

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: _____
(Street Number) (City)

(County) (State) (Zip Code)

NAME OF INSPECTOR: _____ **DATE OF INSPECTION** _____

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GROUNDS

1. Are parking areas, walkways, stairs, driveways, etc. free from conditions that may cause slipping or falling?
 YES NO NA
2. Is exterior lighting adequate in all areas?
 YES NO NA
3. Are all exterior stairs provided with handrails which are in good condition?
 YES NO NA
4. Are exterior fire escapes in good condition?
 YES NO NA
5. Is exterior storage of trash and rubbish at least 25 feet away from the building?
 YES NO NA

INTERIOR DOORS AND STAIRWAYS

1. Are all exit doors properly marked?
 YES NO NA
2. Are all exit doors easily accessible?
 YES NO NA
3. Do all exit doors open outward?
 YES NO NA
4. Are all exit doors equipped with panic hardware?
 YES NO NA
5. Are all doors easily opened and closed?
 YES NO NA
6. Are all doorways and areas adjacent to them free of obstructions?
 YES NO NA
7. Are full length, clear glass doors and windows properly identified?
 YES NO
8. Do all interior stairs have anti-slip treads?
 YES NO NA
9. Are stairway and exit doors kept closed at all times?
 YES NO NA
10. Do all interior stairways have properly secured hand rails?
 YES NO NA
11. Are interior stairways kept free of storage and obstructions?
 YES NO NA
12. Are interior stairways properly lighted?
 YES NO NA
13. Is the emergency lighting system tested on a monthly basis?
 YES NO NA
14. Is the emergency power generator tested on a weekly basis?
 YES NO NA

(reference-NFPA #101 Life Safety Code)

HEATING AND AIR CONDITIONING EQUIPMENT

1. Has heating equipment been thoroughly inspected by a qualified individual within the past year?
 YES NO NA Service Date _____
2. Is heating equipment (including flues and pipes) properly insulated from combustible materials?
 YES NO NA
3. Are heating and air conditioning equipment rooms free of storage?
 YES NO NA
4. Are heating and air conditioning rooms restricted areas?
 YES NO NA
5. Is air conditioning equipment cleaned and serviced annually?
 YES NO NA

ELECTRICAL EQUIPMENT & CONTROL PANELS

1. Has the electrical system been inspected within the past ten years by a certified electrician or electrical inspector?
 YES NO NA
2. Are electrical panels kept closed?
 YES NO NA
3. Are electrical panels kept clear of storage and obstructions?
 YES NO NA
4. Is circuitry adequate to handle load demand (not requiring frequent fuse replacement or circuit breaker resetting)?
 YES NO NA
5. Was electrical system installed by a competent electrician?
 YES NO NA
6. Is electrical system regularly maintained by a competent electrician?
 YES NO NA
7. Are all electrical appliances properly grounded and cleaned?
 YES NO NA
8. Are electric motors adequately ventilated to prevent overheating and are they cleaned regularly?
 YES NO NA
9. Are proper size electrical cords used and are they in good condition?
 YES NO NA

(reference-NFPA #70 National Electric Code)

KITCHEN EQUIPMENT-COMMERCIAL TYPE

NA – Section

1. Is all commercial cooking equipment properly protected?
 YES NO NA
2. Is hood and duct exhaust system installed properly?
 YES NO NA
3. Are grease filters U.L. listed for grease extraction and installed properly?
 YES NO NA
4. Are the hood and duct systems clean (at least on a semi-annual basis)?
 YES NO NA
5. Are the kitchen appliances protected with an automatic fire extinguishing system?
 YES NO NA
6. Is the fire extinguishing system serviced and inspected at least on a semi-annual basis?
 YES NO NA

(reference-NFPA 96)

HOUSEKEEPING

1. Are storage and supply rooms kept clean and orderly?
 YES NO NA
2. Are trash and rubbish stored in metal containers?
 YES NO NA
3. Are all flammable items (paint, lacquer, paint thinner, etc.) kept in safety containers and stored in approved metal cabinets?
 YES NO NA
4. Are compressed gas cylinders properly secured?
 YES NO NA
5. Are only non-flammable cleaning agents used throughout the entire building?
 YES NO NA
6. Is ready disposal of combustible wastes provided?
 YES NO NA
7. Are areas used for public meetings or other functions always thoroughly checked before securing?
 YES NO NA
8. Are rags, cloths, etc. used in cleaning stored in an approved, self-closing metal container?
 YES NO NA

ROOF

1. Roof inspection completed within the past 6 months?
 YES NO

Date completed: _____

FIRE EXTINGUISHERS

1. Are all the fire extinguishers tagged, serviced and inspected annually?
 YES NO NA
2. Are all fire extinguishers tagged with latest service record and inspection date?
 YES NO NA
3. Are fire extinguishers located within 75 feet from any point on each floor?
 YES NO NA
4. Are extinguishers properly protected from damage and freezing?
 YES NO NA

(reference NFPA #10)

FIRE/SMOKE DETECTION NA – Section

1. Is building protected with smoke/heat detection system?
 YES NO NA
 2. Is smoke/heat detection system tested and inspected on a quarterly basis?
 YES NO NA
- (reference NFPA #72E)

AUTOMATIC SPRINKLERS NA – Section

1. Is there a two inch drain test performed on the sprinkler system on a quarterly basis?
 YES NO NA
2. Gauge Readings: _____ City _____ System (Air / Water)
Circle one

CLEAN AGENT EXTINGUISHING SYSTEMS

NA – Section

1. Has the system been inspected by a qualified person in the past 12 months?
 YES NO Date: _____
2. Gauge Reading: _____

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 TAKEN:	CORRECTION BY:	DATE CORRECTED: