

Unified Fire Authority Fire Prevention Bureau HOME BUSINESS - SELF FIRE INSPECTION

This form is to be completed by the business owner. All of the information contained in this report is considered applicable unless otherwise specified. For questions - Contact the UFA Area Fire Marshal at 801-824-3719

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Business Name:			
Business Address:			
Business Owner:			
Phone Number:			
Check the most applicable answer to all questions:			
<u>REQU</u>	<u>UIREMENTS</u>	WHAT TO INSPECT	COMPLIANCE
1. <u>A</u>	ddress	Address numbers shall be a minimum of 4" in height and visible from street.	□YES □NO
	<u>xits/</u> <u>Iallways</u>	Exit doors shall be operable and remain clear and free of obstructions: (Boxes, storage, deliveries, etc.)	□YES □NO
5.00	ire ixtinguishers	One 5lb Commercial, "2A10BC" rated, "serviceable-type" (metal head and neck) extinguisher required. Mount in a readily accessible area of the home. Extinguisher is required to have an annual inspection and must be tagged by a certified service technician.	□YES □NO
4. <u>S</u>	<u>torage</u>	Maintain 36" clearance around all electrical panels, furnace, water heater or any fuel-fired appliances.	□YES □NO
1000	Hazardous Materials	Use or storage of flammable or combustible liquids in large quantities? Use or storage of hazardous materials? (If answer to either of these questions is yes - a fire department inspection shall be required. Contact the area fire marshal)	□YES □NO
6. <u>E</u>	lectrical	Extension cords cannot be used in place of permanent wiring. Small electrical appliances should be plugged into surge protectors. Open slots in an electrical panel shall have approved cover placed in open slot. All receptacles and switches shall have approved covers installed.	□YES □NO
$\underline{\mathbf{D}}$	moke Detectors / CO Detector	At least one smoke detector is required on each level of the home. One CO detector or combination smoke / CO detector is required. Test monthly and replace batteries as needed.	□YES □NO
8. <u>S</u>	pace Heaters	Shall be UL Listed and kept clear off all combustibles.	□YES □NO
I hereby certify that the information is true and correct to the best of my knowledge.			
Business Owner:Signature:		Signature: Date:	