

SELF-INSPECTION FORM FOR BUILDING & GROUNDS

IMPORTANT: Periodic inspection of your organization's buildings and grounds can alert you and your maintenance staff to hazards which may cause damage and accidents to your buildings and those who use it. This form is provided for periodic self-inspection and is recommended for use on a quarterly basis to assist you in discovering hazards before an accident can occur. Correct all negative conditions immediately.

This self-inspection form does not intend to point out all hazards and exposures which may be found at your building. It is intended to be used as a guide to highlight major areas of exposure which are common to most emergency service organization buildings. The use of this form does not warrant that all hazards will be found and corrected.

INSTRUCTIONS: Please check Yes, No or NA (not applicable) answers to all questions below. All "No" answers indicate an area of **unsatisfactory conditions** and comment regarding same should be made in the space provided on the back of this form. Use a separate sheet for each building.

NAME OF ORGANIZATION BUILDING LOCATION:	l:	
	(Street Number)	(City)
(County)	(State)	(Zip Code)
NAME OF INSPECTOR:		DATE OF INSPECTION
GROUNDS	*	* *
1. Are parking areas, walkways, stairs, drives	ways, etc. free from	(reference-NFPA #101 Life Safety Code)
conditions that may cause slipping or falling		HEATING AND AIR CONDITIONING EQUIPMENT
	A	
2. Is exterior lighting adequate in all areas?		 Has heating equipment been thoroughly inspected by a qualified individua within the part ward?
	A	within the past year?
3. Are all exterior stairs provided with handra condition?	ils which are in good	 Is heating equipment (including flues and pipes) properly insulated from combustible materials?
□ YES □ NO □ NA		
4. Are exterior fire escapes in good condition	1?	3. Are heating and air conditioning equipment rooms free of storage?
□ YES □ NO □ NA		
 Is exterior storage of trash and rubbish at the heilding? 	least 25 feet away from	4. Are heating and air conditioning rooms restricted areas
the building?		
□ YES □ NO □ NA		5. Is air conditioning equipment cleaned and serviced annually?
INTERIOR DOORS AND STAIRWA 1. Are all exit doors properly marked?	YS	
		ELECTRICAL EQUIPMENT & CONTROL PANELS
2. Are all exit doors easily accessible?		
		 Has the electrical system been inspected within the past ten years by a certified electrician or electrical inspector?
3. Do all exit doors open outward?		
□ YES □ NO □ NA		2. Are electrical panels kept closed?
4. Are all exit doors equipped with panic hard	dware?	
□ YES □ NO □	NA	3. Are electrical panels kept clear of storage and obstructions?
5. Are all doors easily opened and closed?		\Box YES \Box NO \Box NA
	I NA	4 Is circuitry adequate to handle load demand (not requiring frequent fuse
6. Are all doorways and areas adjacent to the	em free of obstructions?	replacement or circuit breaker resetting)?
LI YES LI NO LI	I NA	
7. Are full length, clear glass doors and wind	ows properly identified?	5. Was electrical system installed by a competent electrician?
8. Do all interior stairs have anti-slip treads?		6 Is electrical system regularly maintained by a competent electrician?
	I NA	□ YES □ NO □ NA
9 Are stairway and exit doors kept closed at		7. Are all electrical appliances properly grounded and cleaned?
] NA	🗆 YES 🗆 NO 🗆 NA
10. Do all interior stairways have properly se □ YES □ NO □	cured hand rails?] NA	8. Are electric motors adequately ventilated to prevent overheating and are they cleaned regularly?
11. Are interior stairways kept free of storage		🗆 YES 🗆 NO 🗖 NA
	⊐ NA	9. Are proper size electrical cords used and are they in good condition?
12. Are interior stairways properly lighted?		🗆 YES 🗆 NO 🗆 NA
	⊐ NA	
13. Is the emergency lighting system tested a □ YES □ NO □ NA		(reference-NFPA #70 National Electric Code)
14. Is the emergency power generator tested basis?		

KITCHEN EQUIPMENT-COMMERCIAL TYPE □ NA – Section

□ YES 1. Is all commercial cooking equipment properly protected? ΠŇΟ □ YES 🗆 NA Date completed: 2. Is hood and duct exhaust system installed properly? **D** YES □ NO FIRE EXTINGUISHERS 3. Are grease filters U.L. listed for grease extraction and 1. Are all the fire extinguishers tagged, serviced and inspected installed properly? annually? □ YES **D** NA □ NO **D** YES 4. Are the hood and duct systems clean (at least on a semi-2. Are all fire extinguishers tagged with latest service record annual basis)? and inspection date? D YES □ YES □ NO 5. Are the kitchen appliances protected with an automatic fire 3. Are fire extinguishers located within 75 feet from any point on extinguishing system? each floor? □ YES **D** NA □ YES 6. Is the fire extinguishing system serviced and inspected at 4. Are extinguishers properly protected from damage and freezing? least on a semi-annual basis? **D** YES □ YES □ NA (reference NFPA #10) (reference-NFPA 96) FIRE/SMOKE DETECTION
NA – Section HOUSEKEEPING 1. Is building protected with smoke/heat detection system? 1. Are storage and supply rooms kept clean and orderly? □ YES D NA □ YES **D** NA 2. Is smoke/heat detection system tested and inspected on a 2. Are trash and rubbish stored in metal containers? quarterly basis? □ YES **D** YES **D** NA 3. Are all flammable items (paint, lacquer, paint thinner, etc.) (reference NFPA #72E) kept in safety containers and stored in approved metal AUTOMATIC SPRINKLERS

NA – Section cabinets? □ YES **D** NA 4. Are compressed gas cylinders properly secured? on a quarterly basis? D NO ΠŃΑ □ YES □ NA 5. Are only non-flammable cleaning agents used throughout the 2. Gauge Readings: _____City ___ _System (Air / Water) entire buildina? Circle one □ YES **D** NA 6. Is ready disposal of combustible wastes provided? **CLEAN AGENT EXTINGUISHING SYSTEMS** □ YES □ NA – Section 7. Are areas used for public meetings or other functions Has the system been inspected by a qualified person in the past 1. always thoroughly checked before securing? 12 months? □ YES ΠNA Date: _ D YES 8. Are rags, cloths, etc. used in cleaning stored in an approved, self- closing metal container? 2. Gauge Reading:

□ NO **D** YES D NA

ROOF

1. Roof inspection completed within the past 6 months?

1. Is there a two inch drain test performed on the sprinkler system

COMMENTS: (If an explanation is needed for the above questions, please comment below. If any "NO" block is checked, indicate action taken and date to be corrected.)

ITEM ACTION CORRECTION DATE TAKEN: CORRECTED: BY: