

# INSPECTION REPORT

Type of Inspection:  Annual  Quarterly  Complaint

Municipal Code	Occupancy Load	LHU Class	BOCA Use	Seasonal	Registration Number
Business Name			Street Address		
Municipality	State	Zip Code	Telephone		

Owner's Name	Street Address		
Municipality	State	Zip Code	Telephone
Mailing Information (If different from above) Business Name		Street / P.O. Box	
Municipality	State	Zip Code	Telephone

Attic <input type="checkbox"/> yes <input type="checkbox"/> no	Exit Signs <input type="checkbox"/> yes <input type="checkbox"/> no	Stories _____	<b>Area (in Sq. Ft.)</b>	
Basement <input type="checkbox"/> yes <input type="checkbox"/> no	Emergency Lights <input type="checkbox"/> yes <input type="checkbox"/> no			Building: _____
Roof Hatches <input type="checkbox"/> yes <input type="checkbox"/> no	Fire Escape <input type="checkbox"/> yes <input type="checkbox"/> no			LHU _____
Skylights <input type="checkbox"/> yes <input type="checkbox"/> no	Elevators <input type="checkbox"/> yes <input type="checkbox"/> no			Basement _____
	Elevator Recall <input type="checkbox"/> yes <input type="checkbox"/> no			Exits Per Floor _____

<b>Extinguishers</b> <input type="checkbox"/> yes <input type="checkbox"/> no Test Records <input type="checkbox"/> yes <input type="checkbox"/> no  <b>Cooking Protected</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a Test Records <input type="checkbox"/> yes <input type="checkbox"/> no  <b>Sprinklers:</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> full <input type="checkbox"/> basement <input type="checkbox"/> partial <input type="checkbox"/> spray booth Test Records: <input type="checkbox"/> yes <input type="checkbox"/> no  <b>Fire Pump:</b> <input type="checkbox"/> yes <input type="checkbox"/> no Test Records: <input type="checkbox"/> yes <input type="checkbox"/> no  <b>Fire Department Connection:</b> <input type="checkbox"/> yes <input type="checkbox"/> no  <b>Sprinkler Alarm:</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> local <input type="checkbox"/> central  <b>Date of Last Inspection:</b> _____	<b>Fire Detection System</b> <input type="checkbox"/> yes <input type="checkbox"/> no  Test Records <input type="checkbox"/> Smoke Detectors - Hard Wired <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Smoke Detectors - Battery <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Heat Detectors <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Manual Pull <input type="checkbox"/> yes <input type="checkbox"/> no  <b>Alarm:</b> <input type="checkbox"/> Local <input type="checkbox"/> Central Station  <b>Standpipes</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> wet <input type="checkbox"/> dry  Test Records: <input type="checkbox"/> yes <input type="checkbox"/> No  <b>Fire Department Connection</b> <input type="checkbox"/> yes <input type="checkbox"/> no  Alarm: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Local <input type="checkbox"/> Central  <b>Date of Last Inspection</b> _____	<b>PERMITS</b>  <input type="checkbox"/> Annual <input type="checkbox"/> Temporary  Type: _____  _____  _____  _____  Date issued: _____  Date of Expiration _____  Permit Number _____
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<b>Emergency Generator:</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	<b>Records:</b> <input type="checkbox"/> yes <input type="checkbox"/> no
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<b>Valid C.O. (if known):</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not available Date Issued: _____
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<b>Floor Construction</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Trusses <b>Bearing Walls</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Wood <input type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Other <b>Ceiling</b> <input type="checkbox"/> Plaster <input type="checkbox"/> Sheet Rock <input type="checkbox"/> Wood <input type="checkbox"/> Acoustic <input type="checkbox"/> Metal <input type="checkbox"/> Other <b>Roof Construction</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Reinf. Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Trusses <input type="checkbox"/> Metal <input type="checkbox"/> Other <b>Heating</b> <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> Hot Water <input type="checkbox"/> Hot Air <input type="checkbox"/> Steam <b>Electric</b> <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers <b>Wiring</b> <input type="checkbox"/> Good <input type="checkbox"/> Poor
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<b>Number of Violations</b>	
<b>Maint:</b>	<b>Retro:</b>

Inspector (print) \_\_\_\_\_ Certification # \_\_\_\_\_ Inspection Date \_\_\_\_\_

5:71-3.7(b)1. Report Reviewed By: \_\_\_\_\_ Comments on Back:  yes