

GROUP "R" 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 the means of egress including exit discharge illuminated at all times the building is occupied? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are emergency lighting installed and tested? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all exit and exit access doors marked by an approved exit sign, illuminated and operational at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all exit doors unlocked during hours of occupancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 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"/> |
| 8. Where panic hardware are installed are doors operational? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are all fire extinguishers provided and accessible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 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"/> |
| 11. 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"/> |
| 12. Are approved covers on all electrical switches, outlets and junction boxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are all curtains, draperies, and other seasonal decorative materials suspended from walls or ceilings flame retardant or non combustible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are all storage maintained 24 inches below the ceiling in nonsprinklered areas or a 18 inches below sprinkler head deflectors in sprinklered areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Combustible storage is not allowed in boiler, mechanical or electrical equipment rooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are all fire rated doors or doors to special hazard areas kept closed at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. 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"/> |
| 18. 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"/> |
| 19. Are all flammable or combustible liquids in proper containers and locations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Are smoke alarms located in every sleeping room/area and working properly at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are carbon monoxide alarms located on each floor where sleeping takes place? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Are kitchen hoods in good operating condition, filters in place and clean? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. 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"/> |
| 24. Do you have a Fire Safety and Evacuation Plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are employees/staff trained in emergency and fire reporting procedures? | <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"/> |

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