



Universal Inspection Checklist – Fire Code Compliance

Building: _____

Address: _____

POC Name: _____ POC Phone: _____

POC Email: _____ Inspector: _____

Date: _____ Date of Last Inspection: _____

Outstanding Violations: Yes No License # (if applicable): _____

Exterior

- | | | | | |
|---|------------------------------|-----------------------------|------------------------------|---------------|
| 1. Address numbers visible and at least 6" in height? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | MCC22-97 |
| 2. Does the building have a Knox Box? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | ER22.00.07.86 |
| 3. Are the keys correct? 2 sets, Color Coded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | ER22.00.07.86 |
| 4. If high-rise, windowless, or underground, are emergency plans present? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | NFPA1-10.9.1 |

FH Building Tab

- | | | | | |
|---|----------------------------------|-----------------------------------|--------------------------------|--|
| 1. Number of stories above: _____ | Below: _____ | | | |
| 2. Property ownership: | <input type="checkbox"/> Private | <input type="checkbox"/> County | <input type="checkbox"/> other | |
| 3. Structure type: | <input type="checkbox"/> Open | <input type="checkbox"/> Enclosed | <input type="checkbox"/> other | |
| 4. Building status | <input type="checkbox"/> Occup | <input type="checkbox"/> Vacant | <input type="checkbox"/> U/C | |
| 5. Building Class (Occupancy type): _____ | | | | |
| 6. Mixed use: _____ | | | | |
| 7. Construction Type: _____ | | | | |
| 8. Roof Covering: _____ | | | | |

General

- | | | | | |
|---|------------------------------|-----------------------------|------------------------------|------------|
| 1. Does the building have operational permits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-1.12.6 |
| 2. If there is a fire protection agreement, is it being complied with? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-1.12.3.1 |
| 3. Is there a valid U/O? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-1.7.13 |
| 4. Any alterations/renovations since last inspection done under permit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-1.3.6.3 |

Fire Rated Assemblies (FRA) n/a

- | | | | | |
|--|------------------------------|-----------------------------|------------------------------|---------------|
| 1. All FRA in hi-rises have been inspected within the last 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-12.3.3.3 |
| 2. All FRA doors have been inspected within the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-12.4.6.6.1 |
| 3. All FRA doors are self-closing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-12.4.6.19.1 |
| 4. All FRA doors latch? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-14.5.3.4.4 |
| 5. All fire resistive construction is free from damage or need of repair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-12.3.3.1 |

Vertical Protection n/a

- | | | | | |
|--|------------------------------|-----------------------------|------------------------------|------------|
| 1. Are vertical openings enclosed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-4.4.5 |
| 2. Are trash/linen chutes in good working order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-11.6.1.5 |

Fire Protection Systems n/a

- | | | | | |
|------------------------------|------------------------------|-----------------------------|------------------------------|----------|
| 1. Are hazards protected by: | | | | |
| Fire-rated enclosures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | |
| Extinguishing system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | |
| Self-closing door? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | MCC22-15 |

Water-based Systems n/a

- | | | | | |
|---|------------------------------|------------------------------|---|----------------|
| 1. Is sprinkler coverage throughout? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.3.2.1 |
| 2. Water flow alarm is present and working? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.7.1.4.8.8 |
| 3. Valves are supervised? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.3.1.7 |
| 4. Standpipe(s) are present and operational? | <input type="checkbox"/> Wet | <input type="checkbox"/> Dry | <input type="checkbox"/> Auto <input type="checkbox"/> Manual | |
| 5. Standpipe system has been inspected within the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.2.3.3 |
| 6. Standpipes have been flow tested within the past 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.2.3.3 |
| 7. Appropriately signed and accessible FDC(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.2.2.4.2 |
| 8. Private hydrants have been tested and flowed within the past 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.5.4.2 |
| 9. NEMA 3 electrical receptacles at hose valve locations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | MFC22-16(a)(7) |
| 10. Fire Pump is present and operational? GPM: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.4.1.1 |
| 12. Fire pump has been tested within the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.4.8 |

13. Sprinkler system has been **inspected** within the past 12 months? Yes No n/a 1-13.3.3.2
 14. Sprinkler heads >50 yrs old have been inspected, sampled, or replaced? Yes No n/a 1-13.3.3.2
 15. Is there a cistern? Capacity: _____ Yes No n/a 1-13.5.2

Detection and Alarm n/a

1. Is there a fire detection system? Full Partial No n/a
 Smoke detectors? Yes No n/a
 Heat detectors? Yes No n/a 1-13.7.1.1
 2. Is it a manual alarm system? Yes No n/a 1-13.7.1.4.8.1
 3. Are there audible alarms? Yes No n/a 1-13.7.1.4.10
 4. Are there visual alarms? Yes No n/a 1-13.7.1.4.10
 5. Is there automatic fire department notification? Yes No n/a 1-13.7.1.4.11
 6. Is there a graphic annunciator / Building Layout? Yes No n/a 1-13.7.1.4.14
 7. Are there hard wired smoke alarms in the units? Yes No n/a State Law for MFU
 8. Are carbon monoxide alarms present? Yes No n/a 1-13.7.1.5
 9. Does the alarm have pre-recorded voice capability? Yes No n/a 1-13.7.1.4.10.9
 10. Is there a special egress strategy? (phased, special locks) Yes No n/a
 11. Fire alarm system has been **tested** within last 12 months? Yes No n/a 1-13.7.3.2.4

Smoke Control Systems n/a

1. Atrium smoke control has been **tested** within the past 12 months? Yes No n/a 1-11.8.2.1
 2. Stair pressurization has been **tested** within the past 12 months? Yes No n/a 1-11.8.2.1
 3. PRV's have been **tested** within the past 5 years? Yes No n/a 1-11.8.2.1
 4. Type of PRV's: Factory Field Adjust
 5. Fire/smoke dampers have been **tested** within the past 5 years? Yes No n/a 1-11.8.2.1

Kitchen Supp Systems n/a

1. Is kitchen cooking protected? Yes No n/a 1-50.4.3.2
 2. Hood and duct have been **inspected/cleaned** within the last 3 months? Yes No n/a 1-50.5.4
 3. Suppression system has been **inspected** within the last 6 months? Yes No n/a 1-50.5.2
 4. Fusible links have been **replaced** within the last 6 months? Yes No n/a 1-50.5.3.2

Emergency Power n/a

1. Emergency generator is present and operational? Size: _____ Yes No n/a 1-11.7.5
 2. Is it **tested** monthly? Yes No n/a 1-11.7.5
 3. Fuel type: _____

Other Systems n/a

1. BDA has been **tested** within the last 12 months? Yes No n/a 1-11.10.2
 2. Fire extinguishers are located appropriately? Yes No n/a 1-13.6.8.1.3
 3. Fire extinguishers are **inspected** monthly? Yes No n/a 1-13.6.9.2.1.2
 4. Are all contents of the FCC present and in working order? Yes No n/a 1-11.9.1

Egress

1. Is exiting appropriate? Yes No n/a 1-14.9/14.10
 2. Are exits clear and unobstructed? Yes No n/a 1-14.4.1
 3. Are exit wall/ceiling/floor décor materials appropriate? Yes No n/a 1-14.10.2
 4. Do doors swing in the direction of travel where required? Yes No n/a 1-14.5.1.2
 5. Is panic hardware appropriate? Yes No n/a 1-14.5.3.4
 6. Is travel through intervening rooms appropriate? Yes No n/a 1-14.10.1.2
 7. Are egress stairs appropriately marked? Yes No n/a 1-14.14.1.3
 8. Are there interior stair signs if over 3 floors? Yes No n/a 1-10.12.3
 9. Are re-entry provisions appropriate? Yes No n/a 1-14.5.2.8
 10. Is there adequate emergency lighting? Yes No n/a 1-14.13.1

Building Utilities

1. Door signs Yes No n/a ER22.00.07.42
 2. Utility Access Yes No n/a ER22.00.07.40

Any "No" answers indicate non-compliance with the fire code. Explain all "No" answers below, and any additional areas of concern.

NOTES: