



NEWBERRY COUNTY FIRE DEPARTMENT



Courtesy Commercial Fire Inspection

Name of Facility:	Number of Years In Operation:	Business Phone #:	Date of Inspection:
Street Address:	City:	Zip:	County:
Location: Within City Limits <input type="checkbox"/> Out of City Limits <input type="checkbox"/> If Out, Distance Out of City Limits: _____			
Name Of Owner:		Building Name	
Owner's Address:		or Number	
City:		Zip:	County:
Owner's E-mail:		Work Phone #:	Cell Phone #:
Nature of Inspection:	<input type="checkbox"/> Routine Re-Inspection <input type="checkbox"/> Requested Person Making Request:		
Requester's E-mail:		Work Phone #:	Cell Phone #:
Age of	Height of	Number of	Approximate Building: Building: Stories: Square Footage:
Type Construction: Fire Proof <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Heavy Timber <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Ordinary <input type="checkbox"/> Wood Frame <input type="checkbox"/> Other <input type="checkbox"/> (Specify):			
Occupancy Category: Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Hazardous <input type="checkbox"/> Factory <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Storage <input type="checkbox"/>			
Number of People using Building:		Capacity of People:	

SECTIONS		SUGGESTED CORRECTIONS
EXITS & ESCAPES	A 1 Number of Exit Doors _____ Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2 Blocked <input type="checkbox"/> <input type="checkbox"/>	
	3 Locked Good <input type="checkbox"/> <input type="checkbox"/> Not Required <input type="checkbox"/>	
	4 Exit Signs: Unsatisfactory <input type="checkbox"/> <input type="checkbox"/> Not Required <input type="checkbox"/>	
	5 Emergency Lights: Unsatisfactory <input type="checkbox"/> <input type="checkbox"/> Not Required <input type="checkbox"/>	
	6 Panic Hardware: Unsatisfactory <input type="checkbox"/> <input type="checkbox"/> Not Required <input type="checkbox"/>	
	7 Self-closing Device: Unsatisfactory <input type="checkbox"/> No <input type="checkbox"/>	
	8 Number of Stairways _____ Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	9 Open <input type="checkbox"/> Closed <input type="checkbox"/> ; Wood <input type="checkbox"/> Metal <input type="checkbox"/> Masonry <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>	
	10 Number of Fire Escapes _____ Adequate: Yes	
	11 Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other <input checked="" type="checkbox"/> _____ <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
	12 Handrails Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
	13 Landings Adequate: Yes	
Other: _____		

B FIRE SYSTEMS	1	Fire Alarm: Yes Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>
	2	Smoke Detectors: Yes Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>
	3	Sprinkler System: Yes Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>
	4	Standpipe System: Yes Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>
	5	Number of Fire Extinguishers _____ Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/>
	6	Date Last Charged _____ Good <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
	7	Fixed Hood Extinguisher System: Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required <input type="checkbox"/>
	8	Date Last Serviced _____ Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/>
	9	Other: _____

SECTIONS	SUGGESTED CORRECTIONS
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C CONST	1	Fire Rated Corridors-Walls: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/>
	2	Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3	Fire Rated Ceilings: Yes Adequate: Yes <input type="checkbox"/> <input type="checkbox"/>
	4	Flame Spread Rating Adequate: Yes <input type="checkbox"/> <input type="checkbox"/>
	5	Fire & Draft Stopping Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Other: _____ No <input type="checkbox"/>
		No <input type="checkbox"/>
		No <input type="checkbox"/>

D HEATING	1	Heating System: Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/>
	2	Condition: Good <input type="checkbox"/> Fair <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
	3	Chimneys & Flues: Metal <input type="checkbox"/> Masonry <input type="checkbox"/> NA <input type="checkbox"/>
	4	Condition: Good <input type="checkbox"/> Fair <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
	5	Other: _____

E ELEC.	1	Electrical: Good <input type="checkbox"/> Fair <input type="checkbox"/> Un satisfi <input type="checkbox"/>
	2	Excessive Use of Extension Cords: <input type="checkbox"/> <input type="checkbox"/>
	3	Open Breakers: <input type="checkbox"/> <input type="checkbox"/>
	4	Covers Missing on Electrical Boxes: <input type="checkbox"/> <input type="checkbox"/>
	5	Proper Sized Fuses/Breakers: <input type="checkbox"/> <input type="checkbox"/>
	6	Licensed Electrician Certification Required: <input type="checkbox"/> <input type="checkbox"/>
	7	Other: _____ Yes :tory <input type="checkbox"/>
		Yes No <input type="checkbox"/>
		Yes No <input type="checkbox"/>
		Yes No <input type="checkbox"/>
		Yes No <input type="checkbox"/>
		_____ No <input type="checkbox"/>

GENERAL	F							
	1	Housekeeping:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>			
	2	Excessive Storage of Combustibles:	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	3	Storage Under Stairs:	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	4	Flammable Liquid Storage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Adequate: Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	5	Chemical Storage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Adequate: Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	6	Excessive Flammable Decorative Materials:	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	7	Other: _____						

OTHER SUGGESTED CORRECTIONS OR REMARKS: *(Please specify the Section & Line Number above for each item below.)*

Delivered to: _____ Hand Delivered: US Mail: E-mail: Fax:
Owner or Occupant Date

Inspected by: _____
Person making Inspection