

SMITHFIELD FIRE RESCUE



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HOME BUSINESS INSPECTION

Please inspect your home business to be certain that fire safety is at the highest standards. Upon completion, please return this form for review. If you have questions, please contact us.

Business name: _____ **Address:** _____

Business contact person: _____ **Phone #** _____

Type of business: _____ **Date:** _____

		Y	N			Y	N
<u>GENERAL</u>				<u>WATER HEATER</u>			
Address visible(Min. 1"x4" numbers).....	<input type="checkbox"/>		<input type="checkbox"/>	3ft. clearance around water heater.....	<input type="checkbox"/>		<input type="checkbox"/>
Unobstructed Fire Hydrant(Min. 3ft clearance).....	<input type="checkbox"/>		<input type="checkbox"/>	Proper setting(medium).....	<input type="checkbox"/>		<input type="checkbox"/>
Access to the building is Clear Visible.....	<input type="checkbox"/>		<input type="checkbox"/>	Properly braced for earth quakes.....	<input type="checkbox"/>		<input type="checkbox"/>
Fire Extinguishers Class 2A10BC(minimum of one).....	<input type="checkbox"/>		<input type="checkbox"/>	<u>FURNACE & HEATING APPLIANCES</u>			
Fire Extinguisher Mounted 36" to 42" above floor.....	<input type="checkbox"/>		<input type="checkbox"/>	3ft. clearance around furnace or heater.....	<input type="checkbox"/>		<input type="checkbox"/>
Fire Extinguisher Inspected Annually.....	<input type="checkbox"/>		<input type="checkbox"/>	Accessible gas shut off.....	<input type="checkbox"/>		<input type="checkbox"/>
Fire Extinguisher Readily Accessible.....	<input type="checkbox"/>		<input type="checkbox"/>	Proper furnace filter maintenance.....	<input type="checkbox"/>		<input type="checkbox"/>
<u>FLAMMABLE/COMBUSTIBLE LIQUIDS</u>				Follow manufacturers instructions.....			
Proper storage and containers.....	<input type="checkbox"/>		<input type="checkbox"/>	<u>STOVES & FIREPLACE</u>			
(All flammable and combustible liquids shall be stored in garage area away from heat & flame. This includes Gasoline, Diesel, Kerosene, Propane, Paints, Thinners, and Aerosol cans).				Proper fuel storage clearance.....	<input type="checkbox"/>		<input type="checkbox"/>
<u>ORDINARY COMBUSTIBLES</u>				Annual maintenance & inspection of Chimney.....			
Storage of oily rags(Metal containers w/ lid).....	<input type="checkbox"/>		<input type="checkbox"/>	Proper installation.....	<input type="checkbox"/>		<input type="checkbox"/>
Orderly housekeeping.....	<input type="checkbox"/>		<input type="checkbox"/>	Safe disposal of ashes.....	<input type="checkbox"/>		<input type="checkbox"/>
No storage under unsheetrocked stairs.....	<input type="checkbox"/>		<input type="checkbox"/>	<u>EVACUATION PLAN</u>			
<u>ELECTRICAL</u>				Smoke detectors installed & working.....			
Breaker circuits labeled.....	<input type="checkbox"/>		<input type="checkbox"/>	Smoke detectors installed in hallways and close to sleeping areas.....	<input type="checkbox"/>		<input type="checkbox"/>
No open spaces in breaker panel.....	<input type="checkbox"/>		<input type="checkbox"/>	Carbon monoxide detector installed and operational.....	<input type="checkbox"/>		<input type="checkbox"/>
Electrical Circuit breakers move freely.....	<input type="checkbox"/>		<input type="checkbox"/>	Evacuation plan developed and practiced.....	<input type="checkbox"/>		<input type="checkbox"/>
Breaker box unobstructed.....	<input type="checkbox"/>		<input type="checkbox"/>	Exits not obstructed.....	<input type="checkbox"/>		<input type="checkbox"/>
Proper extension cord use(temporary use only, power strips are allowed).....	<input type="checkbox"/>		<input type="checkbox"/>	Special needs identified.....	<input type="checkbox"/>		<input type="checkbox"/>
No overloaded outlets.....	<input type="checkbox"/>		<input type="checkbox"/>	Doors open easily and in good repair.....	<input type="checkbox"/>		<input type="checkbox"/>
Grounded cords used(UL listed).....	<input type="checkbox"/>		<input type="checkbox"/>	<u>COMMENTS</u>			
No frayed or broken wires.....	<input type="checkbox"/>		<input type="checkbox"/>	_____			
Wall outlets and light switch cover installed.....	<input type="checkbox"/>		<input type="checkbox"/>	_____			

Does your business produce flammable or combustible gases or dust? YES NO If yes, what types? _____

Do you store flammable liquid or gases? YES NO If yes, what types and how much? _____

I hereby certify that I have truthfully and physically completed this inspection and have seriously addressed every item. I further certify that I have corrected every item marked "N" on this form and that my home and place of business are in good repair and that there are no obvious fire hazard.

Inspection completed by: _____