

GROUP "A" OCCUPANCY

| | |
|--------------------------|------------------------|
| Business Name: | Business Phone: |
| Business Address: | |
| Contact Person: | |

| | Installed | Date Last Serviced | Serviced By |
|------------------------|-----------|-----------------------------|-------------|
| Fire Sprinkler System | Yes / No | | |
| Hood and Duct System | Yes / No | | |
| Special Hazard System | Yes / No | | |
| Fire Alarm System | Yes / No | | |
| Fire Extinguishers | Yes / No | | |
| Evacuation Fire Drills | | Date Last Conducted: | |

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have any changes in use or construction been approved by the State Fire Marshal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are all exit ways including halls, corridors, aisles and doorways clear of obstructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are occupant load sign posted in a conspicuous place, near the main exit or exit access doorway from the room or space? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are the means of egress including exit discharge illuminated at all times the building is occupied? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are emergency lighting installed and tested? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all exit and exit access doors marked by an approved exit sign, illuminated and working properly at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are all exit doors unlocked during hours of occupancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are all exit doors open from the inside without a key or special knowledge and free of deadbolts or other special locks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Where panic hardware is installed are doors operational? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are all fire rated doors or doors to special hazard areas kept closed at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are holes and cracks in interior walls and/or ceiling tiles been repaired to maintain the required fire resistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is there a working space of not less than 30 inches in width, 36 inches in depth and 78 inches in height shall be provided in front of electrical service equipment (panel)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are extension cords and flexible cords not extended through walls, ceilings, or floors, or under doors, floor coverings or substitute for permanent wiring? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are approved covers on all electrical switches, outlets and junction boxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are all curtains, draperies, and other seasonal decorative materials suspended from walls or ceiling flame retardant or noncombustible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are all storage maintained 24 inches below the ceiling in nonsprinklered areas or 18 inches below the sprinkler head deflectors in sprinklered areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Combustible storage is not allowed in boiler, mechanical or electrical equipment rooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are all storage of combustible materials orderly and separated from heat sources by a distance so that ignition can not occur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are all flammable or combustible liquids in proper containers and locations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Are kitchen hoods and ducts in good operating condition, filters in place and free of grease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are all fire protection systems (Sprinkler System, Hood & Duct System, Special Hazard System, Fire Alarm System, Fire Extinguishers, etc.) annually service test and tagged? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Are all fire extinguishers provided and accessible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you have a Fire Safety and Evacuation Plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Are employees/staff trained in emergency evacuation, fire reporting procedures, and fire drills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are fire drills accomplished and documented? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Has a complete walk through inspection of the facility been accomplished? | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>If there are any questions on this form that you answered in the negative, corrected?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

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| Name of Person Completing Form (Please Print): | Signature: | Date: |
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