



# FIRE DEPARTMENT SELF INSPECTION

## HOME BUSINESS



*This Form Is To Be Completed By Applicant And Returned With Business License Application*

Business Name \_\_\_\_\_ Owner Name \_\_\_\_\_

Business Address \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Type of Business \_\_\_\_\_

AREA OF INSPECTION	DETAILS	CONFORMS YES or N/A
Smoke Detectors	At least one on every level. Tested monthly. Batteries changed two times each year.	
Exit Doors / Hallways	All exit doors are to remain clear and free of obstructions; Boxes, storage, deliveries, etc.	
Extinguishers	At least one "2A10BC" extinguisher. Service every year. Permanently mounted in common area of home.	
Storage	No storage of combustibles inside of furnace room, around furnace or gas water heater (paper, paints, gas, etc.)	
Electrical concerns	No extension cords to be used as permanent wiring for a period exceeding 3 days. Surge protectors are allowed.	
Breaker panel	Must maintain 36" clearance. Never tape across breakers.	
Electrical outlets	Must have approved covers in place.	
Address	Must be visible from street (free from bushes, shrubs, etc.)	
Space heaters	Keep all combustibles clear.	
**Occupants	Does general public visit the home business?	
**Hazardous Materials	Are you using any flammable or combustible liquids? Are you storing any hazardous materials?	

I hereby certify that the information is true and correct to the best of my knowledge.

Business/Home Owner \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name (Direct all questions to Tom Smolka @ 824-3718)