

Fire Inspector I

Candidate Handbook



PRACTICUM
PHASE
EXERCISES



PRACTICAL EXERCISES
FOR
FIRE INSPECTOR I CERTIFICATION PROGRAM



Practicum Phase

HOW TO USE THIS BOOK

- Read pages 1-14. In addition, it is recommended that you read IFSTA's Fire Inspection and Code Enforcement 7th edition publication.
- The activities section begins on page 15. For each activity, there is a recommended reading assignment that must be finished prior to conducting the activity. All recommended reading assignments are in the NFPA Fire and Life Safety Inspection Manual, Ninth Edition; it is recommended that you obtain a copy of this manual for use during the practicum phase.
- Complete two mandatory activities following the instructions on page 15.
- Select five of the elective activities following the instructions on page 23. Again, the recommended reading assignments should be finished prior to conducting each activity.
- Complete and obtain required signatures on the verification forms.
- When all 7 verification forms have been completed, submit them to your program administrator or the NFPA Certification Department. You can mail to NFPA Certification Department, One Batterymarch Park, Quincy, MA 02169, fax to 617-984-7127 or e-mail to cfi@nfpa.org.

Attention: please keep your completed workbook. Your program administrator may require it to be submitted for final review before receiving your certification.

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THE FIRE INSPECTOR: A GENERAL JOB DESCRIPTION

Fire inspectors must possess excellent communication skills and extensive knowledge about various types of occupancies and their contents, industrial operations, and fire protection provisions of building and fire codes. They must have exceptional judgment and a clear understanding of their role in life safety and property conservation. Fire inspectors are part detective, part reporter, part technical consultant, part ambassador, and part salesperson.

PHYSICAL CONDITION

While conducting an inspection, a fire inspector might have to climb ladders or stairs in tall buildings, crawl into confined spaces, and lift or push heavy objects. Thus, they should have enough strength, agility, and stamina to perform such physical activities.

COMMUNICATION SKILLS

A vital part of the inspection process is discussing the problems or violations discovered and their potential solutions with owners, property managers, architects, engineers, lawyers, contractors, vendors, the fire service, and representatives from the insurance industry. A fire inspector also will have to record the conditions found and actions taken. Therefore, the inspector must be able to communicate clearly, both orally and in writing, and should use tact and discretion to maintain authority. This is critical to an effective, smoothly run fire prevention program.

AUTHORITY

When a fire inspector is not able to gain compliance by using their communication skills, they may have to take legal action to force compliance, such as serving the property owner with a series of written notices of violation, each with a deadline for compliance.

If, after serving violations the inspector still is not able to gain compliance, they probably will have to consult with a local or state government's attorney to start the appropriate legal action specified in the fire safety legislation.

In some situations, policy may require affecting immediate compliance, such as unlocking exit doors in an assembly occupancy. In other situations the fire inspector may have to issue a violation notice similar to a traffic ticket.

The organization the fire inspector represents must support them with clear authority and consistent policy enforcement. In addition, only enforceable and nationally recognized codes and standards, such as the *NFPA National Fire Codes*[®], should be the basis for the jurisdiction's fire safety ordinances and laws.

If a fire inspector ends up in litigation, standards designated as American National Standards offer them the best chance of convincing a court of the seriousness and validity of the violation. ANSI approval assures that the codes and standards are developed by a fair, open, and transparent consensus process, and that they keep pace with technology and innovation.

NFPA codes and standards are approved as American National Standards by ANSI.

KNOWLEDGE

The breadth of knowledge needed as a fire inspector is determined by the types of facilities that will be inspected, the materials contained in them, and the operations they house. A fire inspector must also be familiar with construction practices, nationally recognized fire safety standards, and agencies that can be consulted for advice, solutions to problems, or corrections for specific hazards.

Most important, a fire inspector should know their own limitations and when to ask questions. As is often said, there are no stupid questions, only stupid mistakes. If an owner asks a question to which the inspector does not know the answer, don't try to fake it. Tell the owner the question will be researched and the answer will be provided to him or her.

During new construction with the introduction of new processes, product lines, or periods of reconstruction, renovation, or demolition, properties are especially vulnerable to fire. A fire inspector should have sufficient knowledge of building construction types and materials to recognize potentially hazardous conditions and to recommend temporary steps that can be taken during construction or renovation to provide for the fire safety of the structure.

BUILDING SERVICES

Building services can represent a fire hazard if they are not installed and maintained properly. A fire inspector should be familiar with the fire hazards associated with electrical systems, heating systems, air conditioning and ventilating systems, waste-handling systems, and materials-handling systems.

HAZARDOUS MATERIALS

A fire inspector should be familiar with the proper handling, storage, and protection of a wide variety of hazardous materials that might be encountered during an inspection. Typical hazardous materials include flammable and combustible liquids, compressed or liquefied flammable gases, explosives, corrosives, reactive materials, unstable materials, toxic materials, oxidizers, radioactive materials, natural and synthetic fibers, combustible metals, and combustible dusts.

PROCESS HAZARDS

Industrial processes can introduce unusual hazards. A fire inspector should be able to recognize those hazards, know how to minimize them, and understand the fire protection methods appropriate for the hazards. This may require the inspector to seek out industry experts or various written sources describing hazardous processes.

FIRE PROTECTION EQUIPMENT

A variety of fire protection systems and equipment might be installed or available on the premises. The most common are portable fire extinguishers, sprinkler systems, and standpipe and hose systems. However, some areas and processes may be protected by special fixed extinguishing systems. For example, a dipping or coating process might be protected by a system that uses carbon dioxide, dry chemical, or foam as the extinguishing agent. A fire inspector should understand the application and operation of any extinguishing system equipment on the premises. The inspector should also be able to evaluate the operational readiness of the private or public water supply systems.

A property might also be equipped with heat, smoke, and flame detection equipment. This equipment provides early warning of developing fire, and fire alarm systems and devices may alert the occupants and summon the fire department. A fire inspector should be acquainted with the purpose and operation of such devices and systems.

INSPECTION PROCEDURES

As pointed out in the previous section, fire inspectors are part detective, part reporter, part technical consultant, part ambassador, and part salesperson. An inspection should inspire others to take action to reduce fire hazards, encourage an improved attitude toward fire safety by management and employees, and provide a record of the findings and actions resulting from the inspection.

INSPECTORS' EQUIPMENT

In order to conduct the fire inspection safely and efficiently, a fire inspector should have the proper equipment. Among the equipment that will be needed is a visible means of identification, such as an identification card or badge, and inspectors should wear a uniform or other appropriate business attire.

PERSONAL EQUIPMENT

When inspecting dirty or hard-to-reach areas, coveralls and perhaps overshoes may be needed to protect your street clothes. A fire inspector may need to wear boots when conducting waterflow tests.

The fire inspector should be equipped with and use the personal safety equipment required of the employees working in the area being inspected. This could include a hard hat, safety shoes, safety glasses, gloves, and ear protection. In some environments respiratory protection devices are needed.

AIDS TO INSPECTION

The basic tools needed as a fire inspector are a flashlight, a notebook or clipboard in which to make sketches or record observations, report forms, and a pen or pencil. Many inspectors now carry a tablet computer to record their observations, gain access to electronic inspection forms and access specific code requirements. If a sketch is to be drawn, the accuracy of dimensions measured by pacing is often adequate. When greater accuracy is required, an inspector will find a 6-foot ruler or a 50-foot measuring tape helpful. Laser measuring devices are a good alternative to the tape measure when having to obtain anything that the six foot ruler can't capture. The inspector also may ask the owner if he or she has "as built" blueprints or drawings from which accurate measurements can be determined.

More sophisticated equipment that you might need includes gauges for making waterflow measurements and a combustible gas detector for testing potentially hazardous environments.

PREPARATION

If a fire inspector inspects residential properties, they will need little in the way of preparation after several inspections have been made. They might only need to remind themselves of troublesome areas that need to be watched carefully. If nonresidential properties are inspected, however, the inspector should prepare by reviewing previous inspection reports, surveys, and any construction plans; learning about the operations and activities carried out on the premises; and preparing a list of the more important points to be investigated before starting the inspection. The appropriate occupancy chapter in the *NFPA Fire and Life Safety Inspection Manual 9th edition* is a good place to start.

When the fire inspector is inspecting a property for the first time, they can find additional items that might need to be inspected in the local building codes, the *NFPA Fire Protection Handbook*, the *NFPA Fire Code*, the *NFPA Life Safety Code*, and if applicable, other NFPA codes and standards on specific occupancies, hazards, or fire protection features, such as sprinklers and standpipes. A fire inspector may not have to do much preparation before inspecting small properties, such as one-story mercantile establishments or gasoline service stations. However, they should research information on larger, more complex properties and the occupancy uses and processes they contain before they begin the inspection.

Inspections usually are conducted during normal business hours, although advance arrangements can be made for inspections at other hours. For example, a fire inspector may visit a property at night to observe conditions during the night shift or at other times to check on a special operation, such as the off-loading of flammable liquids. Normal business hours for some occupancies such as nightclubs or theaters may be at night.

The element of surprise can be effective in determining true operating conditions. If an unscheduled inspection is likely to harm a good relationship between the fire inspector and the owner or manager, it might be prudent to reschedule the inspection, provided there is no evidence of an immediate fire or life safety hazard. Checking a restaurant's hood and duct system during meal preparation time is a good example of when not to conduct an inspection. Briefly walking through the facility to make sure exits are not blocked in the dining area during this busy time is appropriate, however.

INTRODUCTIONS

Some general observations can be noted mentally upon entering the property. A fire inspector can observe the general occupancy, the condition of exterior housekeeping and maintenance, some building construction features, and the space utilization of the facility. However, the fire inspector should not begin an exterior inspection without first introducing themselves to management and seeking permission to inspect the property.

If the fire inspector is not part of the facility's staff, they should make an effort to create a favorable impression in order to ensure cooperation and courteous treatment. An inspector should enter the premises by the main entrance, seek out someone with authority, introduce themselves, and state the nature of the business. As a visiting inspector, they should ask for permission to inspect the premises, not demand it. The fire inspector has no reason to be irritated if they have to wait before receiving attention, especially if they have arrived without an appointment. The person that needs to be seen may have other important matters to attend to first.

It would be wise for the inspector to spend a reasonable amount of time making sure that whoever is in charge of the property understands why the facility is being inspected and in answering any questions the property owner or manager might have, particularly during the first inspection of a property. Most properties have been inspected at some previous time, and records of such inspections usually can be obtained from the inspection agency's files. The records often contain plans that could save much time or work.

Inspections should be conducted in the company of the property owner or a designated representative. This representative will help the fire inspector gain access to all parts of the property and will obtain answers to necessary questions. Fire inspectors should work in pairs when inspecting residential properties to eliminate any potential complaints of impropriety.

INSPECTION OBSERVATIONS

A fire inspector either already has or will be developing their own technique and methodology for inspecting a facility, and this methodology must be flexible to allow for variations and unexpected observations during the inspection. Either before or during the inspection, both general and specific information must be ascertained in order to review and generate the appropriate recommendations or code compliance requirements. In addition to the specific information that will be obtained about the specific occupancy classification, a fire inspector must determine several general facts before they can completely evaluate the occupancy and determine which code requirements it must meet.

OCCUPANCY CLASSIFICATION

A fire inspector should evaluate how the facility is used and determine which specific occupancy classification it falls under. This will enable the inspector to choose the appropriate checklist and code requirements to be used in order to accurately conduct the inspection and make the appropriate evaluations. Chapter 6 of the NFPA *Life Safety Code*[®] or the local building code will help to classify the occupancy.

SEQUENCE

In a large property, a fire inspector should start by touring the outside of the facility to observe how the buildings relate to one another and to adjacent properties. A site plan of the property will also help to visualize the layout of the premises. It also might be helpful to obtain an overall view of the property from the top of the tallest building.

Whether a building is inspected from top to bottom or from bottom to top is of little consequence; it is a matter of choice. What is important is that the inspection be completed systematically and thoroughly. No area should be omitted. Every room, closet, attic, concealed space, basement, or other place where fire could start should be inspected. If a fire inspector is barred from an area for security reasons, they should note it on the inspection report.

The following gives a general indication of what should be looked for while going through the property. More specific information is contained in the *NFPA Fire and Life Safety Inspection Manual* and from the list that was prepared in the preliminary research.

EXTERIOR

While touring the exterior areas of the property, a fire inspector should record the address, the names and types of occupancies, exterior housekeeping and maintenance, exterior evidence of building construction type, and the building height. They should note the location and character of potential exposures and the arrangement and condition of outdoor storage. The fire inspector should also note conditions affecting fire department response and fireground operations, including the location of public fire hydrants and fire department vehicle access.

Emergency vehicle access is an important factor. Fire lanes should be well-marked and unobstructed, and vehicular activity directly adjacent to main entrance points should be limited to the pickup and discharge of passengers. Parking should be prohibited in these areas. Fire lanes must be wide enough to allow fire apparatus to pass. Hydrants and other sources of water must be accessible. Sprinkler valves must be open, and sprinkler and standpipe connections must be capped, free of debris, and accessible. A fire inspector should determine in which direction flammable liquids will flow should they be spilled, and what sort of drainage facilities are provided.

CONSTRUCTION CLASSIFICATIONS

An important point of all inspections is to determine accurately the construction classification of the building or structure. This normally will be based on NFPA 220, *Standard on Types of Building Construction*, or the local building code. A fire inspector will need to be familiar with the definitions for the individual construction types defined in NFPA 220 or the local building code in order to accurately classify the different types of construction that will be inspected.

Once a fire inspector is familiar with the exact definitions of the different construction types, they need to determine the similarities and distinguishing features of each category. A facility often will be composed of multiple construction types, and it is common for construction classifications to change as the building undergoes renovations, including alterations and additions. These factors can make the overall classification process complicated, and it may be impossible to determine one overall construction classification if the building is composed of multiple construction types. However, a fire inspector can simplify the classification process by dividing the structure during the inspection into sections based on building configurations and construction, renovations, alterations, and additions. It is essential that the structure be classified accurately because the construction classification(s) will significantly affect the code requirements for the overall level of life safety and property conservation that can be provided inherently within the structure.

The type of construction and the materials used will influence the ease of ignition and the rate of fire spread. The integrity of fire-resistive walls and floor/ceiling assemblies must be assured. Openings in fire-rated walls must be protected to retard or prevent the spread of fire. Doors in fire-rated walls must be kept closed or close automatically to ensure a reasonably safe avenue of escape for the occupants and to restrict fire spread. If holes are made in these assemblies for the passage of services and utilities and the voids are not sealed, they could allow fire to spread horizontally and vertically throughout the facility.

Inspecting the integrity of exit enclosures is very important. Check the door into each exit enclosure while inspecting each floor. Then inspect each exit stair enclosure for its full length. In taller buildings it is recommended that this be done from the top down for ease. Use a different elevator to go back to the top each time, using this opportunity to note if Phase II fire fighter service is provided for that elevator car.

BUILDING FACILITIES

Water distribution systems, heating systems, air conditioning and ventilating systems, electrical distribution systems, refuse-handling equipment, and conveyor systems all play an important role in the fire hazard potential of a premises. They must be properly installed, used, and maintained in order to minimize the hazard. While a fire inspector is not responsible for maintaining such systems, they should be able to determine whether or not the equipment is being properly used and maintained. This may mean reviewing the equipment's maintenance records as part of the inspection process.

HAZARDS OF CONTENTS

The level of hazard of the contents of a building are categorized as low, ordinary, and high in chapter 6 of the *Life Safety Code*[®]. The fire inspector's evaluation of the hazard level of the building contents will have a significant impact on the fire safety evaluation and the resulting recommendations. Therefore, it is critical to be familiar with the following definitions of each category. (See section 6.2 of the *Life Safety Code*[®] for the exact definitions.)

Low Hazard Contents: contents of such low combustibility that no self-propagating fire therein can occur.

Ordinary Hazard Contents: contents that are liable to burn with moderate rapidity or that give off a considerable volume of smoke.

High Hazard Contents: hazards that are liable to burn with extreme rapidity or from which explosions are possible in the event of fire.

Be aware that the classifications used by NFPA 13, *Standard for the Installation of Sprinkler Systems*, may be different. For example, an office occupancy will have "ordinary hazard contents" as defined by the *Life Safety Code*[®]; however, NFPA 13 will define an office as a "light hazard occupancy" for purposes of the sprinkler design criteria.

At the time of the inspection, a fire inspector must determine the hazard level of the building's contents based on observations of the actual contents of the building or structure. Controlling the hazards of materials depends on storing, handling, using, and disposing of them properly. In this regard, pay particular attention to housekeeping and storage practices. A fire inspector also should be familiar with any process that might cause a fire hazard or any special features of the property that might present special problems. A fire inspector is evaluating the actual contents and fuel loading within the structure, and the relationship to the construction types and room or space geometries.

During the inspection, a fire inspector might want to use the process of elimination to accurately determine the hazard level of the contents. They should begin by asking the question “could a self-propagating fire occur within that space?” This question should be based on the type and burning characteristics of the fuel located in the building and its specific arrangement in relation to other fuel locations. The low hazard level of contents category does not imply that no fire can occur; it only implies that fire will not spread from one combustible item to another. Low hazard contents are rarely found in occupancies; thus this condition normally would not be a major classification during most inspections.

Because the vast majority of structures have contents classified as ordinary hazards, normally it is best to skip this category and determine if the contents fall into the high hazard category.

When making this determination a fire inspector must use a great deal of judgment based on their experience in the field and their ability to make observations and assess burning characteristics of various fuels. To classify contents as having a high hazard, they would have to burn at a very fast rate and have dramatic burning characteristics that could render the occupied space unsafe at a faster rate than the occupants could evacuate. High hazard contents could explode in the occupied area and also produce significant and unusual amounts of poisonous fumes, thus exposing the occupants to a high level of personal hazard. Flammable liquids, gases, dusts, or solid combustibles with a very high rate of heat release are included in this category.

Many times it will be easy to eliminate categories of low and high hazard contents, which leaves only contents of ordinary hazard. To ascertain if contents fall under this classification, a fire inspector needs to determine if the contents in the building are liable to burn with moderate rapidity or give off a considerable volume of smoke, but would not produce poisonous fumes or explosions. This classification includes typical combustion products such as carbon monoxide and hydrogen cyanide.

It is commonly believed that the most hazardous classification will prevail as the overall classification for the building, but this is not usually the case. Normally, when some contents are of a high hazard, the area is protected using fire protection rated assemblies, automatic suppression systems or both, but it will not determine the overall hazard level of contents classification. However, a fire inspector must make sure that the provisions of special protection are provided and adequate before areas of high hazard contents can be segregated from the overall classification.

To make this concept tangible, consider the following example of an educational facility. In a high school, typical classrooms and office areas normally would have a sufficient amount of fuel in a configuration that would allow a self-propagating fire to occur, but neither poisonous fumes nor explosions would be produced. As a result, this area would be classified as having ordinary hazard contents.

Air-handling equipment rooms and restrooms probably have some amount of fuel that could allow a fire to begin, but in the appropriate type of construction the fire most likely would burn without significantly affecting the structure or the egress time of the occupants. As a result, these areas can usually be classified appropriately as having low hazard contents. There also will be

laboratories that utilize considerable amounts of flammable liquids or flammable gases, as well as a host of other hazardous materials that would classify those areas as having high hazard contents.

If the following requirements are met, then the appropriate hazard level of contents classification would be ordinary, but a fire inspector must consider all three classifications when making an evaluation:

- The high hazard content areas are appropriately protected and segregated.
- The low hazard content areas do not contribute significantly to the overall square footage of the facility.
- The ordinary hazard content areas is predominate.

It is very common for a structure to have either two or all three-hazard categories because the hazard level of contents may change as a fire inspector moves through the facility. Determining the hazard level of contents will allow a more precise assessment of the facility, and the correct occupancy classification will direct them to the use of the appropriate code requirements.

FIRE DETECTION AND ALARM SYSTEMS

Often, a property will be equipped with fire detection and alarm devices and systems. The purpose of such equipment is to detect the presence of fire, alert the occupants, notify the fire department, or a combination of these functions. A fire inspector should understand the function of, and be able to identify, the major components of these systems. Routine inspections should ensure that manually operated fire alarm devices are clearly marked, accessible to occupants, and properly maintained. Tests should be performed by a representative of the owner and witnessed by a fire inspector to confirm that the systems are in operating condition. For further information on fire detection alarm systems, see chapter 15 of the *NFPA Fire and Life Safety Inspection Manual*.

FIRE SUPPRESSION EQUIPMENT

A fire inspector should carefully check the fire suppression equipment on the premises. Typical equipment includes sprinklers and standpipe systems and portable fire extinguishers. Routine inspections should determine that sprinkler valves are open, that sprinklers are unobstructed, that the system has not been altered, and that the sprinkler system has been extended to cover building additions. Standpipes should be checked for proper operation and to verify that caps are in place with hose valves closed.

A fire inspector also should determine that portable fire extinguishers of the proper size and type are provided for any given hazard, and that they are serviceable, clearly identified, and accessible to the occupants. Check special extinguishing systems for special hazards to ensure that they have been maintained and are serviceable, and conduct or witness periodic operational tests of fire extinguishing equipment if the timing of the visit coincides with such tests.

SURVEYING AND MAPPING

During the initial inspection, gather information that will be used to prepare a site plan if one does not already exist. Such information will include construction features, occupancy data, fire protection features, and exposures.

The site plan is a scaled drawing that indicates the locations and dimensions of the buildings, fire protection equipment (including water distribution systems), and the specific hazards and hazardous processes in each building. To show details of the fire protection features, it might be necessary to draw a series of side sketches, which need not be drawn to scale. These drawings should be incorporated into the fire department pre-fire plan.

CLOSING INTERVIEW

At the conclusion of the facility tour, a fire inspector should discuss the basic results with someone in authority. They might have found conditions that seriously jeopardize the safety of the occupants and the property itself and should be corrected immediately. If the fire inspector is an in-house inspector, they or their supervisor often have the authority to remedy hazardous situations. However, all inspectors will have to rely on their regulatory authority or on persuasion to convince the owner or the representative that corrective action should be taken at once.

REPORTS

There will be times when items that do not present an immediate threat to life safety will have to be corrected at a substantial cost to the owner. In such cases, the fire inspector should go back to their office, conduct further research using the adopted codes and standards to ensure that they have accurately noted the code violation, and produce a typewritten correction order. Call the owner or the owner's representative and schedule a meeting. Deliver the correction order in person, and fully explain the reasoning behind the requirement.

During the inspection process, the inspector may be asked to clarify a provision of a code or standard, or be asked a technical question. In a field of knowledge as complex and diversified as fire protection, it is impossible for anyone to know all the answers. For example, NFPA publishes more than 290 codes and standards. It is better for a fire inspector to admit they are not familiar with the answer than to try to bluff through. Remember, an inspector must have the trust of those responsible for making and financing corrections to violations. To gain credibility and trust, always be completely honest.

Write down the question, and the name, email and telephone number of the individual, and tell the person that their question will be responded to with an answer. The fire inspector now has the time needed to research the question, consult with other enforcement officials, their supervisor, or call the organization responsible for the requirement. As soon as possible, provide an answer to the person who asked the question.

For less urgent conditions or conditions that will take time to correct, the fire inspector's recommendations should be explained clearly so that the owner fully understands the problem and the options available to correct it. The inspector's view should be expressed in easy-to-understand terms, and they should not engage in arguments, technicalities, or petty fault-finding,

any of which will antagonize the people they most want to influence. In all cases, explain any appeal process or procedures for granting equivalencies.

A written report should be prepared for each inspection. The amount of detail required will depend on the character and purpose of the inspection. In general, every report should include the following information:

- Date of inspection.
- Name of the fire inspector.
- Name and address of property, noting the name and title of the person(s) interviewed, and email and phone numbers.
- Name and address of owner (or agent if a different location), and email and phone number.
- Names of tenants of a multiple occupancy building (but not necessarily the name of every tenant in an apartment building or office building).
- Type of occupancy. If mixed use occupancy, state each principal occupancy and its location. In the case of industrial plants, state the principal items of raw materials and finished product. Note any special processes (dip tanks, spraying/coating operations).
- Dimensions of buildings, including height and construction type.
- Factors that could contribute to fire spread inside buildings, such as stairways, elevator and utility shafts, and lack of vertical and horizontal cutoffs.
- Common fire hazards, such as open flames, heaters, and inadequate wiring.
- Special fire hazards, such as hazardous materials and their storage, handling, use, and processes.
- Extinguishing, detection, and alarm equipment.
- Employee fire safety organization.
- Exits (adequacy and accessibility).
- Exposures, including factors making fire spread possible between buildings.
- Recommendations or notations of violations.

The purpose of this report is to describe the property and its use, hazards, and fire protection without going into unnecessary detail. An inspection report should give the reader a clear understanding of the conditions found and the corrections needed.

A checklist might be adequate for routine procedures such as determining whether a sprinkler valve is open. When a measurement, such as water or air pressure, is to be checked, however, provision should be made for entering the actual measurement.

Hazardous practices and conditions are best treated in the narrative form. Inspectors who are required to describe the conditions they have observed are likely to do a more thorough job than those who merely complete a checklist. A checklist cannot be devised to take into account every situation that could conceivably arise, and an inspector could easily miss some hazard that a checklist does not include. Some agencies computerize data from the inspections they conduct. In these situations the terminology and data classifications contained in *NFPA 901, Uniform Coding for Fire Protection*, can be helpful.

The fire inspector's recommendations or correction orders for reducing hazards and improving safety constitute an important part of the reporting process. Recommendations or correction orders can be prepared as a separate document and submitted to the property owner or manager for consideration. A copy should be filed with the inspection report.

If the purpose of the inspection is code enforcement, you should identify the code violations and give a date by which compliance is expected. Follow-up inspections should then be conducted to ensure proper compliance with the requirements.

DAILY INSPECTION

In many facilities, there are items that should be checked daily or at some other periodic interval. These items should be compiled into a list that a fire inspector can use as a guide and to ensure that each item is reviewed. The following is a partial list that might apply to an individual facility:

- Check that exit doors are not locked.
- Check the control valves, fire department connections, and gauges on sprinkler and standpipe systems.
- Check the pilot light on fire pump control panels to be certain the equipment is energized.
- Check the pilot lights and trouble lights on the fire alarm panels.
- Check that all fire doors are closed.

In addition there could be other items in the various departments of the facility that require a daily or periodic check. One convenient routine is to provide a card for each item to be checked. These cards should be kept at the location to be checked, and the employee responsible for the inspection should be required to initial, review, and record the necessary observations on the appropriate card. Entries should show the date, the time, and the name of the person making the observation. Bar code readers also can be used for this purpose in many cases.

It is not enough for management to specify that daily checks must be conducted. The individuals assigned to make the checks must feel that if the matter is important enough to be recorded, it must be done correctly. The property manager or the fire inspector should review the cards or records weekly, and the results should be summarized in the weekly report of loss prevention activities.

ACTIVITIES SECTION

MANDATORY ACTIVITIES

You must complete an activity checklist for both a sprinklered facility and a commercial kitchen facility. Follow these steps:

- Review the two mandatory activities and complete the recommended reading assignments for each.
- Select occupancies in your area in which to perform each activity.
- Make arrangements and schedule appointments to perform the activities at the selected locations.
- Go to each location as scheduled.
- For each, evaluate the systems and equipment while using the applicable mandatory activity checklists as your guide.
- Fill out the required verification form for each activity, obtain required signatures, and submit—with the other verification forms—to the program administrator.

NOTE: The two mandatory activities may be conducted at the same location as one or two of the elective activity assignments (p. 23). For instance, you may carry out the required commercial kitchen facility activity while completing the educational occupancy elective activity.

SPRINKLERED FACILITY

RECOMMENDED READING

NFPA Fire and Life Safety Inspection Manual, 9th Edition, Chapter 17, Automatic Sprinkler and Other Water-Based Fire Protection Systems.

SPRINKLERED FACILITY CHECKLIST

| | |
|------------------------------------|--|
| Candidate's Name: _____ | Property Owner or Responsible Party: _____ |
| Property Name: _____ | Phone Number: _____ |
| Address: _____ | Email: _____ |
| Date of Activity Completion: _____ | Time of Activity Completion: _____ |

OCCUPANCY

1. Occupancy Type
2. Occupancy Classification (for purposes of sprinkler protection)
 - Light Hazard
 - Ordinary Hazard
 - Extra Hazard
3. Fire Protection System Type (Note all types of suppression systems present)
 - Sprinkler
 - Halon
 - CO₂
 - Standpipe
 - Class I []
 - Class II []
 - Class III []
 - Water Spray
 - Foam
 - Dry Chemical
 - Wet Chemical
 - Water Mist
 - Other
4. Coverage
 - Total
 - Partial
5. Date of Last Inspection

6. Sprinkler Gauge Pressure
7. Valves Supervised Yes [] No []
- Electrical
 - Lock
 - Seal
 - Other
 - Are Valves Accessible Yes [] No []
8. System Operational Yes [] No []
9. Sprinklers 18" from Storage Yes [] No []

COMMERCIAL KITCHEN FACILITY

RECOMMENDED READING

NFPA Fire and Life Safety Inspection Manual, 9th Edition, Chapter 61, Protection of Commercial Cooking Equipment.

COMMERCIAL KITCHEN FACILITY CHECKLIST

| | |
|---|--|
| Candidate's Name: _____ _____ Property Name: _____ Address: _____ _____ _____ Date of Activity Completion: _____ _____ | Property Owner or Responsible Party: _____ _____ Phone Number: _____ Email: _____ _____ Time of Activity Completion: _____ _____ |
|---|--|

OCCUPANCY

| | |
|--|-------------------|
| 1. Occupancy Type | |
| 2. Date of Last Inspection | _____ |
| 3. Any Changes since Last Inspection | Yes [] No [] |
| 4. Type of System | |
| <input type="checkbox"/> Recirculating | |
| <input type="checkbox"/> Listed, Self-Cleaning | |
| <input type="checkbox"/> Basic Surface Cooking | |

COOKING EQUIPMENT REVIEW

| | | |
|--|---------|--------|
| 1. Properly Maintained | Yes [] | No [] |
| 2. Serviceable | Yes [] | No [] |
| 3. Power or Gas Line in Good Condition | Yes [] | No [] |
| 4. Proper Location | Yes [] | No [] |
| 5. Hazardous Cooking Practices | Yes [] | No [] |

EXHAUST SYSTEM REVIEW

| | | |
|-----------------------|---------|--------|
| 1. Hood | | |
| • Properly Maintained | Yes [] | No [] |
| • Serviceable | Yes [] | No [] |
| • Listed | Yes [] | No [] |
| • Clean | Yes [] | No [] |

- | | | |
|---------------------------------------|---------|--------|
| 1. Duct Systems | | |
| • Properly Maintained | Yes [] | No [] |
| • Clean | Yes [] | No [] |
| • Listed | Yes [] | No [] |
| • Proper Clearance | Yes [] | No [] |
| 2. Fans | | |
| • Seal in Good Condition | Yes [] | No [] |
| • Properly Maintained | Yes [] | No [] |
| • Proper Fan Rotation | Yes [] | No [] |
| • Fan Location | | |
| <input type="checkbox"/> Roof Mounted | | |
| <input type="checkbox"/> In Line | | |
| <input type="checkbox"/> Wall Mounted | | |
| 3. Equipment Properly Protected | Yes [] | No [] |

ELECTIVE OCCUPANCIES

Site visits and performance checklists must be completed for any five (5) of the following occupancy types:

- Educational Occupancy
- Assembly Occupancy
- Apartment Building
- Mercantile Occupancy
- Business Occupancy
- Industrial Occupancy
- Maintenance Shop
- Hot Works Shop
- Storage Occupancy
- Health Care Occupancy

Instructions

- Select five of the elective activities and complete the recommended reading assignments for each. When choosing, consider occupancies which are related to your job requirements and are accessible.
- Determine sites in your area in which to perform these activities.
- Make arrangements and schedule appointments to perform the activities at the selected occupancies.
- Go to each occupancy as scheduled.
- For each, evaluate the site while using the applicable elective activity checklist as your guide.
- After completing each activity and checklist, use the performance review form to conduct a final critique.
- Fill out the required verification form for each activity, obtain required signatures, and submit—with the other verification forms—to the program administrator.

EDUCATIONAL OCCUPANCIES

RECOMMENDED READING

NFPA Fire and Life Safety Inspection Manual, 9th Edition, Chapter 29

EDUCATIONAL OCCUPANCY CHECKLIST

| | |
|--|--|
| Candidate's Name: _____ _____ Property Name: _____ Address: _____ _____ _____ Date of Activity Completion: _____ | _____ Property Owner or Responsible Party: _____ _____ Phone Number: _____ Email: _____ _____ Time of Activity Completion: _____ |
|--|--|

OCCUPANCY

| | | |
|--|---------|--------|
| 1. Any Changes from Last Inspection | Yes [] | No [] |
| <ul style="list-style-type: none"> • Occupant Load • Egress Capacity | | |
| 2. Any Renovations | Yes [] | No [] |
| 3. Students under 1st Grade on 1st Floor | Yes [] | No [] |
| <ul style="list-style-type: none"> • Students 2nd Grade located below 2nd Floor | Yes [] | No [] |
| 4. High Rise | Yes [] | No [] |
| 5. Windowless | Yes [] | No [] |
| 6. Underground | Yes [] | No [] |

BUILDING SERVICES

| | | |
|--|---------|--------|
| 1. Utilities | | |
| <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Other _____ | | |
| <ul style="list-style-type: none"> • Utilities in Good Working Order | Yes [] | No [] |
| 2. Elevators | Yes [] | No [] |
| <ul style="list-style-type: none"> • Fire Service Control • Elevator Recall | Yes [] | No [] |

1. Heating System Type

- Gas
- Oil
- Electric
- Coal
- Other _____

- Heating System In Good Working Order Yes [] No []

2. Emergency Generator

- Size _____
- Last Date Tested _____
- Date of Last Full Load Test _____
- In Automatic Position

Yes [] No []

Yes [] No []

3. Fire Pump

- Last Date Tested _____
- In Automatic Position

Yes [] No []

Yes [] No []

EMERGENCY LIGHTS

1. Operable
2. Tested Monthly
3. In Good Condition

Yes [] No []

Yes [] No []

Yes [] No []

EXIT SIGNS

1. Illuminated
2. Emergency Power
3. Readily Visible

Yes [] No []

Yes [] No []

Yes [] No []

FIRE ALARM

1. Fire Alarm Installed
2. Location of Panel _____
3. Coverage
 - Total
 - Partial

Yes [] No []

1. Monitored Yes [] No []

- Method

- Fire Department Notification

Yes [] No []

2. Type of Initiation Devices

Smoke

Heat

Manual

Water Flow

Special Systems

- Date of Last Test

- Date of Last Inspection

FIRE EXTINGUISHERS

1. Proper Type for Hazard Protected

Yes [] No []

2. Mounted Properly

Yes [] No []

3. Inspection Date Current

Yes [] No []

4. Adequate Number

Yes [] No []

HAZARDOUS AREAS

1. Protected by

Fire-Resistance Rated Separation

Extinguishing System

Both

2. Doors Have Self-Closers

Yes [] No []

3. Janitors Closets Sprinklered

Yes [] No []

4. Laboratories Properly Protected

Yes [] No []

5. Chemicals Properly Stored

Yes [] No []

- Chemicals in Approved Containers

Yes [] No []

HOUSEKEEPING

- | | | |
|--|---------|--------|
| 1. Areas Free of Excessive Combustibles | Yes [] | No [] |
| 2. Smoking Regulated | Yes [] | No [] |
| 3. Decorations on Walls < 20% of Wall Area | Yes [] | No [] |
| 4. Clothing Stored in Corridor | Yes [] | No [] |
| 5. Furniture in Corridors | Yes [] | No [] |

MEANS OF EGRESS

- | | | |
|---|---------|--------|
| 1. Readily Visible | Yes [] | No [] |
| 2. Clear and Unobstructed | Yes [] | No [] |
| 3. Two Remote Exits Available | Yes [] | No [] |
| • Travel Distance within Limits | Yes [] | No [] |
| • Common Path of Travel within Limits | Yes [] | No [] |
| • Dead-Ends within Limits | Yes [] | No [] |
| • Adequate Illumination | Yes [] | No [] |
| • All Exit Enclosures Free of Storage | Yes [] | No [] |
| 4. Doors Swing in the Direction of Egress Travel (where required) | Yes [] | No [] |
| • Panic/Fire Exit Hardware Where Required | Yes [] | No [] |
| • Operable | Yes [] | No [] |
| • Doors Open Easily | Yes [] | No [] |
| • Self-Closures Operable | Yes [] | No [] |
| • Doors Closed or Held Open with Automatic Closures | Yes [] | No [] |
| 5. Corridors and Aisles of Sufficient Size | Yes [] | No [] |
| 6. Stairwell Allows Re-Entry | Yes [] | No [] |
| 7. Mezzanines | Yes [] | No [] |
| • Proper Exits | Yes [] | No [] |
| 8. Rescue Windows in Each Classroom | Yes [] | No [] |
| • At Least 5.7 sq. ft. | Yes [] | No [] |
| 9. Smoke Barriers Provided (where required) and Operable | Yes [] | No [] |
| 10. Occupied Rooms over 1,000 sq. ft. Two Means of Egress | Yes [] | No [] |

OPERATING FEATURES

- | | | |
|--|---------|--------|
| 1. Fire Drills Conducted | Yes [] | No [] |
| • Number to Date | | |
| 2. Meeting Places Established | Yes [] | No [] |
| • Student Verification | Yes [] | No [] |
| 3. Fire Inspections Conducted Monthly by Staff | Yes [] | No [] |
| • Date of Last Inspection | | |
-

PERFORMANCE REVIEW

The following is a review of the primary points of focus associated with an inspection in this type of occupancy. As a final check please complete the following:

| | | | |
|---|---------|---------|--------|
| Emergency lighting appears to be adequate for the facility: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--------------------------|--|---------|--------|
| Exit is unobstructed: | | Yes [] | No [] |
| Exit doors are unlocked: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---|--|---------|--------|
| Fire extinguishers are serviced and adequate in number: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|---------|---------|--------|
| Fire sprinkler system(s) is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|--|---------|--------|
| Housekeeping/storage practices are acceptable: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|-----------------------------------|---------|---------|--------|
| Fire alarm system is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---------------------------|---------|---------|--------|
| Hydrants are operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

If you answered no to any of the questions above, you must contact your local fire department and advise them of the problem(s).

| | | | |
|---|---------|---------|--------|
| Did you contact your local fire department? | N/A [] | Yes [] | No [] |
|---|---------|---------|--------|

| <u>Date</u> | <u>Time</u> | <u>Department Contacted</u> | <u>Method of Contact (phone call, visit, letter, etc.)</u> |
|-------------|-------------|-----------------------------|--|
| | | | |
| | | | |
| | | | |

Signature: _____

ASSEMBLY OCCUPANCIES

RECOMMENDED READING

NFPA Fire and Life Safety Inspection Manual, 9th Edition, Chapter 28.

ASSEMBLY OCCUPANCY CHECKLIST

| | |
|---|--|
| Candidate's Name: _____ _____ Property Name: _____ Address: _____ _____ _____ Date of Activity Completion: _____ _____ | Property Owner or Responsible Party: _____ _____ Phone Number: _____ Email: _____ _____ Time of Activity Completion: _____ _____ |
|---|--|

OCCUPANCY

| | | |
|---|---------|--------|
| 1. Occupancy Use | | |
| • General Gathering Special Amusement | Yes [] | No [] |
| • Any Changes from Last Inspection | | |
| 2. Occupant Load | | |
| 3. Egress Capacity | | |
| 4. Any Renovations | Yes [] | No [] |
| 5. High Rise | Yes [] | No [] |
| 6. Windowless | Yes [] | No [] |
| 7. Underground | Yes [] | No [] |
| 8. Smoke Protected Assembly Seating | Yes [] | No [] |
| 9. Occupancy Load Posted | Yes [] | No [] |
| 10. Used for Shows or Exhibits | Yes [] | No [] |
| 11. Tents | Yes [] | No [] |
| 12. Life Safety Evaluation Needed / Completed | Yes [] | No [] |

BUILDING SERVICES

| | | |
|--------------------------------------|---------|--------|
| 1. Utilities | | |
| <input type="checkbox"/> Electricity | | |
| <input type="checkbox"/> Gas | | |
| <input type="checkbox"/> Water | | |
| <input type="checkbox"/> Other | | |
| • Utilities in Good Working Order | Yes [] | No [] |

- | | | |
|--|---------|--------|
| 1. Elevators | Yes [] | No [] |
| • Fire Service Control | Yes [] | No [] |
| • Elevator Recall | Yes [] | No [] |
| 2. Heating System Type | | |
| <input type="checkbox"/> Gas | | |
| <input type="checkbox"/> Oil | | |
| <input type="checkbox"/> Electric | | |
| <input type="checkbox"/> Coal | | |
| <input type="checkbox"/> Other | | |
| • Heating System In Good Working Order | Yes [] | No [] |
| 3. Emergency Generator | Yes [] | No [] |
| • Size | | |
| • Last Date Tested | | |
| • Date of Last Full Load Test | | |
| • In Automatic Position | Yes [] | No [] |
| 4. Fire Pump | Yes [] | No [] |
| • Date Last Tested | | |
| • In Automatic Position | Yes [] | No [] |

EMERGENCY LIGHTS

- | | | |
|----------------------|---------|--------|
| 1. Operable | Yes [] | No [] |
| 2. Tested Monthly | Yes [] | No [] |
| 3. In Good Condition | Yes [] | No [] |

EXIT SIGNS

- | | | |
|--------------------|---------|--------|
| 1. Illuminated | Yes [] | No [] |
| 2. Emergency Power | Yes [] | No [] |
| 3. Readily Visible | Yes [] | No [] |

FIRE ALARM

- | | | |
|--------------------------------|---------|--------|
| 1. Fire Alarm Installed | Yes [] | No [] |
| 2. Location of Panel | | |
| 3. Coverage | | |
| <input type="checkbox"/> Total | | |

- Partial
 - Monitored Yes [] No []
 - Method
 - Fire Department Notification Yes [] No []
-
4. Type of Initiation Devices
- Smoke
 - Heat
 - Manual
 - Water Flow
 - Special Systems
5. Notification
- Audible / Visual
 - Voice Announcement
6. Date of Last Test _____
7. Date of Last Inspection _____

FIRE EXTINGUISHERS

- 1. Proper Type for Hazard Protected Yes [] No []
- 2. Mounted Properly Yes [] No []
- 3. Inspection Date Current Yes [] No []
- 4. Adequate Number Yes [] No []

HAZARDOUS AREAS

- 1. Protected by
 - Fire-Resistance Rated Separation
 - Extinguishing System
 - Both
- 2. Doors have Self-Closers Yes [] No []
- 3. Projection Room Properly Protected Yes [] No []

HOUSEKEEPING

- 1. Areas Free of Excessive Combustibles Yes [] No []
- 2. Smoking Regulated Yes [] No []

INTERIOR FINISH

- 1. Scenery Flame Resistant Yes [] No []
- 2. Decorations Flame Resistant Yes [] No []

MEANS OF EGRESS

- 1. Readily Visible Yes [] No []
- 2. Clear and Unobstructed Yes [] No []
- 3. Two Remote Exits Available Yes [] No []
 - Travel Distance within Limits Yes [] No []
 - Common Path of Travel within Limits Yes [] No []
 - Dead-Ends within Limits Yes [] No []
- 4. Adequate Illumination Yes [] No []
- 5. All Exit Enclosures Free of Storage Yes [] No []
- 6. Doors Swing in the Direction of Egress Travel (where required) Yes [] No []
 - Panic/Fire Exit Hardware Where Required Yes [] No []
 - Operable Yes [] No []
 - Doors Open Easily Yes [] No []
 - Self-Closers Operable Yes [] No []
 - Doors Closed or Held Open with Automatic Closers Yes [] No []
- 7. Corridors and Aisles of Sufficient Size Yes [] No []
- 8. Stairwell Allows Re-Entry Yes [] No []
- 9. Mezzanines Yes [] No []
- 10. Proper Exits Yes [] No []
- 11. Seats and Tables Provided Proper Aisles Yes [] No []
 - Layouts Approved by Authority Having Jurisdiction Yes [] No []
- 12. Dwelling Units and Mercantile Occupancy Sole Exits Through Assembly Occupancy Yes [] No []

STAGES

- 1. Stage Type
 - Legitimate
 - Regular
 - Thrust

- | | | |
|----------------------|---------|--------|
| 2. Sprinklers | Yes [] | No [] |
| 3. Venting | Yes [] | No [] |
| 4. Standpipes | Yes [] | No [] |
| 5. Deluge System | Yes [] | No [] |
| 6. Proscenium Wall | Yes [] | No [] |
| • Proscenium Curtain | Yes [] | No [] |
| • Operable | Yes [] | No [] |
| • In Good Condition | Yes [] | No [] |
| 7. Candles Used | Yes [] | No [] |
| 8. Pyrotechnics Used | Yes [] | No [] |
| 9. Open Flames Used | Yes [] | No [] |

OPERATING FEATURES

- | | | |
|---|---------|--------|
| 1. Crowd Managers Assigned | Yes [] | No [] |
| 2. Fire Drills Conducted | Yes [] | No [] |
| 3. Employees Instructed in Use of Fire Extinguishers | Yes [] | No [] |
| 4. Announcement Made Before Each Performance on Exit Location | Yes [] | No [] |
| 5. Seats Secured or Connected in Groups of 3 | Yes [] | No [] |

PERFORMANCE REVIEW

The following is a review of the primary points of focus associated with an inspection in this type of occupancy. As a final check please complete the following:

| | | | |
|---|---------|---------|--------|
| Emergency lighting appears to be adequate for the facility: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--------------------------|--|---------|--------|
| Exit is unobstructed: | | Yes [] | No [] |
| Exit doors are unlocked: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---|--|---------|--------|
| Fire extinguishers are serviced and adequate in number: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|---------|---------|--------|
| Fire sprinkler system(s) is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|--|---------|--------|
| Housekeeping/storage practices are acceptable: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|-----------------------------------|---------|---------|--------|
| Fire alarm system is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---------------------------|---------|---------|--------|
| Hydrants are operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

If you answered no to any of the questions above, you must contact your local fire department and advise them of the problem(s).

| | | | |
|---|---------|---------|--------|
| Did you contact your local fire department? | N/A [] | Yes [] | No [] |
|---|---------|---------|--------|

| | | | |
|-------------|-------------|-----------------------------|--|
| <u>Date</u> | <u>Time</u> | <u>Department Contacted</u> | <u>Method of Contact (phone call, visit, letter, etc.)</u> |
|-------------|-------------|-----------------------------|--|

Signature: _____

APARTMENT BUILDINGS

RECOMMENDED READING

NFPA Fire and Life Safety Inspection Manual, 9th Edition, Chapter 35.

APARTMENT OCCUPANCY CHECKLIST

| | |
|--|--|
| Candidate's Name: _____ _____ Property Name: _____ Address: _____ _____ _____ Date of Activity Completion: _____ | _____ Property Owner or Responsible Party: _____ _____ Phone Number: _____ Email: _____ _____ Time of Activity Completion: _____ |
|--|--|

OCCUPANCY

- | | | |
|-------------------------------------|---------|--------|
| 1. Any Changes from Last Inspection | Yes [] | No [] |
| 2. Occupant Load | | |
| 3. Egress Capacity | | |
| 4. Any Renovations | Yes [] | No [] |
| 5. High Rise | Yes [] | No [] |
| 6. Windowless | Yes [] | No [] |
| 7. Underground | Yes [] | No [] |

BUILDING SERVICES

- | | | |
|--------------------------------------|---------|--------|
| 1. Utilities | | |
| <input type="checkbox"/> Electricity | | |
| <input type="checkbox"/> Gas | | |
| <input type="checkbox"/> Water | | |
| <input type="checkbox"/> Other _____ | | |
| • Utilities in Good Working Order | Yes [] | No [] |
| 2. Elevators | Yes [] | No [] |
| • Fire Service Control | Yes [] | No [] |
| • Elevator Recall | Yes [] | No [] |

1. Heating System Type

- Gas
- Oil
- Electric
- Coal
- Other _____

- Heating System In Good Working Order

Yes [] No []

2. Emergency Generator

- Size
- Last Date Tested
- Date of Last Full Load Test
- In Automatic Position

Yes [] No []

Yes [] No []

3. Fire Pump

- Date Last Tested
- In Automatic Position

Yes [] No []

Yes [] No []

EMERGENCY LIGHTS

1. Operable
2. Tested Monthly
3. In Good Condition

Yes [] No []

Yes [] No []

Yes [] No []

EXIT SIGNS

1. Illuminated
2. Emergency Power
3. Readily Visible

Yes [] No []

Yes [] No []

Yes [] No []

FIRE ALARM

1. Fire Alarm Installed
2. Location of Panel
3. Coverage
 - Total
 - Partial

Yes [] No []

- | | | |
|--|---------|--------|
| 1. Monitored | Yes [] | No [] |
| • Method | | |
| • Fire Department Notification | | |
| <hr/> | | |
| 2. Type of Initiation Devices | | |
| <input type="checkbox"/> Smoke | | |
| <input type="checkbox"/> Heat | | |
| <input type="checkbox"/> Manual | | |
| <input type="checkbox"/> Water Flow | | |
| <input type="checkbox"/> Special Systems | | |
| 3. Date of Last Test | | |
| 4. Date of Last Inspection | | |
| <hr/> | | |
| 5. Single Station Room Smoke Alarms | Yes [] | No [] |
| • Power Source | | |
| 6. CO Detection Present | | |
| • Throughout | | |
| • Certain Areas | | |
| <hr/> | | |

FIRE EXTINGUISHERS

- | | | |
|-------------------------------------|---------|--------|
| 1. Proper Type for Hazard Protected | Yes [] | No [] |
| 2. Mounted Properly | Yes [] | No [] |
| 3. Inspection Date Current | Yes [] | No [] |
| 4. Adequate Number | Yes [] | No [] |

HAZARDOUS AREAS

- | | | |
|---|---------|--------|
| 1. Protected by | | |
| <input type="checkbox"/> Fire-Resistance Rated Separation | | |
| <input type="checkbox"/> Extinguishing System | | |
| <input type="checkbox"/> Both | | |
| 2. Doors have Self-Closures | Yes [] | No [] |
| 3. Fire Extinguishers Provided in Hazardous Areas | Yes [] | No [] |

HOUSEKEEPING

- | | | |
|---|---------|--------|
| 1. Areas Free of Excessive Combustibles | Yes [] | No [] |
| 2. Smoking Regulated in Common Areas | Yes [] | No [] |

MEANS OF EGRESS

- | | | |
|---|---------|--------|
| 1. Readily Visible | Yes [] | No [] |
| 2. Clear and Unobstructed | Yes [] | No [] |
| 3. Two Remote Exits Available | Yes [] | No [] |
| • Travel Distance within Limits | Yes [] | No [] |
| • Common Path of Travel within Limits | Yes [] | No [] |
| • Dead-Ends within Limits | Yes [] | No [] |
| 4. Adequate Illumination | Yes [] | No [] |
| 5. All Exit Enclosures Free of Storage | Yes [] | No [] |
| 6. Doors Swing in the Direction of Egress Travel (where required) | Yes [] | No [] |
| • Panic/Fire Exit Hardware Operable | Yes [] | No [] |
| • Doors Open Easily | Yes [] | No [] |
| • Self-Closers Operable | Yes [] | No [] |
| • Doors Closed or Held Open with Automatic Closers | Yes [] | No [] |
| 7. Corridors and Aisles of Sufficient Size | Yes [] | No [] |
| 8. Stairwell Allows Re-Entry | Yes [] | No [] |
| 9. Mezzanines | Yes [] | No [] |
| 10. Proper Exits | Yes [] | No [] |
| 11. Second Means of Escape Provided | Yes [] | No [] |
| • Window 5.7 sq. ft. (minimum dimension 24 in. x 20 in.) | Yes [] | No [] |

OPERATING FEATURES

- | | | |
|---|---------|--------|
| Emergency Instructions Provided to Occupants Yearly | Yes [] | No [] |
|---|---------|--------|

PERFORMANCE REVIEW

The following is a review of the primary points of focus associated with an inspection in this type of occupancy. As a final check please complete the following:

| | | | |
|---|---------|---------|--------|
| Emergency lighting appears to be adequate for the facility: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--------------------------|--|---------|--------|
| Exit is unobstructed: | | Yes [] | No [] |
| Exit doors are unlocked: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---|--|---------|--------|
| Fire extinguishers are serviced and adequate in number: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|---------|---------|--------|
| Fire sprinkler system(s) is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|--|---------|--------|
| Housekeeping/storage practices are acceptable: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|-----------------------------------|---------|---------|--------|
| Fire alarm system is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---------------------------|---------|---------|--------|
| Hydrants are operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

If you answered no to any of the questions above, you must contact your local fire department and advise them of the problem(s).

| | | | |
|---|---------|---------|--------|
| Did you contact your local fire department? | N/A [] | Yes [] | No [] |
|---|---------|---------|--------|

| <u>Date</u> | <u>Time</u> | <u>Department Contacted</u> | <u>Method of Contact (phone call, visit, letter, etc.)</u> |
|-------------|-------------|-----------------------------|--|
|-------------|-------------|-----------------------------|--|

Signature: _____

MERCANTILE OCCUPANCIES

RECOMMENDED READING

NFPA Fire and Life Safety Inspection Manual, 9th Edition, Chapter 39.

MERCANTILE OCCUPANCY CHECKLIST

| | |
|--|--|
| Candidate's Name: _____ _____ Property Name: _____ Address: _____ _____ _____ Date of Activity Completion: _____ | _____ Property Owner or Responsible Party: _____ _____ Phone Number: _____ Email: _____ _____ Time of Activity Completion: _____ |
|--|--|

OCCUPANCY

1. Occupancy Sub-classification:
 - A B C
 - Any Changes from Last Inspection Yes [] No []
2. Occupant Load _____
3. Egress Capacity _____
4. Any Renovations Yes [] No []
5. Covered Mall Yes [] No []
6. Anchor Store Yes [] No []
7. High Rise Yes [] No []
8. Windowless Yes [] No []
9. Underground Yes [] No []

BUILDING SERVICES

1. Utilities
 - Electricity
 - Gas
 - Water
 - Other _____
2. Utilities in Good Working Order Yes [] No []
3. Elevators Yes [] No []
 - Fire Service Control Yes [] No []
 - Elevator Recall Yes [] No []

1. Heating System Type

- Gas
- Oil
- Electric
- Coal
- Other _____

- Heating System In Good Working Order

Yes [] No []

2. Emergency Generator

- Size
- Last Date Tested
- Date of Last Full Load Test
- In Automatic Position

Yes [] No []

Yes [] No []

3. Fire Pump

- Date Last Tested
- In Automatic Position

Yes [] No []

Yes [] No []

EMERGENCY LIGHTS

1. Operable
2. Tested Monthly
3. In Good Condition

Yes [] No []

Yes [] No []

Yes [] No []

EXIT SIGNS

1. Illuminated
2. Readily Visible

Yes [] No []

Yes [] No []

FIRE ALARM

1. Fire Alarm Installed
2. Location of Panel
3. Coverage

Yes [] No []

- Total
- Partial

- | | | |
|--|---------|--------|
| 1. Monitored | Yes [] | No [] |
| • Method | | |
| • Fire Department Notification | Yes [] | No [] |
| 2. Type of Initiation Devices | | |
| <input type="checkbox"/> Smoke | | |
| <input type="checkbox"/> Heat | | |
| <input type="checkbox"/> Manual | | |
| <input type="checkbox"/> Water Flow | | |
| <input type="checkbox"/> Special Systems | | |
| 3. Date of Last Test | | |
| 4. Date of Last Inspection | | |

FIRE EXTINGUISHERS

- | | | |
|-------------------------------------|---------|--------|
| 1. Proper Type for Hazard Protected | Yes [] | No [] |
| 2. Mounted Properly | Yes [] | No [] |
| 3. Inspection Date Current | Yes [] | No [] |
| 4. Adequate Number | Yes [] | No [] |

HAZARDOUS AREAS

- | | | |
|---|---------|--------|
| 1. Protected by | | |
| <input type="checkbox"/> Fire-Resistance Rated Separation | | |
| <input type="checkbox"/> Extinguishing System | | |
| <input type="checkbox"/> Both | | |
| 2. Doors have Self-Closers | Yes [] | No [] |
| 3. Residential Separated | Yes [] | No [] |
| <input type="checkbox"/> 1-Hour Fire-Resistance Rating | | |
| <input type="checkbox"/> Sprinklers | | |
| 4. Parking Structure Separated | Yes [] | No [] |

HOUSEKEEPING

- | | | |
|---|---------|--------|
| 1. Areas Free of Excessive Combustibles | Yes [] | No [] |
| 2. Smoking Regulated | Yes [] | No [] |
| 3. Stock Properly Stored | Yes [] | No [] |
| 4. Trash Removed on a Regular Basis | Yes [] | No [] |

MEANS OF EGRESS

- | | | |
|---|---------|--------|
| 1. Readily Visible | Yes [] | No [] |
| 2. Clear and Unobstructed | Yes [] | No [] |
| 3. Two Remote Exits Available | Yes [] | No [] |
| • Travel Distance within Limits | Yes [] | No [] |
| • Common Path of Travel within Limits | Yes [] | No [] |
| • Dead-Ends within Limits | Yes [] | No [] |
| 4. 50% Maximum through Checkout Stands | Yes [] | No [] |
| 5. Exit through Stockroom | Yes [] | No [] |
| • Not Capable of Locking | Yes [] | No [] |
| 6. Aisle Minimum Width 44 in. | Yes [] | No [] |
| • Aisles Marked and have Physical Barriers | Yes [] | No [] |
| 7. Adequate Illumination | Yes [] | No [] |
| 8. Doors Swing in the Direction of Egress Travel (where required) | Yes [] | No [] |
| • Panic/Fire Exit Hardware Operable | Yes [] | No [] |
| • Doors Open Easily | Yes [] | No [] |
| • Self-Closers Operable | Yes [] | No [] |
| • Doors Closed or Held Open with Automatic Closers | Yes [] | No [] |
| 9. Corridors and Aisles of Sufficient Size | Yes [] | No [] |
| 10. Stairwell Allows Re-Entry | Yes [] | No [] |
| 11. Mezzanines | Yes [] | No [] |
| 12. Proper Exits | Yes [] | No [] |

VERTICAL OPENINGS

- | | | |
|-------------------------------------|---------|--------|
| 1. Properly Protected | Yes [] | No [] |
| 2. Atrium | Yes [] | No [] |
| • Properly Protected | Yes [] | No [] |
| 3. Fire Doors in Good Working Order | Yes [] | No [] |

OPERATING FEATURES

- | | | |
|---|---------|--------|
| 1. Employees Trained in Fire Exit Procedures | Yes [] | No [] |
| 2. Employees Trained in Fire Extinguisher Use | Yes [] | No [] |

PERFORMANCE REVIEW

The following is a review of the primary points of focus associated with an inspection in this type of occupancy. As a final check please complete the following:

| | | | |
|---|---------|---------|--------|
| Emergency lighting appears to be adequate for the facility: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--------------------------|--|---------|--------|
| Exit is unobstructed: | | Yes [] | No [] |
| Exit doors are unlocked: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---|--|---------|--------|
| Fire extinguishers are serviced and adequate in number: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|---------|---------|--------|
| Fire sprinkler system(s) is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|--|---------|--------|
| Housekeeping/storage practices are acceptable: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|-----------------------------------|---------|---------|--------|
| Fire alarm system is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---------------------------|---------|---------|--------|
| Hydrants are operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

If you answered no to any of the questions above, you must contact your local fire department and advise them of the problem(s).

| | | | |
|---|---------|---------|--------|
| Did you contact your local fire department? | N/A [] | Yes [] | No [] |
|---|---------|---------|--------|

| <u>Date</u> | <u>Time</u> | <u>Department Contacted</u> | <u>Method of Contact (phone call, visit, letter, etc.)</u> |
|-------------|-------------|-----------------------------|--|
| | | | |
| | | | |
| | | | |

Signature: _____

BUSINESS OCCUPANCIES

RECOMMENDED READING

NFPA Fire and Life Safety Inspection Manual, 9th Edition, Chapter 40.

BUSINESS OCCUPANCY CHECKLIST

| | |
|--|--|
| Candidate's Name: _____ _____ Property Name: _____ Address: _____ _____ _____ Date of Activity Completion: _____ | _____ Property Owner or Responsible Party: _____ _____ Phone Number: _____ Email: _____ _____ Time of Activity Completion: _____ |
|--|--|

OCCUPANCY

| | | |
|-------------------------------------|---------|--------|
| 1. Any Changes from Last Inspection | Yes [] | No [] |
| 2. Occupant Load | | |
| 3. Egress Capacity | | |
| 4. Any Renovations | Yes [] | No [] |
| 5. High Rise | Yes [] | No [] |
| 6. Windowless | Yes [] | No [] |
| 7. Underground | Yes [] | No [] |

BUILDING SERVICES

| | | |
|--------------------------------------|---------|--------|
| 1. Utilities | | |
| <input type="checkbox"/> Electricity | | |
| <input type="checkbox"/> Gas | | |
| <input type="checkbox"/> Water | | |
| <input type="checkbox"/> Other _____ | | |
| • Utilities in Good Working Order | Yes [] | No [] |
| 2. Elevators | Yes [] | No [] |
| • Fire Service Control | Yes [] | No [] |
| • Elevator Recall | Yes [] | No [] |

1. Heating System Type

- Gas
- Oil
- Electric
- Coal
- Other _____

- Heating System In Good Working Order

Yes [] No []

2. Emergency Generator:

- Size _____
- Last Date Tested _____
- Date of Last Full Load Test _____
- In Automatic Position

Yes [] No []

Yes [] No []

3. Fire Pump

- Date Last Tested _____
- In Automatic Position

Yes [] No []

Yes [] No []

EMERGENCY LIGHTS

1. Operable
2. Tested Monthly
3. In Good Condition

Yes [] No []

Yes [] No []

Yes [] No []

EXIT SIGNS

1. Illuminated
2. Readily Visible

Yes [] No []

Yes [] No []

FIRE ALARM

1. Fire Alarm Installed
2. Location of Panel _____
3. Coverage

Yes [] No []

- Total
- Partial

1. Monitored Yes [] No []

- Method

- Fire Department Notification

Yes [] No []

2. Type of Initiation Devices

Smoke

Heat

Manual

Water Flow

Special Systems

3. Date of Last Test

4. Inspection Date Current

Yes [] No []

FIRE EXTINGUISHERS

1. Proper Type for Hazard Protected

Yes [] No []

2. Mounted Properly

Yes [] No []

3. Inspection Date Current

Yes [] No []

4. Adequate Number

Yes [] No []

HAZARDOUS AREAS

1. Protected by

Fire-Resistance Rated Separation

Extinguishing System

Both

2. Doors have Self-Closers

Yes [] No []

3. Residential Separated

Yes [] No []

1-Hour Fire-Resistance Rating

Sprinklers

4. Parking Structure Separated

Yes [] No []

HOUSEKEEPING

1. Areas Free of Excessive Combustibles

Yes [] No []

2. Smoking Regulated

Yes [] No []

MEANS OF EGRESS

- | | | |
|---|---------|--------|
| 1. Readily Visible | Yes [] | No [] |
| 2. Clear and Unobstructed | Yes [] | No [] |
| 3. Two Remote Exits Available | Yes [] | No [] |
| • Travel Distance within Limits | Yes [] | No [] |
| • Common Path of Travel within Limits | Yes [] | No [] |
| • Dead-Ends within Limits | Yes [] | No [] |
| 4. Adequate Illumination | Yes [] | No [] |
| 5. All Exit Enclosures Free of Storage | Yes [] | No [] |
| 6. Doors Swing in the Direction of Egress Travel (where required) | Yes [] | No [] |
| • Panic/Fire Exit Hardware Operable | Yes [] | No [] |
| • Doors Open Easily | Yes [] | No [] |
| • Self-Closers Operable | Yes [] | No [] |
| • Doors Closed or Held Open with Automatic Closers | Yes [] | No [] |
| 7. Corridors and Aisles of Sufficient Size | Yes [] | No [] |
| 8. Stairwell Allows Re-Entry | Yes [] | No [] |
| 9. Mezzanines | Yes [] | No [] |
| 10. Proper Exits | Yes [] | No [] |

OPERATING FEATURES

- | | | |
|---|---------|--------|
| 1. Employees Trained in Fire Extinguisher Use | Yes [] | No [] |
| 2. Fire Drills Conducted | Yes [] | No [] |
| • Date of Last Fire Drill | | |
| 3. Records Protected | Yes [] | No [] |
-

PERFORMANCE REVIEW

The following is a review of the primary points of focus associated with an inspection in this type of occupancy. As a final check please complete the following:

| | | | |
|---|---------|---------|--------|
| Emergency lighting appears to be adequate for the facility: | N/A [] | Yes [] | No [] |
| Comments: _____ | | | |

| | | | |
|--------------------------|--|---------|--------|
| Exit is unobstructed: | | Yes [] | No [] |
| Exit doors are unlocked: | | Yes [] | No [] |
| Comments: _____ | | | |

| | | | |
|---|--|---------|--------|
| Fire extinguishers are serviced and adequate in number: | | Yes [] | No [] |
| Comments: _____ | | | |

| | | | |
|--|---------|---------|--------|
| Fire sprinkler system(s) is operational: | N/A [] | Yes [] | No [] |
| Comments: _____ | | | |

| | | | |
|--|--|---------|--------|
| Housekeeping/storage practices are acceptable: | | Yes [] | No [] |
| Comments: _____ | | | |

| | | | |
|-----------------------------------|---------|---------|--------|
| Fire alarm system is operational: | N/A [] | Yes [] | No [] |
| Comments: _____ | | | |

| | | | |
|---------------------------|---------|---------|--------|
| Hydrants are operational: | N/A [] | Yes [] | No [] |
| Comments: _____ | | | |

If you answered no to any of the questions above, you must contact your local fire department and advise them of the problem(s).

| | | | |
|---|---------|---------|--------|
| Did you contact your local fire department? | N/A [] | Yes [] | No [] |
|---|---------|---------|--------|

| | | | |
|-------------|-------------|-----------------------------|--|
| <u>Date</u> | <u>Time</u> | <u>Department Contacted</u> | <u>Method of Contact (phone call, visit, letter, etc.)</u> |
|-------------|-------------|-----------------------------|--|

Signature: _____

INDUSTRIAL OCCUPANCIES

RECOMMENDED READING

NFPA Fire and Life Safety Inspection Manual, 9th Edition, Chapter 41.

INDUSTRIAL OCCUPANCY CHECKLIST

| | |
|---|---|
| Candidate's Name: _____ _____ Property Name: _____ Address: _____ _____ _____ Date of Activity Completion: _____ _____ | _____ Property Owner or Responsible Party: _____ _____ Phone Number: _____ Email: _____ _____ Time of Activity Completion: _____ _____ |
|---|---|

OCCUPANCY

1. Type Occupancy
 - General Industrial
 - Special Purpose Industrial
 - High Hazard
2. Any Changes from Last Inspection Yes [] No []
3. Occupant Load _____
4. Egress Capacity _____
5. Any Renovations Yes [] No []
6. High Rise Yes [] No []
7. Windowless Yes [] No []
8. Underground Yes [] No []

BUILDING SERVICES

1. Utilities
 - Electricity
 - Gas
 - Water
 - Other _____
 - Utilities in Good Working Order Yes [] No []
2. Elevators Yes [] No []
 - Fire Service Control Yes [] No []
 - Elevator Recall Yes [] No []

1. Heating System Type:

- Gas
- Oil
- Electric
- Coal
- Other _____

- Heating System In Good Working Order

Yes [] No []

2. Emergency Generator

Yes [] No []

- Size _____
- Last Date Tested _____
- Date of Last Full Load Test _____
- In Automatic Position

Yes [] No []

3. Fire Pump

Yes [] No []

- Date Last Tested _____
- In Automatic Position

Yes [] No []

EMERGENCY LIGHTS

1. Operable
2. Tested Monthly
3. In Good Condition

Yes [] No []

Yes [] No []

Yes [] No []

EXIT SIGNS

1. Illuminated
2. Emergency Power
3. Readily Visible

Yes [] No []

Yes [] No []

Yes [] No []

FIRE ALARM

1. Fire Alarm Installed
2. Location of Panel _____
3. Coverage
 - Total
 - Partial

Yes [] No []

- | | | |
|--------------------------------|---------|--------|
| 1. Monitored | Yes [] | No [] |
| • Method | | |
| • Fire Department Notification | Yes [] | No [] |

2. Type of Initiation Devices

- Smoke
- Heat
- Manual
- Water Flow
- Special Systems

3. Date of Last Test

4. Date of Last Inspection

FIRE EXTINGUISHERS

- | | | |
|-------------------------------------|---------|--------|
| 1. Proper Type for Hazard Protected | Yes [] | No [] |
| 2. Mounted Properly | Yes [] | No [] |
| 3. Inspection Date Current | Yes [] | No [] |
| 4. Adequate Number | Yes [] | No [] |

HAZARDOUS AREAS

1. Protected by

- Fire-Resistance Rated Separation
- Extinguishing System
- Both

- | | | |
|--------------------------------|---------|--------|
| 2. Door have Self-Closers | Yes [] | No [] |
| 3. Hazardous Materials | Yes [] | No [] |
| • Properly Stored and Handled | Yes [] | No [] |
| • Properly Protected | Yes [] | No [] |
| 4. Lift Trucks Properly Stored | Yes [] | No [] |
| • Fuel Properly Stored | Yes [] | No [] |
| • Fueling Done Properly | Yes [] | No [] |
| • Extinguishers Provided | Yes [] | No [] |
| 5. Hazardous Processes | Yes [] | No [] |
| • Properly Protected | Yes [] | No [] |

HOUSEKEEPING

- | | | |
|---|---------|--------|
| 1. Areas Free of Excessive Combustibles | Yes [] | No [] |
| 2. Smoking Regulated | Yes [] | No [] |
| 3. Stock Stored Properly | Yes [] | No [] |
| 4. Incompatible Materials Separated | Yes [] | No [] |
| 5. Trash Removed on Regular Basis | Yes [] | No [] |

MEANS OF EGRESS

- | | | |
|---|---------|--------|
| 1. Readily Visible | Yes [] | No [] |
| 2. Clear and Unobstructed | Yes [] | No [] |
| 3. Two Remote Exits Available | Yes [] | No [] |
| • Travel Distance within Limits | Yes [] | No [] |
| • Common Path of Travel within Limits | Yes [] | No [] |
| • Dead-Ends within Limits | Yes [] | No [] |
| 4. Adequate Illumination | Yes [] | No [] |
| 5. All Exit Enclosures Free of Storage | Yes [] | No [] |
| 6. Doors Swing in the Direction of Egress Travel (where required) | Yes [] | No [] |
| • Panic/Fire Exit Hardware Operable | Yes [] | No [] |
| • Doors Open Easily | Yes [] | No [] |
| • Self-Closers Operable | Yes [] | No [] |
| • Doors Closed or Held Open with Automatic Closers | Yes [] | No [] |
| 7. Corridors and Aisles of Sufficient Size | Yes [] | No [] |
| 8. Stairwell Allows Re-Entry | Yes [] | No [] |
| 9. Mezzanines | Yes [] | No [] |
| 10. Proper Exits | Yes [] | No [] |

OPERATING FEATURES

- | | | |
|--|---------|--------|
| 1. Fire Drills Conducted | Yes [] | No [] |
| 2. Employees Trained in Emergency Procedures | Yes [] | No [] |

PERFORMANCE REVIEW

The following is a review of the primary points of focus associated with an inspection in this type of occupancy. As a final check please complete the following:

| | | | |
|---|---------|---------|--------|
| Emergency lighting appears to be adequate for the facility: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--------------------------|--|---------|--------|
| Exit is unobstructed: | | Yes [] | No [] |
| Exit doors are unlocked: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---|--|---------|--------|
| Fire extinguishers are serviced and adequate in number: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|---------|---------|--------|
| Fire sprinkler system(s) is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|--|---------|--------|
| Housekeeping/storage practices are acceptable: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|-----------------------------------|---------|---------|--------|
| Fire alarm system is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---------------------------|---------|---------|--------|
| Hydrants are operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

If you answered no to any of the questions above, you must contact your local fire department and advise them of the problem(s).

| | | | |
|---|---------|---------|--------|
| Did you contact your local fire department? | N/A [] | Yes [] | No [] |
|---|---------|---------|--------|

| | | | |
|-------------|-------------|-----------------------------|--|
| <u>Date</u> | <u>Time</u> | <u>Department Contacted</u> | <u>Method of Contact (phone call, visit, letter, etc.)</u> |
|-------------|-------------|-----------------------------|--|

Signature: _____

**MAINTENANCE SHOP
INDUSTRIAL OCCUPANCIES**

RECOMMENDED READING

NFPA Fire and Life Safety Inspection Manual, 9th Edition, Chapter 41.

MAINTENANCE SHOP CHECKLIST INDUSTRIAL FACILITY 1000 TO 5000 SQ. FT.

| | |
|------------------------------------|--|
| Candidate's Name: _____ | Property Owner or Responsible Party: _____ |
| Property Name: _____ | Phone Number: _____ |
| Address: _____ | Email: _____ |
| Date of Activity Completion: _____ | Time of Activity Completion: _____ |

OCCUPANCY

| | |
|-------------------------------------|----------------|
| 1. Type of Facility | |
| 2. Any Changes from Last Inspection | Yes [] No [] |
| 3. Occupant Load | |
| 4. Egress Capacity | |
| 5. Any Renovations | Yes [] No [] |

BUILDING SERVICES

| | |
|--|----------------|
| 1. Utilities | |
| <input type="checkbox"/> Electricity | |
| <input type="checkbox"/> Gas | |
| <input type="checkbox"/> Water | |
| <input type="checkbox"/> Other _____ | |
| • Utilities in Good Working Order | Yes [] No [] |
| 2. Elevators | Yes [] No [] |
| • Fire Service Control | Yes [] No [] |
| • Elevator Recall | Yes [] No [] |
| 3. Heating System Type | |
| <input type="checkbox"/> Gas | |
| <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Electric | |
| <input type="checkbox"/> Coal | |
| <input type="checkbox"/> Other _____ | |
| • Heating System In Good Working Order | Yes [] No [] |

- | | |
|-------------------------------|-------------------|
| 4. Emergency Generator | Yes [] No [] |
| • Size | |
| • Last Date Tested | |
| • Date of Last Full Load Test | |
| • In Automatic Position | Yes [] No [] |
| 5. Fire Pump | Yes [] No [] |
| • Date Last Tested | |
| • In Automatic Position | Yes [] No [] |

EMERGENCY LIGHTS

- | | |
|----------------------|-------------------|
| 1. Operable | Yes [] No [] |
| 2. Tested Monthly | Yes [] No [] |
| 3. In Good Condition | Yes [] No [] |

EXIT SIGNS

- | | |
|--------------------|-------------------|
| 1. Illuminated | Yes [] No [] |
| 2. Emergency Power | Yes [] No [] |
| 3. Readily Visible | Yes [] No [] |

FIRE ALARM

- | | |
|--|-------------------|
| 1. Fire Alarm Installed | Yes [] No [] |
| 2. Location of Panel | |
| 3. Coverage | |
| <input type="checkbox"/> Total | |
| <input type="checkbox"/> Partial | |
| 4. Monitored | Yes [] No [] |
| • Method | |
| • Fire Department Notification | Yes [] No [] |
| 5. Type of Initiation Devices | |
| <input type="checkbox"/> Smoke | |
| <input type="checkbox"/> Heat | |
| <input type="checkbox"/> Manual | |
| <input type="checkbox"/> Water Flow | |
| <input type="checkbox"/> Special Systems | |
| 6. Date of Last Test | |
| 7. Date of Last Inspection | |

FIRE EXTINGUISHERS

- | | | |
|-------------------------------------|---------|--------|
| 1. Proper Type for Hazard Protected | Yes [] | No [] |
| 2. Mounted Properly | Yes [] | No [] |
| 3. Inspection Date Current | Yes [] | No [] |
| 4. Adequate Number | Yes [] | No [] |

HAZARDOUS AREAS

- | | | |
|---|---------|--------|
| 1. Protected by | | |
| <input type="checkbox"/> Fire-Resistance Rated Separation | | |
| <input type="checkbox"/> Extinguishing System | | |
| <input type="checkbox"/> Both | | |
| 2. Doors have Self-Closers | Yes [] | No [] |
| 3. Hazardous Materials | Yes [] | No [] |
| • Properly Stored and Handled | Yes [] | No [] |
| • Flammable Liquids | Yes [] | No [] |
| • Aerosol Containers | Yes [] | No [] |
| • Hazardous Substances | Yes [] | No [] |
| • Properly Protected | Yes [] | No [] |
| 4. Lift Trucks Properly Stored | Yes [] | No [] |
| • Fuel Properly Stored | Yes [] | No [] |
| • Fueling Done Properly | Yes [] | No [] |
| • Extinguishers Provided | Yes [] | No [] |
| 5. Hazardous Processes | Yes [] | No [] |
| • Properly Protected | Yes [] | No [] |

HOUSEKEEPING

- | | | |
|---|---------|--------|
| 1. Areas Free of Excessive Combustibles | Yes [] | No [] |
| 2. Smoking Regulated | Yes [] | No [] |
| 3. Stock Stored Properly | Yes [] | No [] |
| 4. Incompatible Materials Separated | Yes [] | No [] |
| 5. Trash Removed on Regular Basis | Yes [] | No [] |

MEANS OF EGRESS

- | | | |
|---------------------------|---------|--------|
| 1. Readily Visible | Yes [] | No [] |
| 2. Clear and Unobstructed | Yes [] | No [] |

- | | | |
|---|---------|--------|
| 3. Two Remote Exits Available | Yes [] | No [] |
| • Travel Distance within Limits | Yes [] | No [] |
| • Common Path of Travel within Limits | Yes [] | No [] |
| • Dead-Ends within Limits | Yes [] | No [] |
| 4. Adequate Illumination | Yes [] | No [] |
| 5. All Exit Enclosures Free of Storage | Yes [] | No [] |
| 6. Doors Swing in the Direction of Egress Travel (where required) | Yes [] | No [] |
| • Panic/Fire Exit Hardware Operable | Yes [] | No [] |
| • Doors Open Easily | Yes [] | No [] |
| • Self-Closers Operable | Yes [] | No [] |
| • Doors Closed or Held Open with Automatic Closers | Yes [] | No [] |
| 7. Corridors and Aisles of Sufficient Size | Yes [] | No [] |
| 8. Stairwell Allows Re-Entry | Yes [] | No [] |
| 9. Mezzanines | Yes [] | No [] |
| 10. Proper Exits | Yes [] | No [] |

OPERATING FEATURES

- | | | |
|---|---------|--------|
| 1. Fire Drills Conducted | Yes [] | No [] |
| 2. Employees Trained in Fire Exit Procedures | Yes [] | No [] |
| 3. Employees Trained in Fire Extinguisher Use | Yes [] | No [] |

PERFORMANCE REVIEW

The following is a review of the primary points of focus associated with an inspection in this type of occupancy. As a final check please complete the following:

| | | | |
|---|---------|---------|--------|
| Emergency lighting appears to be adequate for the facility: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--------------------------|--|---------|--------|
| Exit is unobstructed: | | Yes [] | No [] |
| Exit doors are unlocked: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---|--|---------|--------|
| Fire extinguishers are serviced and adequate in number: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|---------|---------|--------|
| Fire sprinkler system(s) is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|--|---------|--------|
| Housekeeping/storage practices are acceptable: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|-----------------------------------|---------|---------|--------|
| Fire alarm system is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---------------------------|---------|---------|--------|
| Hydrants are operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

If you answered no to any of the questions above, you must contact your local fire department and advise them of the problem(s).

| | | | |
|---|---------|---------|--------|
| Did you contact your local fire department? | N/A [] | Yes [] | No [] |
|---|---------|---------|--------|

| | | | |
|-------------|-------------|-----------------------------|--|
| <u>Date</u> | <u>Time</u> | <u>Department Contacted</u> | <u>Method of Contact (phone call, visit, letter, etc.)</u> |
|-------------|-------------|-----------------------------|--|

Signature: _____

**HOT WORK (CUTTING/WELDING) FACILITY
INDUSTRIAL OCCUPANCIES**

RECOMMENDED READING

NFPA Fire and Life Safety Inspection Manual, 9th Edition, Chapter 58.

HOT WORK (CUTTING AND WELDING) FACILITY CHECKLIST

| | |
|------------------------------|--------------------------------------|
| Candidate's Name: | Property Owner or Responsible Party: |
| | |
| Property Name: | Phone Number: |
| | |
| Address: | Email: |
| | |
| | |
| Date of Activity Completion: | Time of Activity Completion: |
| | |

OCCUPANCY

| | | |
|--|---------|--------|
| 1. Type of Facility | | |
| | | |
| 2. Type of Cutting/Welding | | |
| <input type="checkbox"/> Electric | | |
| <input type="checkbox"/> Gas | | |
| 3. Available sprinklers, hose streams, and extinguishers are in service and operable | Yes [] | No [] |
| 4. Authorization Permit per NFPA 51B | Yes [] | No [] |
| 5. Safety | | |
| • Fire Watch Posted | Yes [] | No [] |
| • Combustibles Safe Distance or Protected (min. 35 ft.) | Yes [] | No [] |
| • Sprinkler System Protected | Yes [] | No [] |
| • Ventilation Provided | | |
| 6. Approved Equipment Used | Yes [] | No [] |
| 7. Any Changes from Last Inspection | Yes [] | No [] |
| 8. Occupant Load | | |
| | | |
| 9. Egress Capacity | | |
| | | |
| 10. Any Renovations | Yes [] | No [] |

BUILDING SERVICES

| | | |
|--------------------------------------|---------|--------|
| 1. Utilities | | |
| <input type="checkbox"/> Electricity | | |
| <input type="checkbox"/> Gas | | |
| <input type="checkbox"/> Water | | |
| <input type="checkbox"/> Other _____ | | |
| • Utilities in Good Working Order | Yes [] | No [] |

- | | | |
|--|---------|--------|
| 2. Elevators | Yes [] | No [] |
| • Fire Service Control | Yes [] | No [] |
| • Elevator Recall | Yes [] | No [] |
| 3. Heating System Type | | |
| <input type="checkbox"/> Gas | | |
| <input type="checkbox"/> Oil | | |
| <input type="checkbox"/> Electric | | |
| <input type="checkbox"/> Coal | | |
| <input type="checkbox"/> Other _____ | | |
| • Heating System In Good Working Order | Yes [] | No [] |
| 4. Emergency Generator | Yes [] | No [] |
| • Size | | _____ |
| • Last Date Tested | | _____ |
| • Date of Last Full Load Test | | _____ |
| • In Automatic Position | Yes [] | No [] |
| 5. Fire Pump | Yes [] | No [] |
| • Date Last Tested | | _____ |
| • In Automatic Position | Yes [] | No [] |

EMERGENCY LIGHTS

- | | | |
|----------------------|---------|--------|
| 1. Operable | Yes [] | No [] |
| 2. Tested Monthly | Yes [] | No [] |
| 3. In Good Condition | Yes [] | No [] |

EXIT SIGNS

- | | | |
|--------------------|---------|--------|
| 1. Illuminated | Yes [] | No [] |
| 2. Emergency Power | Yes [] | No [] |
| 3. Readily Visible | Yes [] | No [] |

FIRE ALARM

- | | | |
|-------------------------|---------|--------|
| 1. Fire Alarm Installed | Yes [] | No [] |
| 2. Location of Panel | | _____ |

3. Coverage
- Total
 - Partial
4. Monitored Yes [] No []
- Method _____
 - Fire Department Notification Yes [] No []
5. Type of Initiation Devices
- Smoke
 - Heat
 - Manual
 - Water Flow
 - Special Systems
6. Date of Last Test _____
7. Date of Last Inspection _____

FIRE EXTINGUISHERS

1. Proper Type for Hazard Protected Yes [] No []
2. Mounted Properly Yes [] No []
3. Inspection Date Current Yes [] No []
4. Adequate Number Yes [] No []

HAZARDOUS AREAS

1. Protected by
- Fire-Resistance Rated Separation
 - Extinguishing System
 - Both
2. Doors have Self-Closers Yes [] No []
3. Hazardous Materials Yes [] No []
- Properly Stored and Handled Yes [] No []
 - Properly Protected Yes [] No []
4. Hazardous Processes Yes [] No []
- Properly Protected Yes [] No []

HOUSEKEEPING

- | | | |
|---|---------|--------|
| 1. Areas Free of Excessive Combustibles | Yes [] | No [] |
| 2. Smoking Regulated | Yes [] | No [] |
| 3. Stock Stored Properly | Yes [] | No [] |
| 4. Incompatible Materials Separated | Yes [] | No [] |
| 5. Trash Removed on Regular Basis | Yes [] | No [] |

MEANS OF EGRESS

- | | | |
|---|---------|--------|
| 1. Readily Visible | Yes [] | No [] |
| 2. Clear and Unobstructed | Yes [] | No [] |
| 3. Two Remote Exits Available | Yes [] | No [] |
| • Travel Distance within Limits | Yes [] | No [] |
| • Common Path of Travel within Limits | Yes [] | No [] |
| • Dead-Ends within Limits | Yes [] | No [] |
| 4. Adequate Illumination | Yes [] | No [] |
| 5. All Exit Enclosures Free of Storage | Yes [] | No [] |
| 6. Doors Swing in the Direction of Egress Travel (where required) | Yes [] | No [] |
| • Panic/Fire Exit Hardware Operable | Yes [] | No [] |
| • Doors Open Easily | Yes [] | No [] |
| • Self-Closers Operable | Yes [] | No [] |
| • Doors Closed or Held Open with Automatic Closers | Yes [] | No [] |
| 7. Corridors and Aisles of Sufficient Size | Yes [] | No [] |
| 8. Stairwell Allows Re-Entry | Yes [] | No [] |
| 9. Mezzanines | Yes [] | No [] |
| 10. Proper Exits | Yes [] | No [] |

OPERATING FEATURES

- | | | |
|---|---------|--------|
| 1. Fire Drills Conducted | Yes [] | No [] |
| 2. Employees Trained in Fire Exit Procedures | Yes [] | No [] |
| 3. Employees Trained in Fire Extinguisher Use | Yes [] | No [] |

PERFORMANCE REVIEW

The following is a review of the primary points of focus associated with an inspection for this type of hazard. As a final check please complete the following:

| | | | |
|---|---------|---------|--------|
| Emergency lighting appears to be adequate for the facility: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--------------------------|--|---------|--------|
| Exit is unobstructed: | | Yes [] | No [] |
| Exit doors are unlocked: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---|--|---------|--------|
| Fire extinguishers are serviced and adequate in number: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|---------|---------|--------|
| Fire sprinkler system(s) is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|--|---------|--------|
| Housekeeping/storage practices are acceptable: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|-----------------------------------|---------|---------|--------|
| Fire alarm system is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---------------------------|---------|---------|--------|
| Hydrants are operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

If you answered no to any of the questions above, you must contact your local fire department and advise them of the problem(s).

| | | | |
|---|---------|---------|--------|
| Did you contact your local fire department? | N/A [] | Yes [] | No [] |
|---|---------|---------|--------|

| <u>Date</u> | <u>Time</u> | <u>Department Contacted</u> | <u>Method of Contact (phone call, visit, letter, etc.)</u> |
|-------------|-------------|-----------------------------|--|
|-------------|-------------|-----------------------------|--|

Signature: _____

STORAGE OCCUPANCIES

RECOMMENDED READING

NFPA Fire and Life Safety Inspection Manual, 9th Edition, Chapter 42.

STORAGE OCCUPANCY CHECKLIST

| | |
|--|--|
| Candidate's Name: _____ _____ Property Name: _____ Address: _____ _____ Date of Activity Completion: _____ _____ | Property Owner or Responsible Party: _____ _____ Phone Number: _____ Email: _____ _____ Time of Activity Completion: _____ _____ |
|--|--|

OCCUPANCY

| | | |
|-------------------------------------|---------|--------|
| 1. Any Changes from Last Inspection | Yes [] | No [] |
| 2. Occupant Load | | |
| 3. Egress Capacity | | |
| 4. Any Renovations | Yes [] | No [] |

BUILDING SERVICES

| | | |
|--|---------|--------|
| 1. Utilities | | |
| <input type="checkbox"/> Electricity | | |
| <input type="checkbox"/> Gas | | |
| <input type="checkbox"/> Water | | |
| <input type="checkbox"/> Other _____ | | |
| • Utilities in Good Working Order | Yes [] | No [] |
| 2. Elevators | Yes [] | No [] |
| • Fire Service Control | Yes [] | No [] |
| • Elevator Recall | Yes [] | No [] |
| 3. Heating System Type | | |
| <input type="checkbox"/> Gas | | |
| <input type="checkbox"/> Oil | | |
| <input type="checkbox"/> Electric | | |
| <input type="checkbox"/> Coal | | |
| <input type="checkbox"/> Other _____ | | |
| • Heating System In Good Working Order | Yes [] | No [] |
| 4. Emergency Generator | Yes [] | No [] |

- Size
- Last Date Tested
- Date of Last Full Load Test
- In Automatic Position

Yes [] No []

5. Fire Pump

- Date Last Tested
- In Automatic Position

Yes [] No []

Yes [] No []

EMERGENCY LIGHTS

1. Operable
2. Tested Monthly
3. In Good Condition

Yes [] No []

Yes [] No []

Yes [] No []

EXIT SIGNS

1. Illuminated
2. Emergency Power
3. Readily Visible

Yes [] No []

Yes [] No []

Yes [] No []

FIRE ALARM

1. Fire Alarm Installed
2. Location of Panel
3. Coverage
 - Total
 - Partial
4. Monitored
 - Method
 - Fire Department Notification
5. Type of Initiation Devices
 - Smoke
 - Heat
 - Manual
 - Water Flow
 - Special Systems

Yes [] No []

Yes [] No []

Yes [] No []

Yes [] No []

6. Date of Last Test
7. Date of Last Inspection

FIRE EXTINGUISHERS

- | | | |
|-------------------------------------|---------|--------|
| 1. Proper Type for Hazard Protected | Yes [] | No [] |
| 2. Mounted Properly | Yes [] | No [] |
| 3. Inspection Date Current | Yes [] | No [] |
| 4. Adequate Number | Yes [] | No [] |

HAZARDOUS AREAS

- | | | |
|---|---------|--------|
| 1. Protected by | | |
| <input type="checkbox"/> Fire-Resistance Rated Separation | | |
| <input type="checkbox"/> Extinguishing System | | |
| <input type="checkbox"/> Both | | |
| 2. Door have Self-Closers | Yes [] | No [] |
| 3. Hazardous Materials | Yes [] | No [] |
| • Properly Stored and Handled | Yes [] | No [] |
| • Properly Protected | Yes [] | No [] |
| 4. Lift Trucks Properly Stored | Yes [] | No [] |
| • Fuel Properly Stored | Yes [] | No [] |
| • Fueling Done Properly | Yes [] | No [] |
| • Extinguishers Provided | Yes [] | No [] |

HOUSEKEEPING

- | | | |
|---|---------|--------|
| 1. Areas Free of Excessive Combustibles | Yes [] | No [] |
| 2. Smoking Regulated | Yes [] | No [] |
| 3. Stock Stored Properly | Yes [] | No [] |
| 4. Incompatible Materials Separated | Yes [] | No [] |
| 5. Stock provided with Proper Aisles | Yes [] | No [] |
| 6. Pallets Stored Properly | Yes [] | No [] |
| 7. Storage Height and Clearance Limits Acceptable | Yes [] | No [] |

MEANS OF EGRESS

- | | | |
|---------------------------------|---------|--------|
| 1. Readily Visible | Yes [] | No [] |
| 2. Clear and Unobstructed | Yes [] | No [] |
| 3. Two Remote Exits Available | Yes [] | No [] |
| • Travel Distance within Limits | Yes [] | No [] |

- Common Path of Travel within Limits Yes [] No []
- Dead-Ends within Limits Yes [] No []
- 4. Adequate Illumination Yes [] No []
- 5. All Exit Enclosures Free of Storage Yes [] No []
- 6. Doors Swing in the Direction of Egress Travel (where required) Yes [] No []
 - Panic/Fire Exit Hardware Operable Yes [] No []
 - Doors Open Easily Yes [] No []
 - Self-Closers Operable Yes [] No []
 - Doors Closed or Held Open with Automatic Closers Yes [] No []
- 7. Corridors and Aisles of Sufficient Size Yes [] No []
- 8. Stairwell Allows Re-Entry Yes [] No []
- 9. Mezzanines Yes [] No []
- 10. Proper Exits Yes [] No []

OPERATING FEATURES

- 1. Fire Drills Conducted Yes [] No []
- 2. Employees Trained in Fire Exit Procedures Yes [] No []
- 3. Employees Trained in Fire Extinguisher Use Yes [] No []

PERFORMANCE REVIEW

The following is a review of the primary points of focus associated with an inspection in this type of occupancy. As a final check please complete the following:

| | | | |
|---|---------|---------|--------|
| Emergency lighting appears to be adequate for the facility: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--------------------------|--|---------|--------|
| Exit is unobstructed: | | Yes [] | No [] |
| Exit doors are unlocked: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---|--|---------|--------|
| Fire extinguishers are serviced and adequate in number: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|---------|---------|--------|
| Fire sprinkler system(s) is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|--|---------|--------|
| Housekeeping/storage practices are acceptable: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|-----------------------------------|---------|---------|--------|
| Fire alarm system is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---------------------------|---------|---------|--------|
| Hydrants are operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

If you answered no to any of the questions above, you must contact your local fire department and advise them of the problem(s).

| | | | |
|---|---------|---------|--------|
| Did you contact your local fire department? | N/A [] | Yes [] | No [] |
|---|---------|---------|--------|

| <u>Date</u> | <u>Time</u> | <u>Department Contacted</u> | <u>Method of Contact (phone call, visit, letter, etc.)</u> |
|-------------|-------------|-----------------------------|--|
| | | | |
| | | | |
| | | | |

Signature: _____

**HEALTH CARE OCCUPANCIES
NURSING HOME/LIMITED-CARE FACILITY**

RECOMMENDED READING

NFPA Fire and Life Safety Inspection Manual, 9th Edition, Chapter 31.

HEALTH CARE OCCUPANCIES NURSING HOME/LIMITED CARE FACILITY CHECKLIST

| | |
|------------------------------------|--|
| Candidate's Name: _____ | Property Owner or Responsible Party: _____ |
| Property Name: _____ | Phone Number: _____ |
| Address: _____ | Email: _____ |
| Date of Activity Completion: _____ | Time of Activity Completion: _____ |

OCCUPANCY

| | | | |
|-------------------------------------|---------|--------|--|
| 1. Type of Facility | | | |
| 2. Any Changes from Last Inspection | Yes [] | No [] | |
| 3. Occupant Load | | | |
| 4. Egress Capacity | | | |
| 5. Any Renovations | Yes [] | No [] | |
| 6. High Rise | Yes [] | No [] | |
| 7. Windowless | Yes [] | No [] | |
| 8. Underground | Yes [] | No [] | |

BUILDING SERVICES

| | | | |
|--------------------------------------|---------|--------|--|
| 1. Utilities | | | |
| <input type="checkbox"/> Electricity | | | |
| <input type="checkbox"/> Gas | | | |
| <input type="checkbox"/> Water | | | |
| <input type="checkbox"/> Other _____ | | | |
| • Utilities in Good Working Order | Yes [] | No [] | |
| 2. Elevators | Yes [] | No [] | |
| • Fire Service Control | Yes [] | No [] | |
| • Elevator Recall | Yes [] | No [] | |

3. Heating System Type

- Gas
- Oil
- Electric
- Coal
- Other _____

- Heating System In Good Working Order

Yes [] No []

4. Emergency Generator

- Size
- Last Date Tested
- Date of Last Full Load Test
- In Automatic Position

Yes [] No []

Yes [] No []

5. Fire Pump

- Date Last Tested
- In Automatic Position

Yes [] No []

Yes [] No []

EMERGENCY LIGHTS

1. Operable
2. Tested Monthly
3. In Good Condition

Yes [] No []

Yes [] No []

Yes [] No []

EXIT SIGNS

1. Illuminated
2. Emergency Power
3. Readily Visible

Yes [] No []

Yes [] No []

Yes [] No []

FIRE ALARM

1. Fire Alarm Installed
2. Location of Panel
3. Coverage
 - Total
 - Partial

Yes [] No []

4. Monitored Yes [] No []

- Method

- Fire Department Notification

Yes [] No []

5. Type of Initiation Devices

Smoke

Heat

Manual

Water Flow

Special Systems

6. Date of Last Test

7. Inspection Date Current

Yes [] No []

FIRE EXTINGUISHERS

1. Proper Type for Hazard Protected

Yes [] No []

2. Mounted Properly

Yes [] No []

3. Last Inspection Date Current

Yes [] No []

4. Adequate Number

Yes [] No []

HAZARDOUS AREAS

1. Protected by

Fire-Resistance Rated Separation

Extinguishing System

Both

2. Door have Self-Closers

Yes [] No []

3. Medical Gases Stored Properly

Yes [] No []

4. Gift Shops Properly Protected

Yes [] No []

5. Other Occupancies Separated by 2-hour Construction

Yes [] No []

HOUSEKEEPING

1. Areas Free of Excessive Combustibles

Yes [] No []

2. Smoking Regulated

Yes [] No []

3. Items Stored in Corridors

Yes [] No []

INTERIOR FINISH

- | | | |
|--|---------|--------|
| 1. Furniture/Draperies Flame Resistive | Yes [] | No [] |
| 2. Wastebasket/Containers Noncombustible | Yes [] | No [] |

MEANS OF EGRESS

- | | | |
|--|---------|--------|
| 1. Readily Visible | Yes [] | No [] |
| 2. Clear and Unobstructed | Yes [] | No [] |
| 3. Two Remote Exits Available | Yes [] | No [] |
| • Travel Distance within Limits | Yes [] | No [] |
| • Dead ends within Limits | Yes [] | No [] |
| 4. Patient Sleeping Rooms greater than 1000 sq. ft. | Yes [] | No [] |
| • Means of Egress | Yes [] | No [] |
| 5. Other Rooms greater than 5,000 sq. ft. | Yes [] | No [] |
| • Means of Egress | Yes [] | No [] |
| 6. Suite Sleeping Rooms less than 5000 sq. ft. | Yes [] | No [] |
| 7. Other than Sleeping Suites less than 10,000 sq. ft. | Yes [] | No [] |
| 8. Adequate Illumination | Yes [] | No [] |
| 9. All Exit Enclosures Free of Storage | Yes [] | No [] |
| 10. Doors Swing in the Direction of Egress Travel (where required) | Yes [] | No [] |
| • Panic/Fire Exit Hardware Operable | Yes [] | No [] |
| • Doors Open Easily | Yes [] | No [] |
| • Self-Closers Operable | Yes [] | No [] |
| • Patient Room Doors Latch | Yes [] | No [] |
| • Locked | Yes [] | No [] |
| • Staff have Keys | Yes [] | No [] |
| • Doors Closed or Held Open with Automatic Closers | Yes [] | No [] |
| 11. Corridors and Aisles of Sufficient Size | Yes [] | No [] |
| 12. Stairwell Allows Re-Entry | Yes [] | No [] |
| 13. Mezzanines | Yes [] | No [] |
| 14. Proper Exits | Yes [] | No [] |

OPERATING FEATURES

- | | | |
|--------------------------------|---------|--------|
| 1. Written Fire Emergency Plan | Yes [] | No [] |
| 2. Date of Plan Current | Yes [] | No [] |
| 3. Available to Employees | Yes [] | No [] |
| 4. Employees Trained | Yes [] | No [] |
| 5. Fire Drills Conducted | Yes [] | No [] |
| 6. Last Drill Date Current | Yes [] | No [] |

PERFORMANCE REVIEW

The following is a review of the primary points of focus associated with an inspection in this type of occupancy. As a final check please complete the following:

| | | | |
|---|---------|---------|--------|
| Emergency lighting appears to be adequate for the facility: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--------------------------|--|---------|--------|
| Exit is unobstructed: | | Yes [] | No [] |
| Exit doors are unlocked: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---|--|---------|--------|
| Fire extinguishers are serviced and adequate in number: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|---------|---------|--------|
| Fire sprinkler system(s) is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|--|--|---------|--------|
| Housekeeping/storage practices are acceptable: | | Yes [] | No [] |
| Comments: | | | |

| | | | |
|-----------------------------------|---------|---------|--------|
| Fire alarm system is operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

| | | | |
|---------------------------|---------|---------|--------|
| Hydrants are operational: | N/A [] | Yes [] | No [] |
| Comments: | | | |

If you answered no to any of the questions above, you must contact your local fire department and advise them of the problem(s).

| | | | |
|---|---------|---------|--------|
| Did you contact your local fire department? | N/A [] | Yes [] | No [] |
|---|---------|---------|--------|

| <u>Date</u> | <u>Time</u> | <u>Department Contacted</u> | <u>Method of Contact (phone call, visit, letter, etc.)</u> |
|-------------|-------------|-----------------------------|--|
| | | | |
| | | | |
| | | | |

Signature: _____



Certified Fire Inspector – I Program

NFPA certification Department

1 Batterymarch Park

Quincy, MA 02169

Phone: (617) 984-7432

Fax: (617) 984-7127

Email: cfi@nfpa.org

Website: nfpa.org/certification

