

## SELF-INSPECTION FORM FOR BUILDING & GROUNDS

**IMPORTANT:** Periodic inspection of your organization’s buildings and grounds can alert you and your maintenance staff to hazards which may cause damage and accidents to your buildings and those who use them. This form is provided for periodic self-inspection and is recommended for use on a quarterly basis to assist with discovering hazards before an accident can occur. Correct all negative conditions immediately.

This self-inspection form does not intend to point out all hazards and exposures which may be found at your building. It is intended to be used as a guide to highlight major areas of exposure which are common to most emergency service organization buildings. The use of this form does not warrant that all hazards will be found and corrected.

**INSTRUCTIONS:** Please check Yes, No or NA (not applicable) answers to all questions below. All “No” answers indicate an area of unsatisfactory conditions and comment regarding same should be made in the space provided on the back of this form. Use a separate sheet for each building.

NAME OF ORGANIZATION: \_\_\_\_\_

BUILDING LOCATION: \_\_\_\_\_  
(Street Number) (City) (County) (State) (Zip Code)

NAME OF INSPECTOR: \_\_\_\_\_ DATE OF INSPECTION: \_\_\_\_\_

GROUND	YES	NO	N/A
1. Are parking areas, walkways, stairs, driveways, etc. free from conditions that may cause slipping or falling?			
2. Is exterior lighting adequate in all areas?			
3. Are all exterior stairs provided with handrails which are in good condition?			
4. Are exterior fire escapes in good condition?			
5. Is exterior storage of trash and rubbish at least 25 feet away from the building?			

<b>INTERIOR DOORS AND STAIRWAYS</b> (Reference - NFPA #101 Life Safety Code)		<b>YES</b>	<b>NO</b>	<b>N/A</b>
1.	Are all exit doors properly marked?			
2.	Are all exit doors easily accessible?			
3.	Do all exit doors open outward?			
4.	Are all exit doors equipped with panic hardware?			
5.	Are all doors easily opened and closed?			
6.	Are all doorways and areas adjacent to them free of obstructions?			
7.	Are full length, clear glass doors and windows properly identified?			
8.	Do all interior stairs have anti-slip treads?			
9.	Are stairway and exit doors kept closed at all times?			
10.	Do all interior stairways have properly secured hand rails?			
11.	Are interior stairways kept free of storage and obstructions?			
12.	Are interior stairways properly lighted?			
13.	Is the emergency lighting system tested on a monthly basis?			
14.	Is the emergency power generator tested on a weekly basis?			

<b>HEATING AND AIR CONDITIONING EQUIPMENT</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
1.	Has heating equipment been thoroughly inspected by a qualified individual within the past year?			
2.	Is heating equipment (including flues and pipes) properly insulated from combustible materials?			
3.	Are heating and air conditioning equipment rooms free of storage?			
4.	Are heating and air conditioning rooms restricted areas?			
5.	Is air conditioning equipment cleaned and serviced annually?			

<b>ELECTRICAL EQUIPMENT &amp; CONTROL PANELS</b> (reference - NFPA #70 National Electric Code)		YES	NO	N/A
1.	Has the electrical system been inspected within the past ten years by a certified electrician or electrical inspector?			
2.	Are electrical panels kept closed?			
3.	Are electrical panels kept clear of storage and obstructions?			
4.	Is circuitry adequate to handle load demand (not requiring frequent fuse replacement or circuit breaker resetting)?			
5.	Was electrical system installed by a competent electrician?			
6.	Is electrical system regularly maintained by a competent electrician?			
7.	Are all electrical appliances properly grounded and cleaned?			
8.	Are electric motors adequately ventilated to prevent overheating and are they cleaned regularly?			
9.	Are proper size electrical cords used and are they in good condition?			

<b>KITCHEN EQUIPMENT - COMMERCIAL TYPE</b> (reference - NFPA #96)		YES	NO	N/A
1.	Is all commercial cooking equipment properly protected?			
2.	Is hood and duct exhaust system installed properly?			
3.	Are grease filters U.L. listed for grease extraction and installed properly?			
4.	Are the hood and duct systems clean (at least on a semi-annual basis)?			
5.	Are the kitchen appliances protected with an automatic fire extinguishing system?			
6.	Is the fire extinguishing system serviced and inspected at least on a semi-annual basis?			

HOUSEKEEPING		YES	NO	N/A
1.	Are storage and supply rooms kept clean and orderly?			
2.	Are trash and rubbish stored in metal containers?			
3.	Are all flammable items (paint, lacquer, paint thinner, etc.) kept in safety containers and stored in approved metal cabinets?			
4.	Are compressed gas cylinders properly secured?			
5.	Are only non-flammable cleaning agents used throughout the entire building?			
6.	Is ready disposal of combustible wastes provided?			
7.	Are areas used for public meetings or other functions always thoroughly checked before securing?			
8.	Are rags, cloths, etc. used for cleaning stored in an approved, self-closing metal container?			

ROOF		YES	NO	N/A
1.	Roof inspection completed within the past 6 months?			
Date Completed: _____				

FIRE EXTINGUISHERS (reference - NFPA #10)		YES	NO	N/A
1.	Are all the fire extinguishers tagged, serviced and inspected annually?			
2.	Are all fire extinguishers tagged with latest service record and inspection date?			
3.	Are fire extinguishers located within 75 feet from any point on each floor?			
4.	Are extinguishers properly protected from damage and freezing?			

<b>FIRE/SMOKE DETECTION</b> (reference - NFPA #72E)		<b>YES</b>	<b>NO</b>	<b>N/A</b>
1.	Is building protected with smoke/heat detection system?			
2.	Is smoke/heat detection system tested and inspected on a quarterly basis?			

<b>AUTOMATIC SPRINKLERS</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
1.	Is there a two inch drain test performed on the sprinkler system on a quarterly basis?			
2.	Gauge Readings: _____ City: _____ System:	<b>CHOOSE ONE</b>	AIR	WATER

<b>CLEAN AGENT EXTINGUISHING SYSTEMS</b>		<b>YES</b>	<b>NO</b>	<b>DATE</b>
1.	Has the system been inspected by a qualified person in the past 12 months?			
2.	Gauge Reading: _____			

**COMMENTS**

(If an explanation is needed for the above questions, please comment below. If any “NO” block is checked, indicate action taken and date to be corrected.)

ITEM	ACTION TAKEN	CORRECTION BY:	DATE CORRECTED
1.			
2.			
3.			
4.			
5.			