



COON RAPIDS FIRE DEPARTMENT
Office of the Fire Marshal
Fire & Life Safety Self-Inspection Report

Business/Department:	Business Phone #:
Address:	
Manager/Director:	Phone #:
After-Hours Emergency Contact:	Phone #:
After-Hours Emergency Contact:	Phone #:
1. Access and Premises:	Yes No N/A
1.1 Are Address numbers for the building visible from the street?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.2 Is the exterior fire department access unobstructed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.3 Does your building have a lock box? If so, will the keys inside it open all doors? If locks are changed contact the Coon Rapids Fire Marshal's Office immediately.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.4 Is combustible vegetation removed so as to not create a fire hazard?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.5 Is there a maintained 3' minimum clearance around fire hydrants?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Egress (Exiting)	Yes No N/A
2.1 Are the exit ways and doors easily recognizable, unobstructed, and maintained functional?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.2 If the main exit door is provided with key-locking hardware is there a sign above the door that states "THIS DOOR MUST REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED" and are the other exit doors operable from the inside w/o the use of a key or any special knowledge or effort?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.3 Are the exits and exit enclosures free of storage?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.4 Are doors with self-closing hinges maintained in the closed position (not blocked open)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Electrical	Yes No N/A
3.1 Are all electrical outlets, switches and junction boxes properly covered with cover plates? Is the electrical system safe from any apparent shock and/or other electrical hazards?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.2 Are all electrical panels in public areas locked and are all electrical/mechanical room doors locked?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.3 Are circuit breakers/fuses labeled so as to identify the area protected?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.4 Is the area in front of the electrical panel(s) clear, by at least 30"?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.5 Are extension cords only used on a temporary basis (<90 DAYS)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.6 Are extension cord(s) of heavy duty construction, maintained in good condition, and not frayed or damaged?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3.7 Are extension cord(s) plugged directly into an approved receptacle, power strip or multi-plug adapter and, except for approved multi-plug extension cord(s), serve only one portable appliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Is the capacity of the extension cord(s) greater than the rated capacity of the portable appliance supplied by the cord(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9 If multiple items need to be plugged in, is a power tap utilized with a built-in circuit breaker and is the power tap plugged directly into a permanently installed receptacle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Emergency Lighting/ Egress Illumination	Yes	No	N/A
4.1 If emergency lighting is provided, is it maintained in operable condition and tested annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Is the means of egress illuminated when the building or structure is occupied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exit Signs	Yes	No	N/A
5.1 If exit signs are required, are they maintained as illuminated or self luminous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Does the backup-battery work? (push the test button, the exit sign should illuminate under battery power)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fire Alarm System	Yes	No	N/A
6.1 If the building is equipped with a fire alarm system, has the required annual service of the fire alarm system been performed by a qualified fire alarm company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fire Safety and Evacuation Plans	Yes	No	N/A
7.1 If drills are required, are they conducted successfully at varying times and under varying conditions and are records maintained on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Are evacuation plans posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Are fire safety plans written and in effect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fire Extinguishers	Yes	No	N/A
8.1 Is there access to a fire extinguisher(s) of proper size and type? The Coon Rapids Fire Marshal's Office can assist in determining the type and size needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Is the travel distance from all portions of the building less than 75' to a fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3 Are all fire extinguishers visible and accessible (not blocked)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4 Have the fire extinguisher(s) been serviced/ tagged by a qualified technician within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5 Is the fire extinguisher(s) properly mounted? Proper locations-near exit doors where possible, not exceeding maximum travel distance, properly mounted (maximum 5' high if less than 40 lbs., maximum 3 1/2' high if greater than 40lbs. In all cases, minimum 4" above the ground)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fire/Smoke Separations	Yes	No	N/A
9.1 Are the fire/smoke separations (smoke doors, fire doors, walls, etc.) maintained in working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Fire Suppression Systems	Yes	No	N/A
10.1 Is storage maintained a minimum of 18" below head deflectors in fire sprinklered areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.2 If the building is equipped with a fire sprinkler system, has the required annual service of the fire sprinkler system been performed in the last year by a qualified sprinkler company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3 In the commercial cooking applications, has the hood suppression system been serviced in the last six months and is the hood cleaned at intervals to prevent the accumulation of grease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Heat Producing Appliances	Yes	No	N/A
11.1 If portable electric heaters are used, are they used safely? Are they plugged directly into wall outlets and kept a minimum of 3' away from combustibles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Housekeeping and Decoration	Yes	No	N/A
12.1 Is combustible rubbish stored in containers outside of vault storage rooms removed from the building a minimum of once each working day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2 Are oily rags or similar materials stored in metal, metal lined or other approved containers equipped with tight fitting covers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3 Are combustible decorations flame retardant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Mechanical Hazards	Yes	No	N/A
13.1 Is the venting for exhaust products of combustion working properly for gas appliances? (i.e.: water heaters, furnaces, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Smoke Alarms	Yes	No	N/A
14.1 Have the smoke alarms been tested in the last year by a qualified technician? Are all alarms less than ten years old? Have the batteries been changed in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Storage of Combustibles	Yes	No	N/A
15.1 Is the storage of combustible material orderly and clear of exits and openings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.2 Are combustible materials not stored beneath the building or structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3 Are the boiler rooms, mechanical rooms and electrical panel rooms maintained free of all combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4 Are rubbish containers over 5 1/3 cubic feet (40 gallons) provided with lids and made of noncombustible construction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.5 Are dumpsters that are 1.5 cubic yards or more not stored inside the building and placed more than 5' from combustible walls, openings or combustible roof eave lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.6 If you have storage of compressed gas containers (such as Co2, helium, etc.) are they chained to prevent falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Storage of Combustible and Flammable Liquids	Yes	No	N/A
16.1 Are quantities in excess of 10 gallons of flammable and combustible liquids used for maintenance purposes and the operation of equipment stored in liquid storage cabinets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Print name of Responsible person:

Signature:

Date:

*Upon completion of this form, please click SUBMIT at the top of the first page.

