

**DEER PARK FIRE MARSHAL'S OFFICE
BUSINESS SELF-INSPECTION FORM**

DIRECTIONS:

1. Fill out the top of the form.
2. Walk through your business inspecting all applicable items on the inspection form. If an item does not apply please check N/A.
3. When inspection is completed and corrections made, sign and date the form and mail.
4. Please check the following should your business request additional information:

- More information on the Knox Box Rapid Entry System
- Request a follow-up call from the Fire Marshal's Office
- Request an inspection from the Fire Marshal's Office

**PLEASE RETURN THE COMPLETED FORM WITHIN 30 DAYS
TO: DEER PARK FIRE MARSHAL'S OFFICE
P.O. BOX 700
Deer Park, Texas 77536**

		DATE OF INSPECTION
Business Name:		
Business Phone #:		
Business Address:		
Owner Name:		
Owner Phone #:		
Emergency Contact 1:		Phone #:
Emergency Contact 2:		Phone #:
Type of Business:		
Number of Stories:		Number of Employees:

GENERAL FIRE PRECAUTIONS

- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 1. Is general storage orderly? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 2. Are combustible waste materials disposed of properly? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 3. Are electrical panels unobstructed? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 4. Are all electrical cords in good shape? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 5. Are extension cords used for temporary or portable equipment ONLY? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 6. Are electrical cover plates on all switches, plugs, and junction boxes? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 7. Are posted addresses numbers facing the street and at least 4 inches in height? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 8. Are there any missing ceiling tiles? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 9. Are fire lanes unobstructed? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 10. Is the yard around your business free of overgrowth or debris? |

MAINTANCE OF EXIT WAYS

- YES NO N/A
- YES NO N/A
- YES NO N/A
- YES NO N/A
- YES NO N/A
- YES NO N/A
- YES NO N/A
- YES NO N/A
- YES NO N/A

- 11. Are exits clear and unobstructed?
- 12. Are exit doors unlocked?
- 13. Are stairway doors closed?
- 14. Are exit signs posted over all exit doors and exit ways?
- 15. Are exit signs properly illuminated by an internal or external source?
- 16. Are emergency lights functioning?
- 17. Are door closing devices functioning?
- 18. Are the exits ADA compliant?
- 19. Is exit discharge area clear?

FIRE SAFETY EDUCATION

- YES NO N/A
- YES NO
- YES NO
- YES NO N/A
- YES NO N/A

- 20. Do employees have knowledge of fire evacuation / shelter in place plan?
- 21. Do employees have knowledge of:
 - a. Extinguishers type and use?
 - b. Evacuation / Shelter in Place Procedure(s)?
 - c. Fire systems? (fire alarm, fire sprinkler system, hose cabinet)
 - d. Hazardous materials? (MSDS, handling, storage, etc.)

FIRE PROTECTION EQUIPMENT

- YES NO
- YES NO
- YES NO
- YES NO

- 22. Are fire extinguishers provided/accessible?
- 23. Are fire extinguishers tagged and maintained properly?
Date on State Inspection Tag: ___/___/___
- 26. Is the building fully sprinkled?
- 30. Is emergency generator properly maintained?

FIRE ALARM SYSTEM

- YES NO
- YES NO N/A

- 31. Is the building equipped with a fire alarm?
- 33. Are smoke detectors operable? (Please test)

SPECIAL PROBLEMS

- YES NO N/A
- YES NO N/A

- 35. Are flammable and combustible liquids stored properly?
- 36. Are hazardous chemicals properly stored?

- YES NO N/A

- 37. Did you find the Self Inspection Program beneficial?

NOTES:

A "No" response to any of these questions indicates the presence of a fire code violation. Once all hazards identified as having a "No" response are corrected, please sign, date, and return this form to us. A "N/A" response is acceptable if the item does not pertain to your business, (ie. Sprinkler System). Thank you for your cooperation.

PRINT NAME OF RESPONSIBLE PERSON	SIGNATURE OF RESONSIBLE PERSON	DATE