? \_\_\_\_\_

Is building construction acceptable for height and occupancy?  Yes  No

Is it a high rise?  Yes  No

Is it windowless?  Yes  No

Is it underground?  Yes  No

### Occupant Load and Exits

Is occupant load posted?  Yes  No

Are the exits per code?  Yes  No

Number of exits?  1  2  3  4 or more

Is egress capacity adequate?  Yes  No

What is fire rating of exit stair enclosure?  1 hr  2 hr

What is fire rating of exit stair doors?  1 hr  1½ hr

• Are they self-closing?  Yes  No

• Latching?  Yes  No

Are exit enclosures free of storage?  Yes  No

Do 100% of exits discharge directly outside?  Yes  No

If not, do ≥50% discharge outside and is level of discharge sprinklered?  Yes  No

Is exit stair reentry per code?  Yes  No

### Doors

Are doors blocked?  Yes  No

Are they locked?  Yes  No

Is ≤15-lb force required to release latch?  Yes  No

Do doors swing in direction of travel per code?  Yes  No

Is there panic hardware per code?  Yes  No

**Egress Arrangement**

Is egress clear and unobstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any dead-end corridors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is common path of travel within limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is travel through intervening rooms okay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is egress blocked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is aisle accessway width adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is aisle width adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Travel Distance**

Is travel distance per code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Emergency Lighting**

Is emergency lighting per code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it tested monthly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Exit Marking**

Is exit marking per code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Corridors**

Is 1-hr rating required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are corridor walls rated 1 hr with 20-min doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Protection of Hazards**

Are hazards protected by		
• Fire-rated enclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Extinguishing system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Self-closing door?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is kitchen cooking protected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date kitchen hood and duct last cleaned: _____		

**Protection of Vertical Openings**

Are vertical openings enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are elevators enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is atrium per code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A*
Are ≤3 levels open per code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**Interior Finish**

Are wall and ceiling finishes per code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Are exits Class A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Are corridors and lobbies Class A or B?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Is assembly >300 Class A or B?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Is assembly <300 Class A, B, or C?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are decorations per code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are curtains/drapes per code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

\*N/A (not applicable) means there's no such feature in the building.

**Special Protection**

Are chutes in good working order:

- Trash chutes?  Yes  No  N/A
- Laundry chutes?  Yes  No  N/A

Is projection room properly protected?  Yes  No  N/A

Is any equipment subject to rupture under or adjacent to exit stairs?  Yes  No  N/A

Are stages per code?  Yes  No  N/A

Are platforms per code?  Yes  No  N/A

Are exhibits per code?  Yes  No  N/A

Are special amusement buildings per code?  Yes  No  N/A

Are open flames controlled per code?  Yes  No  N/A

Are pyrotechnics controlled per code?  Yes  No  N/A

**Mezzanines**

Is  $\leq 1/3$  of the mezzanine open area?  Yes  No

Is common path of travel on mezzanine per code?  Yes  No

If mezzanine is enclosed, is there second exit from mezzanine?  Yes  No

**Operating Features**

Are there crowd managers if >1000 occupants?  Yes  No

Are drills conducted?  Yes  No

Are employees instructed in fire extinguisher use?  Yes  No

Is announcement of exit locations made before each performance?  Yes  No

Is any clothing stored in corridors?  Yes  No

**Detection and Alarm**

Is it a manual alarm system?  Yes  No

Is there a fire detection system?  Yes  No

- Smoke detectors?  Yes  No
- Heat detectors?  Yes  No

Where: \_\_\_\_\_

Are there audible alarms?  Yes  No

Are there visual alarms?  Yes  No

Is there automatic fire department notification?  Yes  No



# Inspection Checklist

## Educational Occupancies

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

- Were alterations/renovations made since last inspection?  Yes  No
- Is building mixed occupancy?  Yes  No
- What other occupancies? \_\_\_\_\_
- Is building construction acceptable for height and occupancy?  Yes  No
- Is it a high rise?  Yes  No
- Is it windowless?  Yes  No
- Is it underground?  Yes  No

### Occupant Load and Exits

- Is  $\leq$ 1st grade on ground floor?  Yes  No
- Is 2nd grade on  $\leq$ second floor?  Yes  No
- Are the exits per code?  Yes  No
- Number of exits?  1  2  3  4 or more
- Is egress capacity adequate?  Yes  No
- What is fire rating of exit stair enclosure?  1 hr  2 hr
- What is fire rating of exit stair doors?  1 hr  1½ hr
- Are they self-closing?  Yes  No
  - Latching?  Yes  No
- Are exit enclosures free of storage?  Yes  No
- Do 100% of exits discharge directly outside?  Yes  No
- If not, do  $\geq$ 50% discharge outside and is level of discharge sprinklered?  Yes  No
- Is exit stair reentry per code?  Yes  No

### Doors

- Are doors blocked?  Yes  No
- Are they locked?  Yes  No
- Is  $\leq$ 15-lb force required to release latch?  Yes  No
- Do doors swing in direction of travel per code?  Yes  No
- Is there panic hardware per code?  Yes  No

**Egress Arrangement**

- Is egress clear and unobstructed?  Yes  No
- Are dead-end corridors within limits?  Yes  No
- Is common path of travel within limits?  Yes  No
- Is travel through intervening rooms okay?  Yes  No
- Is egress blocked?  Yes  No
- Is aisle width adequate?  Yes  No

**Travel Distance**

- Is travel distance per code?  Yes  No

**Emergency Lighting**

- Is emergency lighting per code?  Yes  No
- Is it tested monthly?  Yes  No

**Exit Marking**

- Is exit marking per code?  Yes  No

**Corridors**

- Is 1-hr rating required?  Yes  No
- What is rating of corridor walls?  1/2 hr  1 hr
- Is rating of doors 20 min?  Yes  No

**Protection of Hazards**

- Are hazards protected by
- Fire-rated enclosure?  Yes  No
  - Extinguishing system?  Yes  No
  - Self-closing door?  Yes  No
- Is kitchen cooking protected?  Yes  No
- Date kitchen hood and duct last cleaned: \_\_\_\_\_

**Protection of Vertical Openings**

- Are vertical openings enclosed?  Yes  No
- Are elevators enclosed?  Yes  No
- Is atrium per code?  Yes  No  N/A\*
- Are ≤3 levels open per code?  Yes  No  N/A

**Interior Finish**

- Is flame spread of wall and ceiling materials per code?  Yes  No
- Are decorations per code?  Yes  No  N/A
- Are curtains/drapes per code?  Yes  No  N/A

\*N/A (not applicable) means there's no such feature in the building.

**Special Protection**

Are chutes in good working order:

- Trash chutes?  Yes  No  N/A
- Laundry chutes?  Yes  No  N/A

Are stages per code?  Yes  No  N/A

Are platforms per code?  Yes  No  N/A

Are janitor closets sprinklered?  Yes  No  N/A

Are rescue windows in each classroom per code?  Yes  No

Are smoke barriers per code?  Yes  No

---

**Mezzanines**

Is  $\leq 1/3$  of the mezzanine area open?  Yes  No

Is common path of travel on mezzanine per code?  Yes  No

If mezzanine is enclosed, is there second exit from mezzanine?  Yes  No

---

**Operating Features**

Is there a written emergency plan?  Yes  No

Are drills conducted?  Yes  No

Number of drills per school year: \_\_\_\_\_

Has evacuation relocation area been established?  Yes  No

Is any clothing stored in corridors?  Yes  No

Are artwork and teaching materials on walls  $\leq 20\%$  of wall area?  Yes  No

Is there daily inspection of exits?  Yes  No

---

**Detection and Alarm**

Is there a manual alarm system?  Yes  No

Is there a fire detection system?  Yes  No

- Smoke detectors?  Yes  No
- Heat detectors?  Yes  No

Where: \_\_\_\_\_

Are there audible alarms?  Yes  No

Are there visual alarms?  Yes  No

Is there automatic fire department notification?  Yes  No

---

**Extinguishment**

Are there sprinklers throughout?  Yes  No  
Partial sprinklers?  Yes  No  
Where: \_\_\_\_\_  
Is there a water flow alarm?  Yes  No  
Are valves supervised?  Yes  No  
 Electrical  Locks  Seal  
Other extinguishing systems:  
Type: \_\_\_\_\_  
Where: \_\_\_\_\_  
Standpipe?  
 Wet  Dry  None  
Fire pump?  Yes  No  
Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi  
Date last tested: \_\_\_\_\_  
Are fire extinguishers per code?  Yes  No

**Building Utilities**

Are utilities in good working order:  
Heat  
• Gas?  Yes  No  
• Oil?  Yes  No  
• Coal?  Yes  No  
• Other?  Yes  No  
Electrical installation?  Yes  No  
Elevators  
• Elevator recall (Phase I)?  Yes  No  
• Fire fighter control (Phase II)?  Yes  No  
Emergency generator?  Yes  No  
Size: \_\_\_\_\_  
Date last tested: \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Inspection Checklist

## Day-Care Facilities

**Building:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Last Inspection:** \_\_\_\_\_ **Outstanding Violations:**  Yes  No

### General

Were alterations/renovations made since last inspection?  Yes  No

Is building mixed occupancy?  Yes  No

What other occupancies? \_\_\_\_\_

Is building construction acceptable for height and occupancy?  Yes  No

Is it a high rise?  Yes  No

Is it windowless?  Yes  No

Is it underground?  Yes  No

What kind of day-care facility is it?

- Day care ( $\geq 13$  clients)
- Group day care (7–12 clients)
- Family day care (4–6 clients)

### Occupant Load and Exits

Is location of day care in building per code?  Yes  No

Are the exits per code?  Yes  No

Number of exits?  1  2  3  4 or more

Is egress capacity adequate?  Yes  No

What is fire rating of exit stair enclosure?  1 hr  2 hr

What is fire rating of exit stair doors?  1 hr  1½ hr

- Are they self-closing?  Yes  No

- Latching?  Yes  No

Are exit enclosures free of storage?  Yes  No

Do 100% of exits discharge directly outside?  Yes  No

If not, do  $\geq 50\%$  discharge outside and is level of discharge sprinklered?  Yes  No

Is exit stair reentry per code?  Yes  No

### Doors

Are doors blocked?  Yes  No

Are they locked?  Yes  No

Is  $\leq 15$ -lb force required to release latch?  Yes  No

Do doors swing in direction of travel per code?  Yes  No

Is there panic hardware per code?  Yes  No

**Egress Arrangement**

- Is egress clear and unobstructed?  Yes  No
- Are dead-end corridors within limits?  Yes  No
- Is common path of travel within limits?  Yes  No
- Is travel through intervening rooms okay?  Yes  No
- Is egress blocked?  Yes  No
- Is aisle width adequate?  Yes  No

**Travel Distance**

- Is travel distance per code?  Yes  No

**Emergency Lighting**

- Is emergency lighting per code?  Yes  No
- Is it tested monthly?  Yes  No

**Exit Marking**

- Is exit marking per code?  Yes  No

**Corridors**

- Is 1-hr rating required?  Yes  No
- What is rating of corridor walls?  1/2 hr  1 hr
- Is rating of doors 20 min?  Yes  No

**Protection of Hazards**

- Is kitchen cooking protected?  Yes  No
- Date kitchen hood and duct last cleaned: \_\_\_\_\_

**Protection of Vertical Openings**

- Are vertical openings enclosed?  Yes  No
- Are elevators enclosed?  Yes  No
- Is atrium per code?  Yes  No  N/A\*
- Are ≤3 levels open per code?  Yes  No  N/A

**Interior Finish**

- Is flame spread of wall and ceiling materials per code?  Yes  No
- Are decorations per code?  Yes  No  N/A
- Are curtains/drapes per code?  Yes  No  N/A

**Special Protection**

- Are chutes in good working order:
- Trash chutes?  Yes  No  N/A
  - Laundry chutes?  Yes  No  N/A
- Are janitor closets sprinklered?  Yes  No  N/A
- Are rescue windows in each client-occupied room per code?  Yes  No

\*N/A (not applicable) means there's no such feature in the building.

**Mezzanines**

- Is  $\leq 1/3$  of the mezzanine area open?  Yes  No
- Is common path of travel on mezzanine per code?  Yes  No
- If mezzanine is enclosed, is there second exit from mezzanine?  Yes  No
- 

**Operating Features**

- Is there a written emergency plan?  Yes  No
- Are drills conducted?  Yes  No
- Number of drills per school year: \_\_\_\_\_
- Has evacuation relocation area been established?  Yes  No
- Is any clothing stored in corridors?  Yes  No
- Are artwork and teaching materials on walls  $\leq 20\%$  of wall area?  Yes  No
- Is there daily inspection of exits?  Yes  No
- Is there monthly fire inspection by trained staff?  Yes  No
- 

**Detection and Alarm**

- Is there a manual alarm system?  Yes  No
- Is there a fire detection system?  Yes  No
- Smoke detectors?  Yes  No
  - Heat detectors?  Yes  No
- Where: \_\_\_\_\_
- Are there audible alarms?  Yes  No
- Are there visual alarms?  Yes  No
- Is there automatic fire department notification?  Yes  No
- 

**Extinguishment**

- Are there sprinklers throughout?  Yes  No
- Partial sprinklers?  Yes  No
- Where: \_\_\_\_\_
- Is there a water flow alarm?  Yes  No
- Are valves supervised?  Yes  No
- Electrical  Locks  Seal
- Other extinguishing systems:
- Type: \_\_\_\_\_
- Where: \_\_\_\_\_
- Standpipe?
- Wet  Dry  None
- Fire pump?  Yes  No
- Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi
- Date last tested: \_\_\_\_\_
- Are fire extinguishers per code?  Yes  No
-



# Inspection Checklist

## Health Care Facilities

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

- Were alterations/renovations made since last inspection?  Yes  No
- Is building mixed occupancy?  Yes  No
- What other occupancies? \_\_\_\_\_
- Is building construction acceptable for height and occupancy?  Yes  No
- Is it a high rise?  Yes  No
- Is it windowless?  Yes  No
- Is it underground?  Yes  No

### Occupant Load and Exits

- Are the exits per code?  Yes  No
- Number of exits?  1  2  3  4 or more
- Is egress capacity adequate?  Yes  No
- What is fire rating of exit stair enclosure?  1 hr  2 hr
- What is fire rating of exit stair doors?  1 hr  1½ hr
- Are they self-closing?  Yes  No
  - Latching?  Yes  No
- Are exit enclosures free of storage?  Yes  No
- Do 100% of exits discharge directly outside?  Yes  No
- If not, do ≥50% discharge outside and is level of discharge sprinklered?  Yes  No
- Is exit stair reentry per code?  Yes  No

### Doors

- Are doors blocked?  Yes  No
- Are they locked?  Yes  No
- Is ≤15-lb force required to release latch?  Yes  No
- Do doors swing in direction of travel per code?  Yes  No
- Is panic hardware per code?  Yes  No

**Egress Arrangement**

Is egress clear and unobstructed?  Yes  No  
 Are dead-end corridors within limits?  Yes  No  
 Is common path of travel within limits?  Yes  No  
 Is travel through intervening rooms okay?  Yes  No  
 Is egress blocked?  Yes  No

**Travel Distance**

Is travel distance per code?  Yes  No

**Emergency Lighting**

Is emergency lighting per code?  Yes  No  
 Is it tested monthly?  Yes  No

**Exit Marking**

Is exit marking per code?  Yes  No

**Corridors**

Is 1-hr rating required?  Yes  No  
 Is rating 1-hr corridor walls with 20-min doors?  Yes  No

**Protection of Hazards**

Are hazards protected by

- Fire-rated enclosure?  Yes  No
- Extinguishing system?  Yes  No
- Self-closing door?  Yes  No

Is kitchen cooking protected?  Yes  No  
 Date kitchen hood and duct last cleaned: \_\_\_\_\_

**Protection of Vertical Openings**

Are vertical openings enclosed?  Yes  No  
 Are elevators enclosed?  Yes  No  
 Is atrium per code?  Yes  No  N/A\*  
 Are ≤3 levels open per code?  Yes  No  N/A

**Interior Finish**

Is flame spread of wall and ceiling materials per code?  Yes  No  
 Are curtains/drapes per code?  Yes  No  N/A

\*N/A (not applicable) means there's no such feature in the building.

**Special Protection**

Are chutes in good working order:

- Trash chutes?  Yes  No  N/A
- Laundry chutes?  Yes  No  N/A

Are laboratories protected per NFPA 99?  Yes  No  N/AAre anesthesia areas per NFPA 99?  Yes  No  N/AAre medical gases stored per NFPA 99?  Yes  No  N/AAre other occupancies separated by 2-hr fire-resistive construction?  Yes  No  N/AAre trash receptacles stored per code?  Yes  NoDo patient rooms >1000 ft<sup>2</sup> have ≥2 means of egress?  Yes  NoDo treatment rooms >5000 ft<sup>2</sup> have ≥2 means of egress?  Yes  NoAre treatment suites ≤10,000 ft<sup>2</sup>?  Yes  No

Do patient room doors latch with

- Positive latches?  Yes  No
- Roller latches?  Yes  No

Are smoke barriers provided?  Yes  No• Are doors 1¾ in. or 20 min.?  Yes  No• Are doors self- or automatic-closing?  Yes  No• Is gap between doors ≤¼ in. or do they have astragals, bevel, or rabbit?  Yes  No**Operating Features**Are drills conducted?  Yes  No

Frequency of drills: \_\_\_\_\_

Are employees instructed in fire extinguisher use?  Yes  NoIs there a written emergency plan?  Yes  No**Detection and Alarm**Is there a manual alarm system?  Yes  NoIs there a fire detection system?  Yes  No• Smoke detectors?  Yes  No• Heat detectors?  Yes  No

Where: \_\_\_\_\_

Are there audible alarms?  Yes  NoAre there visual alarms?  Yes  NoIs there automatic fire department notification?  Yes  No

**Extinguishment**

Are there sprinklers throughout?  Yes  No

Partial sprinklers?  Yes  No

Where: \_\_\_\_\_

Is there a water flow alarm?  Yes  No

Are valves supervised?  Yes  No

Electrical  Locks  Seal

Other extinguishing systems:

Type: \_\_\_\_\_

Where: \_\_\_\_\_

Standpipe?

Wet  Dry  None

Fire pump?  Yes  No

Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi

Date last tested: \_\_\_\_\_

Are fire extinguishers per code?  Yes  No

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**Building Utilities**

Are utilities in good working order:

Heat

• Gas?  Yes  No

• Oil?  Yes  No

• Coal?  Yes  No

• Other?  Yes  No

Electrical installation?  Yes  No

Elevators

• Elevator recall (Phase I)?  Yes  No

• Fire fighter control (Phase II)?  Yes  No

Emergency generator?  Yes  No

Size: \_\_\_\_\_

Date last tested: \_\_\_\_\_

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**Notes:** \_\_\_\_\_

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# Inspection Checklist

## Ambulatory Health Care Facilities

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Were alterations/renovations made since last inspection?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is building mixed occupancy?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What other occupancies? _____                                 |                              |                             |
| Is building construction acceptable for height and occupancy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it a high rise?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it windowless?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it underground?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Occupant Load and Exits

- |  |   |                                |
|--|---|--------------------------------|
| Are the exits per code?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| Number of exits?   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more |                                |
| Is egress capacity adequate?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| What is fire rating of exit stair enclosure?                             | <input type="checkbox"/> 1 hr   | <input type="checkbox"/> 2 hr  |
| What is fire rating of exit stair doors?                                 | <input type="checkbox"/> 1 hr   | <input type="checkbox"/> 1½ hr |
| • Are they self-closing?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| • Latching?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| Are exit enclosures free of storage?                                     | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| Do 100% of exits discharge directly outside?                             | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| If not, do ≥50% discharge outside and is level of discharge sprinklered? | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| Is exit stair reentry per code?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |

### Doors

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Are doors blocked?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are they locked?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is ≤15-lb force required to release latch?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do doors swing in direction of travel per code? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Egress Arrangement**

- Is egress clear and unobstructed?  Yes  No
- Are dead-end corridors within limits?  Yes  No
- Is common path of travel within limits?  Yes  No
- Is travel through intervening rooms okay?  Yes  No
- Is egress blocked?  Yes  No

**Travel Distance**

- Is travel distance per code?  Yes  No

**Emergency Lighting**

- Is emergency lighting per code?  Yes  No
- Is it tested monthly?  Yes  No

**Exit Marking**

- Is exit marking per code?  Yes  No

**Corridors**

- Is 1-hr rating required?  Yes  No
- Is rating 1-hr corridor walls with 20-min doors?  Yes  No

**Protection of Hazards**

- Are hazards protected by
- Fire-rated enclosure?  Yes  No
  - Extinguishing system?  Yes  No
  - Self-closing door?  Yes  No
- Is kitchen cooking protected?  Yes  No
- Date kitchen hood and duct last cleaned: \_\_\_\_\_

**Protection of Vertical Openings**

- Are vertical openings enclosed?  Yes  No
- Are elevators enclosed?  Yes  No
- Is atrium per code?  Yes  No  N/A\*
- Are ≤3 levels open per code?  Yes  No  N/A

**Interior Finish**

- Is flame spread of wall and ceiling materials per code?  Yes  No
- Are decorations per code?  Yes  No  N/A
- Are curtains/drapes per code?  Yes  No  N/A

\*N/A (not applicable) means there's no such feature in the building.

**Special Protection**

Are chutes in good working order:

- Trash chutes?  Yes  No  N/A
- Laundry chutes?  Yes  No  N/A

Smoke barrier:

- Required if >5000 ft<sup>2</sup> and no smoke detection  Yes  No
- <5000 ft<sup>2</sup> with smoke detection  Yes  No
- 1-hr fire resistive  Yes  No
- Doors 1<sup>3</sup>/<sub>4</sub> in. self- or automatic-closing  Yes  No

Is ambulatory health care separated from other occupancies by 1 hr construction?

 Yes  No**Operating Features**

Is there a written emergency plan

 Yes  No

Are drills conducted?

 Yes  No

Frequency of drills: \_\_\_\_\_

Have employees been instructed in fire extinguisher use?

 Yes  No**Detection and Alarm**

Is there a manual alarm system?

 Yes  No

Is there a fire detection system?

 Yes  No

- Smoke detectors?  Yes  No
- Heat detectors?  Yes  No

Where: \_\_\_\_\_

Are there audible alarms?

 Yes  No

Are there visual alarms?

 Yes  No

Is there automatic fire department notification?

 Yes  No**Extinguishment**

Are there sprinklers throughout?

 Yes  No

Partial sprinklers?

 Yes  No

Where: \_\_\_\_\_

Is there a water flow alarm?

 Yes  No

Are valves supervised?

 Yes  No Electrical  Locks  Seal

Other extinguishing systems:

Type: \_\_\_\_\_

Where: \_\_\_\_\_

Standpipe?

 Wet  Dry  None

Fire pump?

 Yes  No

Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi

Date last tested: \_\_\_\_\_

Are fire extinguishers per code?

 Yes  No



# Inspection Checklist

## Detention and Correctional Occupancies

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

- Are housing units separated from other occupancies by 2-hr construction?  Yes  No
- Were alterations/renovations made since last inspection?  Yes  No
- Is building mixed occupancy?  Yes  No
- What other occupancies? \_\_\_\_\_
- Is building construction acceptable for height and occupancy?  Yes  No
- Is it a high rise?  Yes  No
- Is it windowless?  Yes  No
- Is it underground?  Yes  No

### Occupant Load and Exits

- Are the exits per code?  Yes  No
- Number of exits?  1  2  3  4 or more
- Is egress capacity adequate?  Yes  No
- What is fire rating of exit stair enclosure?  1 hr  2 hr
- What is fire rating of exit stair doors?
- Are they self-closing?  Yes  No
  - Latching?  Yes  No
- Are exit enclosures free of storage?  Yes  No
- Do 100% of exits discharge directly outside?  Yes  No
- If not, do  $\geq 50\%$  discharge into 1 smoke compartment?  Yes  No
- Is exit stair reentry per code?  Yes  No

### Doors

- Are doors blocked?  Yes  No
- Are they locked?  Yes  No
- Is  $\leq 15$ -lb force required to release latch?  Yes  No
- Do doors swing in direction of travel per code?  Yes  No
- Is panic hardware per code?  Yes  No

**Egress Arrangement**

Is egress clear and unobstructed?  Yes  No  
 Are dead-end corridors within limits?  Yes  No  
 Is common path of travel within limits?  Yes  No  
 Is travel through intervening rooms okay?  Yes  No  
 Is egress blocked?  Yes  No

**Travel Distance**

Is travel distance per code?  Yes  No

**Emergency Lighting**

Is emergency lighting per code?  Yes  No  
 Is it tested monthly?  Yes  No

**Exit Marking**

Is exit marking per code?  Yes  No

**Corridors**

1-hr rating required?  Yes  No  
 What is rating for corridor walls?  1/2 hr  1 hr  
 Are doors rated 20 min?  Yes  No

**Protection of Hazards**

Are hazards protected by

- Fire-rated enclosure?  Yes  No
- Extinguishing system?  Yes  No
- Self-closing door?  Yes  No

Is kitchen cooking protected?  Yes  No  
 Date kitchen hood and duct last cleaned: \_\_\_\_\_  
 Are padded cells protected?  Yes  No  N/A\*

**Protection of Vertical Openings**

Are vertical openings enclosed?  Yes  No  
 Are elevators enclosed?  Yes  No  
 Is atrium per code?  Yes  No  N/A  
 Are ≤3 levels open per code?  Yes  No  N/A

**Interior Finish**

Is flame spread of wall and ceiling materials per code?  Yes  No  
 Are decorations per code?  Yes  No  N/A  
 Are curtains/drapes per code?  Yes  No  N/A

**Special Protection**

Are chutes in good working order:

- Trash chutes?  Yes  No  N/A
- Laundry chutes?  Yes  No  N/A

Are smoke barriers per code?  Yes  No  N/A  
 Is subdivision of housing unit per code?  Yes  No

\*N/A (not applicable) means there's no such feature in the building.

**Mezzanines**

- Is  $\leq 1/3$  of the mezzanine area open?  Yes  No
- Is common path of travel on mezzanine per code?  Yes  No
- If mezzanine is enclosed, is there second exit from mezzanine?  Yes  No
- 

**Operating Features**

- Is there a written emergency plan?  Yes  No
- Are drills conducted?  Yes  No
- Frequency of drills: \_\_\_\_\_
- Does staff have keys to release occupants?  Yes  No
- Are keys identifiable by sight and touch?  Yes  No
- 

**Detection and Alarm**

- Is there a manual alarm system?  Yes  No
- Is there a fire detection system?  Yes  No
- Smoke detectors?  Yes  No
  - Heat detectors?  Yes  No
- Where: \_\_\_\_\_
- Are there audible alarms?  Yes  No
- Are there visual alarms?  Yes  No
- Is there automatic fire department notification?  Yes  No
- 

**Extinguishment**

- Are there sprinklers throughout?  Yes  No
- Partial sprinklers?  Yes  No
- Where: \_\_\_\_\_
- Is there a water flow alarm?  Yes  No
- Are valves supervised?  Yes  No
- Electrical  Locks  Seal
- Other extinguishing systems:
- Type: \_\_\_\_\_
- Where: \_\_\_\_\_
- Standpipe?
- Wet  Dry  None
- Fire pump?  Yes  No
- Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi
- Date last tested: \_\_\_\_\_
- Are fire extinguishers per code?  Yes  No
-



# Inspection Checklist

## Hotels

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

- Were alterations/renovations made since last inspection?  Yes  No
- Is building mixed occupancy?  Yes  No
- What other occupancies? \_\_\_\_\_
- Is building construction acceptable for height and occupancy?  Yes  No
- Is it a high rise?  Yes  No
- Is it windowless?  Yes  No
- Is it underground?  Yes  No

### Occupant Load and Exits

- Are the exits per code?  Yes  No
- Number of exits  1  2  3  4 or more
- Is egress capacity adequate?  Yes  No
- What is fire rating of exit stair enclosure?  1 hr  2 hr
- What is fire rating of exit stair doors?  1 hr  1½ hr
- Are they self-closing?  Yes  No
  - Latching?  Yes  No
- Do rooms >2000 ft<sup>2</sup> have 2 egress doors?  Yes  No
- Are exit enclosures free of storage?  Yes  No
- Do 100% of exits discharge directly outside?  Yes  No
- If not, do ≥50% discharge outside and is level of discharge sprinklered?  Yes  No
- Is exit stair reentry per code?  Yes  No

### Doors

- Are doors blocked?  Yes  No
- Are they locked?  Yes  No
- Is ≤15-lb force required to release latch?  Yes  No
- Do doors swing in direction of travel per code?  Yes  No
- Is panic hardware per code?  Yes  No

**Egress Arrangement**

Is egress clear and unobstructed?  Yes  No  
 Are dead-end corridors within limits?  Yes  No  
 Is common path of travel within limits?  Yes  No  
 Is travel through intervening rooms okay?  Yes  No  
 Is egress blocked?  Yes  No

**Travel Distance**

Is travel distance per code?  Yes  No

**Emergency Lighting**

Is emergency lighting per code?  Yes  No  
 Is it tested monthly?  Yes  No

**Exit Marking**

Is exit marking per code?  Yes  No

**Corridors**

What is rating required?  ½ hr  1 hr  
 What is rating for corridor walls?  ½ hr  1 hr  
 Is door rating 20 min?  Yes  No  
 Are room doors self-closing?  Yes  No

**Protection of Hazards**

Are hazards protected by

- Fire-rated enclosure?  Yes  No
- Extinguishing system?  Yes  No
- Self-closing door?  Yes  No

Is kitchen cooking protected?  Yes  No  
 Date kitchen hood and duct last cleaned: \_\_\_\_\_

**Protection of Vertical Openings**

Are vertical openings enclosed?  Yes  No  
 Are elevators enclosed?  Yes  No  
 Is atrium per code?  Yes  No  N/A\*  
 Are ≤3 levels open per code?  Yes  No  N/A

**Interior Finish**

Is flame spread of wall and ceiling materials per code?  Yes  No  
 Are decorations per code?  Yes  No  N/A  
 Are curtains/drapes per code?  Yes  No  N/A

\*N/A (not applicable) means there's no such feature in the building.

**Special Protection**

Are chutes in good working order:

- Trash chutes?  Yes  No  N/A
- Laundry chutes?  Yes  No  N/A

Are there rescue windows in each room?  Yes  No  N/AAre smoke barriers provided?  Yes  No**Mezzanines**Is  $\leq 1/3$  of the mezzanine area open?  Yes  NoIs common path of travel on mezzanine per code?  Yes  NoIf mezzanine is enclosed, is there second exit from mezzanine?  Yes  No**Operating Features**Is fire plan posted in each guest room?  Yes  NoAre employees instructed in emergency duties?  Yes  No**Detection and Alarm**Is there a manual alarm system?  Yes  NoIs there a fire detection system?  Yes  No

- Smoke detectors?  Yes  No
- Heat detectors?  Yes  No

Where: \_\_\_\_\_

Are there audible alarms?  Yes  NoAre there visual alarms?  Yes  NoIs there automatic fire department notification?  Yes  NoAre there smoke alarms in guest rooms?  Yes  No**Extinguishment**Are there sprinklers throughout?  Yes  NoPartial sprinklers?  Yes  No

Where: \_\_\_\_\_

Is there a water flow alarm?  Yes  NoAre valves supervised?  Yes  No

- Electrical  Locks  Seal

Other extinguishing systems:

Type: \_\_\_\_\_

Where: \_\_\_\_\_

Standpipe?

- Wet  Dry  None

Fire pump?  Yes  No

Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi

Date last tested: \_\_\_\_\_

Are fire extinguishers per code?  Yes  No



# Inspection Checklist

## Apartment Buildings

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Were alterations/renovations made since last inspection?  Yes  No

Is building mixed occupancy?  Yes  No

What other occupancies? \_\_\_\_\_

Is building construction acceptable for height and occupancy?  Yes  No

Is it a high rise?  Yes  No

Is it windowless?  Yes  No

Is it underground?  Yes  No

### Occupant Load and Exits

Are the exits per code?  Yes  No

Number of exits  1  2  3  4 or more

Is egress capacity adequate?  Yes  No

What is fire rating of exit stair enclosure?  1 hr  2 hr

What is fire rating of exit stair doors?  1 hr  1½ hr

• Are they self-closing?  Yes  No

• Latching?  Yes  No

Are exit enclosures free of storage?  Yes  No

Do 100% of exits discharge directly outside?  Yes  No

If not, do ≥50% discharge outside and is level of discharge sprinklered?  Yes  No

Is exit stair reentry per code?  Yes  No

### Doors

Are doors blocked?  Yes  No

Are they locked?  Yes  No

Is ≤15-lb force required to release latch?  Yes  No

Do doors swing in direction of travel per code?  Yes  No

**Egress Arrangement**

Is egress clear and unobstructed?  Yes  No  
 Are dead-end corridors within limits?  Yes  No  
 Is common path of travel within limits?  Yes  No  
 Is travel through intervening rooms okay?  Yes  No  
 Is egress blocked?  Yes  No

**Travel Distance**

Is travel distance per code?  Yes  No

**Emergency Lighting**

Is emergency lighting per code?  Yes  No  
 Is it tested monthly?  Yes  No

**Exit Marking**

Is exit marking per code?  Yes  No

**Corridors**

What is rating required?  0 hr  1/2 hr  1 hr  
 What is rating for corridor walls?  Resist smoke  1/2 hr  1 hr  
 What is rating for doors?  Resist smoke  20 min  
 Are room doors self-closing?  Yes  No

**Protection of Hazards**

Are hazards protected by

- Fire-rated enclosure?  Yes  No
- Extinguishing system?  Yes  No
- Self-closing door?  Yes  No

Is kitchen cooking protected?  Yes  No  
 Date kitchen hood and duct last cleaned: \_\_\_\_\_

**Protection of Vertical Openings**

Are vertical openings enclosed?  Yes  No  
 Are elevators enclosed?  Yes  No  
 Is atrium per code?  Yes  No  N/A\*  
 Are ≤3 levels open per code?  Yes  No  N/A

**Interior Finish**

Is flame spread of wall and ceiling materials per code?  Yes  No

- Class A
- Class B
- Class C

\*N/A (not applicable) means there's no such feature in the building.

**Special Protection**

Are chutes in good working order:

- Trash chutes?  Yes  No  N/A
- Laundry chutes?  Yes  No  N/A

**Mezzanines**

- Is  $\leq 1/3$  of the mezzanine area open?  Yes  No  N/A
- Is common path of travel on mezzanine per code?  Yes  No  N/A
- If mezzanine is enclosed, is there second exit from mezzanine?  Yes  No  N/A

**Operating Features**Are emergency instructions provided annually to residents?  Yes  No**Detection and Alarm**

- Is there a manual alarm system?  Yes  No
- Is there a fire detection system?  Yes  No
- Smoke detectors?  Yes  No
  - Heat detectors?  Yes  No

Where: \_\_\_\_\_

- Are there audible alarms?  Yes  No
- Are there visual alarms?  Yes  No
- Is there automatic fire department notification?  Yes  No
- Are there smoke alarms in apartments?  Yes  No

**Extinguishment**

- Are there sprinklers throughout?  Yes  No
- Partial sprinklers?  Yes  No

Where: \_\_\_\_\_

- Is there a water flow alarm?  Yes  No
- Are valves supervised?  Yes  No
- Electrical  Locks  Seal

Other extinguishing systems:

Type: \_\_\_\_\_

Where: \_\_\_\_\_

Standpipe?

- Wet  Dry  None

Fire pump?  Yes  No

Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi

Date last tested: \_\_\_\_\_

Are fire extinguishers per code?  Yes  No



# Inspection Checklist

## Lodging or Rooming Houses

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Were alterations/renovations made since last inspection?  Yes  No

Is building mixed occupancy?  Yes  No

What other occupancies? \_\_\_\_\_

Is building construction acceptable for height and occupancy?  Yes  No

Is it a high rise?  Yes  No

Is it windowless?  Yes  No

Is it underground?  Yes  No

### Occupant Load and Exits

Number of sleeping beds: \_\_\_\_\_

Does every story >2000 ft<sup>2</sup> or travel to primary means of escape >75 ft have 2 primary means of escape?  Yes  No  N/A\*

Is there secondary means of escape from each sleeping room and living area?  Yes  No

Is stair enclosure per code?  Yes  No

Are stair doors per code?  Yes  No

### Doors

Are doors blocked?  Yes  No

Are they locked?  Yes  No

Is ≤15-lb force required to release latch?  Yes  No

Do doors swing in direction of egress per code?  Yes  No

### Egress Arrangement

Is egress clear and unobstructed?  Yes  No

Is travel through intervening rooms okay?  Yes  No

Is egress blocked?  Yes  No

Travel Distance  N/A

Emergency Lighting  N/A

Exit Marking  N/A

\*N/A (not applicable) means there's no such feature in the building.

**Corridors**

Are corridor walls smoke resistant?  Yes  No  
 Are doors self- or automatic-closing?  Yes  No

**Protection of Hazards**  N/A**Protection of Vertical Openings**

Is any primary escape route exposed to vertical opening?  Yes  No  
 Are vertical openings enclosed in 20-min fire resistance?  Yes  No

**Interior Finish**

Is flame spread of wall and ceiling materials per code?  Yes  No  
 Class A  
 Class B  
 Class C

**Special Protection**

Are chutes in good working order:

- Trash chutes?  Yes  No  N/A
- Laundry chutes?  Yes  No  N/A

Are fireplaces per code?  Yes  No  N/A

If windows are used for secondary means of escape

- Are they >5.7 ft<sup>2</sup>?  Yes  No  N/A
- Are they ≥minimum height and width?  Yes  No  N/A
- Are they operable?  Yes  No  N/A

Are doors to closets and bathrooms operable from inside and outside?  Yes  No

**Mezzanines**

Is ≤1/3 of the mezzanine area open?  Yes  No  N/A  
 Is common path of travel on mezzanine per code?  Yes  No  N/A  
 If mezzanine is enclosed, is there second exit from mezzanine?  Yes  No  N/A

**Operating Features**  N/A**Detection and Alarm**

Is there a manual alarm system?  Yes  No  
 Is there a fire detection system?  Yes  No

- Smoke detectors?  Yes  No
- Heat detectors?  Yes  No

Where: \_\_\_\_\_

Are there audible alarms?  Yes  No  
 Are there visual alarms?  Yes  No  
 Is there automatic fire department notification?  Yes  No  
 Are there smoke alarms in sleeping rooms?  Yes  No  
 Are smoke alarms audible in each sleeping/living room?  Yes  No

**Extinguishment**

Are there sprinklers throughout?  Yes  No  
Partial sprinklers?  Yes  No  
Where: \_\_\_\_\_  
Is there a water flow alarm?  Yes  No  
Are valves supervised?  Yes  No  
 Electrical  Locks  Seal  
Other extinguishing systems:  
Type: \_\_\_\_\_  
Where: \_\_\_\_\_  
Standpipe?  
 Wet  Dry  None  
Fire pump?  Yes  No  
Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi  
Date last tested: \_\_\_\_\_  
Are fire extinguishers per code?  Yes  No

**Building Utilities**

Are utilities in good working order:  
Heat  
• Gas?  Yes  No  
• Oil?  Yes  No  
• Coal?  Yes  No  
• Other?  Yes  No  
Electrical installation?  Yes  No  
Elevators  
• Elevator recall (Phase I)?  Yes  No  
• Fire fighter control (Phase II)?  Yes  No  
Emergency generator?  Yes  No  
Size: \_\_\_\_\_  
Date last tested: \_\_\_\_\_

**Notes:** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

# Inspection Checklist

## Board and Care Occupancies

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

- Any alterations/renovations since last inspection?  Yes  No
- Is building mixed occupancy?  Yes  No
- What other occupancies? \_\_\_\_\_
- Prompt  Slow  Impractical
- Small  Large  Apartment building
- Is building construction acceptable for height and occupancy?  Yes  No
- Is it a high rise?  Yes  No
- Is it windowless?  Yes  No
- Is it underground?  Yes  No

### Occupant Load and Exits

- Is number of means of escape per code?  Yes  No  N/A\*
- Is number of exits per code?  Yes  No  N/A # \_\_\_\_\_
- Is egress capacity adequate?  Yes  No
- What is fire rating of egress stair enclosure?  1/2 hr  1 hr  2 hr
- What is fire rating of egress stair doors?  20 min  3/4 hr  1 hr  1 1/2 hr
- Are they self-closing?  Yes  No
  - Latching?  Yes  No
- Are exit enclosures free of storage?  Yes  No
- Do 100% of exits discharge directly outside?  Yes  No
- If not, do ≥50% discharge outside and is level of discharge sprinklered?  Yes  No
- Is exit stair reentry per code?  Yes  No

### Doors

- Are doors blocked?  Yes  No
- Are they locked?  Yes  No
- Is ≤15-lb force required to release latch?  Yes  No
- Do doors swing in direction of travel per code?  Yes  No

\*N/A (not applicable) means there's no such feature in the building.

**Egress Arrangement**

Is egress clear and unobstructed?  Yes  No

Are dead-end corridors within limits?  Yes  No

Is common path of travel within limits?  Yes  No

Is travel through intervening rooms okay?  Yes  No

Is egress blocked?  Yes  No

**Travel Distance**

Is travel distance per code?  Yes  No

**Emergency Lighting**

Is emergency lighting per code?  Yes  No

Is it tested monthly?  Yes  No

**Exit Marking**

Is exit marking per code?  Yes  No

**Corridors**

What is rating required?  0 hr  ½ hr  1 hr

What is rating for corridor walls?  Resist smoke  ½ hr  1 hr

What is rating for doors?  20 min  1¾ in. thick

Are room doors self- or automatic-closing?  Yes  No

**Protection of Hazards**

Are hazards protected by

- Fire-rated enclosure?  Yes  No
- Extinguishing system?  Yes  No
- Self-closing door?  Yes  No

Is kitchen cooking protected?  Yes  No

Date kitchen hood and duct last cleaned: \_\_\_\_\_

**Protection of Vertical Openings**

Are vertical openings enclosed?  Yes  No

What is rating?  ½ hr  1 hr  2 hr

Are elevators enclosed?  Yes  No

**Interior Finish**

Is flame spread of wall and ceiling materials per code?  Yes  No

Class A

Class B

Class C

Are curtains, draperies, and similar loosely hanging materials per code?  Yes  No  N/A

Is newly introduced furniture cigarette ignition resistant and does it have limited heat release per code?  Yes  No  N/A with AS

**Special Protection**

Are chutes in good working order:

- Trash chutes?  Yes  No  N/A
- Laundry chutes?  Yes  No  N/A

Are fireplaces per code?  Yes  No  N/A

If windows used for secondary means of escape, are they

- >5.7 ft<sup>2</sup>?  Yes  No  N/A
- Operable?  Yes  No  N/A

Are doors to closets and bathrooms operable from inside and outside?  Yes  No

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**Mezzanines**

Is  $\leq \frac{1}{3}$  of the mezzanine area open?  Yes  No  N/A

Is common path of travel on mezzanine per code?  Yes  No  N/A

If mezzanine is enclosed, is there second exit from mezzanine?  Yes  No  N/A

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**Operating Features**

Is there a written emergency plan?  Yes  No

Are staff and residents trained in emergency procedures?  Yes  No

Are fire drills conducted?  Yes  No

Frequency of drills: \_\_\_\_\_

---

**Detection and Alarm**

Is there a manual alarm system?  Yes  No

Is there a fire detection system?  Yes  No

- Smoke detectors?  Yes  No
- Heat detectors?  Yes  No

Where: \_\_\_\_\_

Are there audible alarms?  Yes  No

Are there visual alarms?  Yes  No

Is there automatic fire department notification?  Yes  No

Are there smoke alarms in sleeping rooms?  Yes  No

---

**Extinguishment**

Are there sprinklers throughout?  Yes  No  
Partial sprinklers?  Yes  No  
Where: \_\_\_\_\_  
Is there a water flow alarm?  Yes  No  
Are valves supervised?  Yes  No  
 Electrical  Locks  Seal  
Other extinguishing systems:  
Type: \_\_\_\_\_  
Where: \_\_\_\_\_  
Standpipe?  Wet  Dry  None  
Fire pump?  Yes  No  
Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi  
Date last tested: \_\_\_\_\_  
Are fire extinguishers per code?  Yes  No

---

**Building Utilities**

Are utilities in good working order:  
Heat  
• Gas?  Yes  No  
• Oil?  Yes  No  
• Coal?  Yes  No  
• Other?  Yes  No  
Electrical installation?  Yes  No  
Elevators  
• Elevator recall (Phase I)?  Yes  No  
• Fire fighter control (Phase II)?  Yes  No  
Emergency generator?  Yes  No  
Size: \_\_\_\_\_  
Date last tested: \_\_\_\_\_

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**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Inspection Checklist

## One- and Two-Family Dwellings

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Were alterations/renovations made since last inspection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is building mixed occupancy?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What other occupancies? _____                            |                              |                             |
| Is it a high rise?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it windowless?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is it underground?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Occupant Load and Exits

- |   |                               |                                |
|---|-------------------------------|--------------------------------|
| Is there secondary means of escape from each sleeping room and living area? | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| OR  |                               |                                |
| Are sprinklers provided?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| Is egress capacity adequate?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| What is rating for exit stair enclosure?                                    | <input type="checkbox"/> 1 hr | <input type="checkbox"/> 2 hr  |
| What is rating for exit stair doors?  | <input type="checkbox"/> 1 hr | <input type="checkbox"/> 1½ hr |
| • Are they self-closing?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| • Latching?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| Are exit enclosures free of storage?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| Do 100% of exits discharge directly outside?                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| If not, do ≥50% discharge outside and is level of discharge sprinklered?    | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |
| Is exit stair reentry per code?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No    |

### Doors

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Are doors blocked?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are they locked?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is ≤15-lb force required to release latch? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Egress Arrangement

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is egress clear and unobstructed?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is travel through intervening rooms okay? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is egress blocked?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Travel Distance  N/A\*

Emergency Lighting  N/A

Exit Marking  N/A

Corridors  N/A

Protection of Hazards  N/A

Protection of Vertical Openings  N/A

**Interior Finish**

Is flame spread of wall and ceiling materials per code?  Yes  No

**Special Protection**

Are fireplaces per code?  Yes  No  N/A

If windows used for secondary means of escape

- Are they >5.7 ft<sup>2</sup>?  Yes  No  N/A
- ≥Minimum height and width?  Yes  No  N/A
- Operable?  Yes  No  N/A

Are doors to closets and bathrooms operable from inside and outside?  Yes  No

Mezzanines  N/A

**Operating Features**

Do occupants have escape plan?  Yes  No

Do occupants have emergency numbers near phone?  Yes  No

Do occupants have a meeting place?  Yes  No

**Detection and Alarm**

Is there a manual alarm system?  Yes  No

Is there a fire detection system?  Yes  No

- Smoke detectors?  Yes  No
- Heat detectors?  Yes  No

Where: \_\_\_\_\_

Are there audible alarms?  Yes  No

Are there visual alarms?  Yes  No

Is there automatic fire department notification?  Yes  No

Smoke alarms:

- In each sleeping room?  Yes  No
- In each living area?  Yes  No

Battery

House powered

\*N/A (not applicable) means there's no such feature in the building.



# Inspection Checklist

## Mercantile Occupancies

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Occupancy subclassification:

- Class A       Class B       Class C  
 Covered mall     Anchor store     Bulk merchandising retail

Were alterations/renovations made since last inspection?  Yes  No

Is building mixed occupancy?  Yes  No

What other occupancies? \_\_\_\_\_

Is building construction acceptable for height and occupancy?  Yes  No

Is it a high rise?  Yes  No

Is it windowless?  Yes  No

Is it underground?  Yes  No

### Occupant Load and Exits

Are the exits per code?  Yes  No

Number of exits?  1     2     3     4 or more

Is  $\leq 50\%$  of egress through checkout stands?  Yes  No  N/A\*

Is egress capacity adequate?  Yes  No

What is fire rating of egress stair enclosure?  1 hr  2 hr

What is fire rating of egress stair doors?  1 hr  1½ hr

• Are they self-closing?  Yes  No

• Latching?  Yes  No

Are exit enclosures free of storage?  Yes  No

Do 100% of exits discharge directly outside?  Yes  No

If not, do  $\geq 50\%$  discharge outside and is level of discharge sprinklered?  Yes  No

Is exit stair reentry per code?  Yes  No

\*N/A (not applicable) means there's no such feature in the building.

**Doors**

- Are doors blocked?  Yes  No
- Are they locked?  Yes  No
- Is ≤15-lb force required to release latch?  Yes  No
- Do doors swing in direction of travel per code?  Yes  No

**Egress Arrangement**

- Is egress clear and unobstructed?  Yes  No
- Are dead-end corridors within limits?  Yes  No
- Is travel through intervening rooms okay?  Yes  No
- Is egress blocked?  Yes  No

**Travel Distance**

- Is travel distance per code?  Yes  No

**Emergency Lighting**

- Is emergency lighting per code?  Yes  No
- Is it tested monthly?  Yes  No

**Exit Marking**

- Is exit marking per code?  Yes  No

**Corridors**

- Is corridor rating required?  0 hr  ½ hr  1 hr
- What is rating for corridor walls?  Resist smoke  ½ hr  1 hr
- What is rating for corridor doors?  Resist smoke  20 min
- Are doors self-closing?  Yes  No

**Protection of Hazards**

- Are hazards protected by
- Fire-rated enclosure?  Yes  No
  - Extinguishing system?  Yes  No
  - Self-closing door?  Yes  No
- Is kitchen cooking protected?  Yes  No
- Date kitchen hood and duct last cleaned: \_\_\_\_\_

**Protection of Vertical Openings**

- Are vertical openings enclosed?  Yes  No
- Are elevators enclosed?  Yes  No
- Is atrium per code?  Yes  No  N/A
- Are ≤3 levels open per code?  Yes  No  N/A

**Interior Finish**

- Is flame spread of wall and ceiling materials per code?  Yes  No
- Class A
  - Class B
  - Class C

**Special Protection**

Are chutes in good working order:

- Trash chutes?  Yes  No  N/A
- Laundry chutes?  Yes  No  N/A

Are parking structures separated per code?  Yes  No  N/A**Mezzanines**Is  $\leq 1/3$  of the mezzanine area open?  Yes  No  N/AIs common path of travel on mezzanine per code?  Yes  No  N/AIf mezzanine is enclosed, is there second exit from mezzanine?  Yes  No  N/A**Operating Features**Are employees trained in egress procedure?  Yes  NoAre employees trained in fire extinguisher use?  Yes  No**Detection and Alarm**Is it a manual alarm system?  Yes  NoIs there a fire detection system?  Yes  No

- Smoke detectors?  Yes  No
- Heat detectors?  Yes  No

Where: \_\_\_\_\_

Are there audible alarms?  Yes  NoAre there visual alarms?  Yes  NoIs there automatic fire department notification?  Yes  No**Extinguishment**Are there sprinklers throughout?  Yes  NoPartial sprinklers?  Yes  No

Where: \_\_\_\_\_

Is there a water flow alarm?  Yes  NoAre valves supervised?  Yes  No Electrical  Locks  Seal

Other extinguishing systems:

Type: \_\_\_\_\_

Where: \_\_\_\_\_

Standpipe:

 Wet  Dry  NoneFire pump?  Yes  No

Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi

Date last tested: \_\_\_\_\_

Are fire extinguishers per code?  Yes  No



# Inspection Checklist

## Business Occupancies

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

Were alterations/renovations made since last inspection?  Yes  No

Is building mixed occupancy?  Yes  No

What other occupancies? \_\_\_\_\_

Is building construction acceptable for height and occupancy?  Yes  No

Is it a high rise?  Yes  No

Is it windowless?  Yes  No

Is it underground?  Yes  No

### Occupant Load and Exits

Are the exits per code?  Yes  No

Number of exits?  1  2  3  4 or more

Is egress capacity adequate?  Yes  No

What is fire rating of exit stair enclosure?  1 hr  2 hr

What is fire rating of exit stair doors?

- Are they self-closing?  Yes  No
- Latching?  Yes  No

Are exit enclosures free of storage?  Yes  No

Do 100% of exits discharge directly outside?  Yes  No

If not, do  $\geq 50\%$  discharge outside and is level of discharge sprinklered?  Yes  No

Is exit stair reentry per code?  Yes  No

### Doors

Are doors blocked?  Yes  No

Are they locked?  Yes  No

Is  $\leq 15$ -lb force required to release latch?  Yes  No

Do doors swing in direction of travel per code?  Yes  No

### Egress Arrangement

Is egress clear and unobstructed?  Yes  No

Are dead-end corridors within limits?  Yes  No

Is common path of travel within limits?  Yes  No

Is travel through intervening rooms okay?  Yes  No

Is egress blocked?  Yes  No

**Travel Distance**

Is travel distance per code?  Yes  No

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**Emergency Lighting**

Is emergency lighting per code?  Yes  No

Is it tested monthly?  Yes  No  N/A\*

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**Exit Marking**

Is exit marking per code?  Yes  No

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**Corridors**

Is corridor rating required?  0 hr  1/2 hr  1 hr

What is rating for corridor walls?  1 hr  Other \_\_\_\_\_

Is rating for corridor doors 20 min?  Yes  No

Are corridor doors self-closing?  Yes  No

---

**Protection of Hazards**

Are hazards protected by

- Fire-rated enclosure?  Yes  No
- Extinguishing system?  Yes  No
- Self-closing door?  Yes  No

Is kitchen cooking protected?  Yes  No

Date kitchen hood and duct last cleaned: \_\_\_\_\_

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**Protection of Vertical Openings**

Are vertical openings enclosed?  Yes  No

Are elevators enclosed?  Yes  No

Is atrium per code?  Yes  No  N/A

Are ≤3 levels open per code?  Yes  No  N/A

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**Interior Finish**

Is flame spread of wall and ceiling materials per code?  Yes  No

Class A

Class B

Class C

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**Special Protection**

Are chutes in good working order:

- Trash chutes?  Yes  No  N/A
- Laundry chutes?  Yes  No  N/A

Are parking structures separated per code?  Yes  No  N/A

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\*N/A (not applicable) means there's no such feature in the building.

**Mezzanines**

- Is  $\leq 1/3$  of the mezzanine area open?  Yes  No
- Is common path of travel on mezzanine per code?  Yes  No
- If mezzanine is enclosed, is there second exit from mezzanine?  Yes  No

**Operating Features**

- Is there a written emergency plan?  Yes  No
- Are designated employees (if any) instructed in extinguisher use?  Yes  No
- Are fire drills conducted?  Yes  No

**Detection and Alarm**

- Is there a manual alarm system?  Yes  No
- Is there a fire detection system?  Yes  No
- Smoke detectors?  Yes  No
  - Heat detectors?  Yes  No
- Where: \_\_\_\_\_
- Are there audible alarms?  Yes  No
- Are there visual alarms?  Yes  No
- Is there automatic fire department notification?  Yes  No

**Extinguishment**

- Are there sprinklers throughout?  Yes  No
- Partial sprinklers?  Yes  No
- Where: \_\_\_\_\_
- Is there a water flow alarm?  Yes  No
- Are valves supervised?  Yes  No
- Electrical  Locks  Seal
- Other extinguishing systems:
- Type: \_\_\_\_\_
- Where: \_\_\_\_\_
- Standpipe:
- Wet  Dry  None
- Fire pump?  Yes  No
- Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi
- Date last tested: \_\_\_\_\_
- Are fire extinguishers per code?  Yes  No



# Inspection Checklist

## Industrial Occupancies

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

- Were alterations/renovations made since last inspection?  Yes  No
- Is building mixed occupancy?  Yes  No
- What other occupancies? \_\_\_\_\_
- Is building construction acceptable for height and occupancy?  Yes  No
- Is it a high rise?  Yes  No
- Is it windowless?  Yes  No
- Is it underground?  Yes  No

### Occupant Load and Exits

- Are the exits per code?  Yes  No
- Number of exits?  1  2  3  4 or more
- Is egress capacity adequate?  Yes  No
- What is fire rating of exit stair enclosure?  1 hr  2 hr
- What is fire rating of exit stair doors?  1 hr  1½ hr
- Are they self-closing?  Yes  No
  - Latching?  Yes  No
- Are exit enclosures free of storage?  Yes  No
- Do 100% of exits discharge directly outside?  Yes  No
- If not, do >50% discharge outside and is level of discharge sprinklered?  Yes  No
- Is exit stair reentry per code?  Yes  No

### Doors

- Are doors blocked?  Yes  No
- Are they locked?  Yes  No
- Is ≤15-lb force required to release latch?  Yes  No
- Do doors swing in direction of travel per code?  Yes  No

**Egress Arrangement**

- Is egress clear and unobstructed?  Yes  No
- Are dead-end corridors within limits?  Yes  No
- Is common path of travel within limits?  Yes  No
- Is travel through intervening rooms okay?  Yes  No
- Is egress blocked?  Yes  No

**Travel Distance**

- Is travel distance per code?  Yes  No

**Emergency Lighting**

- Is emergency lighting per code?  Yes  No
- Is it tested monthly?  Yes  No  N/A\*

**Exit Marking**

- Is exit marking per code?  Yes  No

**Corridors**

- Is corridor rating required?  0 hr  1/2 hr  1 hr
- What is rating for corridor walls?  1 hr  Other \_\_\_\_\_
- Is rating for corridor doors 20 min?  Yes  No
- Are corridor doors self-closing?  Yes  No

**Protection of Hazards**

- Are hazards protected by
- Fire-rated enclosure?  Yes  No
  - Extinguishing system?  Yes  No
  - Self-closing door?  Yes  No

**Protection of Vertical Openings**

- Are vertical openings enclosed?  Yes  No
- Are elevators enclosed?  Yes  No
- Is atrium per code?  Yes  No  N/A
- Are <3 levels open per code?  Yes  No  N/A

**Interior Finish**

- Is flame spread of wall and ceiling materials per code?  Yes  No
- Class A
  - Class B
  - Class C

**Special Protection**

- Are chutes in good working order:
- Trash chutes?  Yes  No  N/A
  - Laundry chutes?  Yes  No  N/A

\*N/A (not applicable) means there's no such feature in the building.

**Mezzanines**

- Is  $\leq 1/3$  of the mezzanine area open?  Yes  No  N/A
- Is common path of travel on mezzanine per code?  Yes  No  N/A
- If mezzanine is enclosed, is there second exit from mezzanine?  Yes  No  N/A
- 

**Operating Features**  N/A

**Detection and Alarm**

- Is it a manual alarm system?  Yes  No
- Is it a fire detection system?  Yes  No
- Smoke detectors?  Yes  No
  - Heat detectors?  Yes  No
- Where: \_\_\_\_\_
- Are there audible alarms?  Yes  No
- Are there visual alarms?  Yes  No
- Is there automatic fire department notification?  Yes  No
- 

**Extinguishment**

- Are there sprinklers throughout?  Yes  No
- Partial sprinklers?  Yes  No
- Where: \_\_\_\_\_
- Is there a water flow alarm?  Yes  No
- Are valves supervised?  Yes  No
- Electrical  Locks  Seal
- Other extinguishing systems:
- Type: \_\_\_\_\_
- Where: \_\_\_\_\_
- Standpipe:
- Wet  Dry  None
- Fire pump?  Yes  No
- Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi
- Date last tested: \_\_\_\_\_
- Are fire extinguishers per code?  Yes  No
-



# Inspection Checklist

## Storage Occupancies

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

- Were alterations/renovations made since last inspection?  Yes  No
- Is building mixed occupancy?  Yes  No
- What other occupancies? \_\_\_\_\_
- Is building construction acceptable for height and occupancy?  Yes  No
- Is it a high rise?  Yes  No
- Is it windowless?  Yes  No
- Is it underground?  Yes  No

### Occupant Load and Exits

- Are the exits per code?  Yes  No
- Number of exits  1  2  3  4 or more
- Is egress capacity adequate?  Yes  No
- What is fire rating of exit stair enclosure?  1 hr  2 hr
- What is fire rating of exit stair doors?  1 hr  1½ hr
- Are they self-closing?  Yes  No
  - Latching?  Yes  No
- Are exit enclosures free of storage?  Yes  No
- Do 100% of exits discharge directly outside?  Yes  No
- If not, do >50% discharge outside and is level of discharge sprinklered?  Yes  No
- Is exit stair reentry per code?  Yes  No

### Doors

- Are doors blocked?  Yes  No
- Are they locked?  Yes  No
- Is ≤15-lb force required to release latch?  Yes  No
- Do doors swing in direction of travel per code?  Yes  No

**Egress Arrangement**

Is egress clear and unobstructed?  Yes  No  
 Are dead-end corridors within limit?  Yes  No  
 Is common path of travel within limits?  Yes  No  
 Is travel through intervening rooms okay?  Yes  No  
 Is egress blocked?  Yes  No

**Travel Distance**

Is travel distance per code?  Yes  No

**Emergency Lighting**

Is emergency lighting per code?  Yes  No  
 Is it tested monthly?  Yes  No

**Exit Marking**

Is exit marking per code?  Yes  No

**Corridors**

Is corridor rating required?  Yes  No  
 What is rating for corridor walls?  ½ hr  1 hr  
 Is rating for corridor doors 20 min?  Yes  No  
 Are corridor doors self-closing?  Yes  No

**Protection of Hazards**

Are hazards protected by

- Fire-rated enclosure?  Yes  No
- Extinguishing system?  Yes  No
- Self-closing door?  Yes  No

Is kitchen protected?  Yes  No  
 Date kitchen hood and duct last cleaned: \_\_\_\_\_

**Protection of Vertical Openings**

Are vertical openings enclosed?  Yes  No  
 Are elevators enclosed?  Yes  No  
 Is atrium per code?  Yes  No  N/A\*  
 Are <3 levels open per code?  Yes  No  N/A

**Interior Finish**

Is flame spread of wall and ceiling materials per code?  Yes  No

**Special Protection**

Are trash chutes in good working order?  Yes  No  N/A

\*N/A (not applicable) means there's no such feature in the building.

**Mezzanines**

- Is  $\leq 1/3$  of the mezzanine area open?  Yes  No
- Is common path of travel on mezzanine per code?  Yes  No
- If mezzanine is enclosed, is there second exit from mezzanine?  Yes  No

**Operating Features**  N/A**Detection and Alarm**

- Is it a manual alarm system?  Yes  No
- Is there a fire detection system?
- Smoke detectors?  Yes  No
  - Heat detectors?  Yes  No
- Where: \_\_\_\_\_
- Are there audible alarms?  Yes  No
- Are there visual alarms?  Yes  No
- Is there automatic fire department notification?  Yes  No

**Extinguishment**

- Are there sprinklers throughout?  Yes  No
- Partial sprinklers?  Yes  No
- Where: \_\_\_\_\_
- Is there a water flow alarm?  Yes  No
- Are valves supervised?  Yes  No
- Electrical  Locks  Seal
- Other extinguishing systems:
- Type: \_\_\_\_\_
- Where: \_\_\_\_\_
- Standpipe:
- Wet  Dry  None
- Fire pump?  Yes  No
- Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi
- Date last tested: \_\_\_\_\_
- Are fire extinguishers per code?  Yes  No



# Inspection Checklist

## Special Structures and High-Rise Buildings

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations:  Yes  No

### General

- Were alterations/renovations made since last inspection?  Yes  No
- Is building mixed occupancy?  Yes  No
- What other occupancies? \_\_\_\_\_
- Is building construction acceptable for height and occupancy?  Yes  No
- Is it a high rise?  Yes  No
- Is it windowless?  Yes  No
- Is it underground?  Yes  No

### Occupant Load and Exits

- Are the exits per code?  Yes  No
- Number of exits  1  2  3  4 or more
- Is egress capacity adequate?  Yes  No
- What is fire rating of exit stair enclosure?  1 hr  2 hr
- What is fire rating of exit stair doors?
- Are they self-closing?  Yes  No
  - Latching?  Yes  No
- Are exit enclosures free of storage?  Yes  No
- Do 100% of exits discharge directly outside?  Yes  No
- If not, do  $\geq 50\%$  discharge outside and is level of discharge sprinklered?  Yes  No
- Is exit stair reentry per code?  Yes  No

### Doors

- Are doors blocked?  Yes  No
- Are they locked?  Yes  No
- Is  $\leq 15$ -lb force required to release latch?  Yes  No
- Do doors swing in direction of travel per code?  Yes  No

**Egress Arrangement**

Is egress clear and unobstructed?  Yes  No  
 Are dead-end corridors within limits?  Yes  No  
 Is common path of travel within limits?  Yes  No  
 Is travel through intervening rooms okay?  Yes  No  
 Is egress blocked?  Yes  No

**Travel Distance**

Is travel distance per code?  Yes  No

**Emergency Lighting**

Is emergency lighting per code?  Yes  No  
 Is it tested monthly?  Yes  No

**Exit Marking**

Is exit marking per code?  Yes  No

**Corridors**

Is corridor rating required?  Yes  No  
 What is rating for corridor walls?  1/2 hr  1 hr  
 Is rating for corridor doors 20 min?  Yes  No  
 Are corridor doors self-closing?  Yes  No

**Protection of Hazards**

Are hazards protected by

- Fire-rated enclosure?  Yes  No
- Extinguishing system?  Yes  No
- Self-closing door?  Yes  No

Is kitchen protected?  Yes  No  
 Date kitchen hood and duct last cleaned: \_\_\_\_\_

**Protection of Vertical Openings**

Are vertical openings enclosed?  Yes  No  
 Are elevators enclosed?  Yes  No  
 Is atrium per code?  Yes  No  N/A\*  
 Are ≤3 levels open per code?  Yes  No  N/A

**Interior Finish**

Is flame spread of wall and ceiling materials per code?  Yes  No

*\*N/A (not applicable) means there's no such feature in the building.*

**Special Protection**

Are chutes in good working order:

- Trash chutes?  Yes  No  N/A
- Laundry chutes?  Yes  No  N/A

Are smoke barriers per code?  Yes  No**Mezzanines**Is  $\leq 1/3$  of the mezzanine area open?  Yes  NoIs common path of travel on mezzanine per code?  Yes  NoIf mezzanine is enclosed, is there second exit from mezzanine?  Yes  No**Operating Features**Is there a written emergency plan?  Yes  NoAre fire drills conducted?  Yes  No

Number of drills per year: \_\_\_\_\_

**Detection and Alarm**Is there a manual alarm system?  Yes  NoIs there a fire detection system?  Yes  No

- Smoke detectors?  Yes  No
- Heat detectors?  Yes  No

Where: \_\_\_\_\_

Are there audible alarms?  Yes  NoAre there visual alarms?  Yes  NoIs there automatic fire department notification?  Yes  No**Extinguishment**Are there sprinklers throughout?  Yes  NoPartial sprinklers?  Yes  No

Where: \_\_\_\_\_

Is there a water flow alarm?  Yes  NoAre valves supervised?  Yes  No Electrical  Locks  Seal

Other extinguishing systems:

Type: \_\_\_\_\_

Where: \_\_\_\_\_

Standpipe?

 Wet  Dry  NoneFire pump?  Yes  No

Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi

Date last tested: \_\_\_\_\_

Are fire extinguishers per code?  Yes  No

