

Grand Haven Public Safety
525 Washington Avenue
Grand Haven, MI 49417
Phone: (616) 842-3460
Fax: (616) 847-6050

Fire Safety Audit Worksheet

Business Name: _____ Address: _____

INSTRUCTIONS: Please circle your "Yes" or "No" answer to each question or circle "N/A" if the question does "Not Apply". All "No" answers indicate unsatisfactory conditions requiring attention, and a comment on each such item must be on reverse side showing action taken to correct.

HOUSEKEEPING

- | | | | |
|--|-----|----|----|
| 1. Are spaces, including under stairways and around heating devices kept free of accumulated combustibles? | Yes | No | NA |
| 2. Are ashtrays emptied into non-combustible containers daily? | Yes | No | NA |
| 3. Is the outside dumpster kept at least 5 feet away from combustible walls, windows, and doors and is the lid kept closed? | Yes | No | NA |
| 4. Are flammable and combustible liquids like gasoline, oil, etc. stored in approved containers and do not exceed a total of 10 gallons? | Yes | No | NA |

EXITS

- | | | | |
|--|-----|----|----|
| 5. Are exit ways and doors easily recognizable, unobstructed and unlocked during business hours? | Yes | No | NA |
| 6. Are all illuminated exit signs and/or emergency lighting systems working properly? | Yes | No | NA |
| 7. Are all automatic closing doors kept unblocked and working properly? Do they close and latch? | Yes | No | NA |

ELECTRICAL

- | | | | |
|---|-----|----|----|
| 8. Electrical panel has a minimum of 30" clearance, all circuits are labeled, and breakers are free from tape or other devices that keep breakers from operating? | Yes | No | NA |
| 9. Are all electrical covers for outlets, switches and junction boxes in place? | Yes | No | NA |
| 10. Are all electrical devices properly grounded? | Yes | No | NA |
| 11. If multi-outlet adapters are used, does the adapter have its own fuse or breaker? | Yes | No | NA |
| 12. Extension cords are used as temporary wiring only, not in place of permanent wiring and only used for one portable appliance? | Yes | No | NA |

HEATING

- | | | | |
|--|-----|----|----|
| 13. Is your heating equipment in good working order and free of lint and dust accumulation? | Yes | No | NA |
| 14. Are portable heaters equipped with automatic safety shut-off devices? | Yes | No | NA |
| 15. If you have a boiler, has it been inspected within the last year, and is the current boiler inspection posted? | Yes | No | NA |

FIRE PROTECTION

- 16. Are fire extinguishers properly mounted, accessible, and inspected by a certified company within the last year? Yes No NA
Date of inspection: _____ By: _____
- 17. Are employees familiar with the use of portable fire extinguishers? Yes No NA
- 18. Do all apartment units have smoke detection? Are they checked periodically? Yes No NA
- 19. Cooking ventilation hood fire suppression system has been inspected and tagged by a certified company within the last six months? Yes No NA
Date of inspection: _____ By: _____
- 20. Fire sprinkler system has been inspected and tagged by a certified company within the last 12 months? Date of inspection _____ By: _____ Yes No NA

MISCELLANEOUS

- 20. All holes in walls and ceilings are patched; ceiling tiles are in place and in good condition? Yes No NA
- 21. Knox Box key box contain current keys? Yes No NA
- 22. All compressed gas cylinders are secured to prevent falling? Yes No NA
- 23. Is the gas meter, regulator, and exposed piping protected from vehicular traffic? Yes No NA
- 24. Is address in numbers, visible, legible, of a contrasting color, and permanently on front of building? Yes No NA

Date

Signature of Responsible Party

Print Name of Responsible Party

Business Phone Number

Comments: _____

Thank you for your cooperation and concern for your fire safety.

Make a copy of this form for your records and return the original to:

Fire Marshall
Grand Haven Public Safety
525 Washington Avenue
Grand Haven, MI 49417
Or
Email: jkibart@grandhaven.org