

ROUTINE INSPECTION CHECKLIST

Date of Inspection: _____

Inspector: _____

Date of Last Inspection: _____

Property Information

Building Name: _____

Building Address: _____

Contact Person (Owner/Tenant): _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Change in occupancy since last inspection Yes No

If yes, description of new occupancy: _____

Fire department building access devices (key/lock-box) Yes No

Fire Alarm System

Yes No Fire alarm control panel accessible by emergency response personnel and not obstructed

Yes No Fire alarm control panel in normal condition

If no, reason(s): _____

Yes No Fire alarm control panel indicates supervisory or trouble condition

If yes, reason(s): _____

Yes No Manual pull boxes not obstructed and accessible

Yes No Smoke detectors not obstructed, secured in place

Yes No Heat detectors not obstructed, secured in place

Yes No HVAC duct detection not obstructed, secured in place

Yes No Notification devices not obstructed, secured in place

Yes No Fire protection and life safety systems integrated equipment, devices, and control panel not obstructed and accessible

If no, reason(s): _____

Yes No Fire protection and life safety system integrated equipment, devices indicate system normal and no supervisory or trouble conditions

If no, reason(s): _____

Yes No Door hold-open release devices not obstructed, secured in place

Yes No Fire department communication systems not obstructed, secured in place, and accessible to emergency personnel

Alarm System Supervision

- Central station system
- Remote station system
- Proprietary system
- Auxiliary system
- Other _____

Name of Monitoring Station: _____

Contact: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Active contract agreement Yes No

Testing and Maintenance

Name of Testing and Maintenance Company: _____

Address: _____

Contact: _____

Phone: _____ Fax: _____ E-mail: _____

Date of last system functional test: _____

Date of last system maintenance and/or testing: _____

Report on file with property owner Yes No

Report indicates deficiencies Yes No

If yes, corrective action and/or repair(s): _____

Approval

Inspector: _____ Date: _____

System inspection considered satisfactory Yes No

If no, reason(s):