



East Jefferson Fire Rescue Self-Inspection Worksheet

Return Completed Forms By: _____

- A. **READ INSTRUCTION SHEET.**
- B. **PRINT any changes to your business name and address at the top of this form.**
- C. **Walk through your business with this form in hand. Answer ALL questions. For items handled by your property manager, check "N/A".**
- D. **Corrections must be made prior to returning forms. Insert an "X" in the box titled "CORR".**
- E. **When inspection is completed and all corrections made, read the statement in the**

"Signature Box" on Page 2, then sign and date the form. Return THE ORIGINAL to the fire department by the due date (above).

<u>ITEM</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>CORR</u>
1. Is your address visible, on contrasting color background, with numbers at least 8 inches in height (may be smaller on individual suites)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a Knox Box on your building? If so, is the proper key(s) to your business locked in it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are waste baskets, where smokers' ashes will be discarded, made of metal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all exit aisles, hallways, doorways, stairways and/or walkways clear of any debris and/or obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all electrical breaker panels kept clear of obstructions (including storage)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all electrical breakers identified to show which circuit affects what areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are any circuit breakers taped in the "ON" position to prevent them from being turned off? (To correct, tape must be removed.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are any face plates missing from electrical outlets and switches? (To correct, replace missing face plates.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you using multi-plug adapters, without breaker switches? (To correct, replace them with electrical "strips" equipped with self-breaking switches.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>ITEM</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>CORR</u>
10. Are light-duty extension cords being used in place of permanent wiring? (To correct, replace them with electrical "strips" equipped with self-breaking switches.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is any electrical wiring frayed, worn or spliced? Are any being run under carpeted areas? (To correct, replace wiring.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are gas shut off valves visible and accessible, clear of weeds, trash, storage, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is your heating/air conditioning unit cleaning and/or filters replaced on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all combustibles (paper, rags, boxes, etc.) stored at least 4 feet from gas appliances (water heaters, furnaces, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are piles of paper, trash, weeds, etc., in an around your business, picked up and properly disposed of on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there a fire extinguisher in your business with a rating of at least 2A10BC? The rating will be listed next to the U.L. stamp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Have all fire extinguishers been <u>inspected</u> , <u>tagged</u> and <u>serviced</u> within the last year by a fire extinguisher company licensed by the State Fire Marshal? <u>See instructions concerning newly purchased extinguishers before completing this question.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Services: _____				
Service Company Name: _____				
Address: _____				
18. Are all fire extinguishers mounted on a wall (or in a cabinet) – preferably near an exit – so that the top of the extinguisher is not more than 5 feet above the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all fire extinguishers visible and readily accessible for use (not blocked by plants, storage, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. If you use pressurized vessels or gas cylinders, are all bottles, <u>including empties</u> , secured to prevent them from falling, with caps in place and tightly closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have a City <u>Business License</u> ? Number: _____ Expiration Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any questions? If so please call our Prevention/Inspection Division at (360) 385-2626.

Comments:

SIGNATURE BOX

Your response to this self-inspection is required by law as set forth by East Jefferson Fire Rescue. Any person who willfully states as true any material matter herein which he/she knows to be false may be guilty of perjury.

Failure to return this form and correct deficiencies within 30 days will result in an inspection by the Fire Department with the cost of said inspection billed to you, per the current applicable East Jefferson Fire Rescue Department policy.

I declare under penalty of perjury that the foregoing is true and correct.

Responsible Party Signature

Print Responsible Party Name

Name of Business

Address of Business

Date Signed