

FIRE SAFETY AUDIT WORKSHEET

Muskegon Fire Department
770 Terrace Ave.
Muskegon, MI 49440
(231) 724-6793

INSTRUCTIONS: Please review each question and circle "Yes or No". If a question does not apply, circle "NA." A "No" answer will indicate a condition requiring attention. Space has been provided on reverse side of this sheet to comment on any action being taken to correct condition. When completed, please sign and date sheet and return with Business Registration to the City Clerk, 933 Terrace St., Muskegon, MI 49440. If you have any questions, feel free to contact the Fire Inspector at the above phone number.

BUSINESS NAME: _____ **ADDRESS:** _____

PHONE NUMBER: _____

HOUSEKEEPING

	Yes	No	N/A
1. Are spaces, including under stairways and around heating devices kept free of accumulated combustibles?	Yes	No.	NA
2. Are ashtrays emptied into non-combustible containers daily?	Yes	No	NA
3. Is the outside dumpster kept at least 5 feet away from combustible walls, windows and doors and is the lid kept closed?	Yes	No.	NA
4. Are flammable and combustible liquids like gasoline, oil, etc. stored in approved containers and do not exceed a total of 10 gallons?	Yes	No	NA

EXITS

5. Are exit ways and doors easily recognizable, unobstructed and unlocked during business hours?	Yes	No.	NA
6. Are all illuminated exit signs and/or emergency lighting systems working properly?	Yes	No	NA
7. Are all automatic closing doors kept unblocked and working properly? Do they close and latch?	Yes	No.	NA

ELECTRICAL

8. Electrical panel has a minimum of 30" clearance, all circuits are labeled, and breakers are free from tape or other devices that keep breakers from operating?	Yes	No.	NA
9. Are all electrical covers for outlets, switches and junction boxes in place?	Yes	No	NA
10. Are all electrical devices properly grounded?	Yes	No.	NA
11. If multi-outlet adapters are used, does the adapter have its own fuse or breaker?	Yes	No	NA
12. Extension cords are used as temporary wiring only, not in place of permanent wiring and only used for one portable appliance?	Yes	No	NA

HEATING

13. Is your heating equipment in good working order and free of lint and dust accumulation?	Yes	No.	NA
14. Are portable heaters equipped with automatic safety shut-off devices?	Yes	No	NA
15. If you have a boiler, has it been inspected within the last year, and is the current boiler inspection posted?	Yes	No.	NA

FIRE PROTECTION

- | | | | | |
|-----|---|-----|-----|----|
| 16. | Are fire extinguishers properly mounted, accessible, and inspected by a certified company within the last year? | Yes | No. | NA |
| 17. | Are employees familiar with the use of portable fire extinguishers? | Yes | No | NA |
| 18. | Do all apartment units have smoke detection? Are they checked periodically? | Yes | No. | NA |
| 19. | Cooking ventilation hood fire suppression system has been inspected and tagged by a certified company within the last six months? | | | |
| | Date of inspection: _____ By: _____ | Yes | No. | NA |
| 20. | Does your commercial kitchen contain a class K fire extinguisher? | Yes | No | NA |

MISCELLANEOUS

- | | | | | |
|-----|---|-----|-----|----|
| 21. | All holes in walls and ceilings are patched; ceiling tiles are in place and in good condition? | Yes | No. | NA |
| 22. | All compressed gas cylinders are secured to prevent falling? | Yes | No | NA |
| 23. | Is the gas meter, regulator, or exposed piping protected from vehicular traffic? | Yes | No. | NA |
| 24. | Is address visible, legible, of a contrasting color, and permanently posted on building? | Yes | No. | NA |
| 25. | Does your business contain a Fire Department Access Entry Key Box? If not, contact the Fire Department for Keybox Order Form. Home businesses are exempt. | Yes | No | NA |

Please Print Name: _____

Signature: _____

Date: _____

Additional Comments:

Thank you for your cooperation and concern for others as well as your own fire safety.