

## GROUP "I" OCCUPANCY

|                          |                        |
|--------------------------|------------------------|
| <b>Business Name:</b>    | <b>Business Phone:</b> |
| <b>Business Address:</b> |                        |
| <b>Contact Person:</b>   |                        |

|                        | 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 |           | <b>Date Last Conducted:</b> |             |

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 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 the means of egress including exit discharge illuminated at all times the building is occupied and are emergency lighting installed and tested?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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"/> |
| 5. Are all fire rated doors or doors to special hazard areas kept closed at all times?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 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"/> |
| 7. 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"/> |
| 8. 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"/> |
| 9. Are approved covers on all electrical switches, outlets and junction boxes?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are all furniture flame retardant?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are all curtains or draperies and other seasonal decorative materials suspended from walls or ceilings flame retardant or non combustible?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are all storage maintained 24 inches below the ceiling in nonsprinklered areas or 18 inches below sprinkler head deflectors in sprinklered areas?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Combustible storage is not allowed in boiler, mechanical or electrical equipment rooms?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. 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"/> |
| 15. Are all flammable or combustible liquids in proper containers and locations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are kitchen hoods in good operating condition, filters in place and clean?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are all fire protection systems (Sprinkler System, Hood & Duct System, Special Hazard System, Fire Alarm System, Fire Extinguishers) annually service test and tagged?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are all fire extinguishers provided and accessible?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are smoke alarms located in every sleeping room/area and working properly at all times?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you have a Fire Safety and Evacuation Plan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are employees/staff trained in emergency evacuation, fire reporting procedures, and fire drills?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Are fire drills accomplished and documented?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Are emergency generators tested and documented?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Has a complete walk through inspection of the facility been accomplished?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>If there are any questions on this form that you answered in the negative, corrected?</u></b>   | <input type="checkbox"/> | <input type="checkbox"/> |

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