



Alvin Fire Safety Self Inspection Check List

GENERAL FIRE PRECAUTIONS

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|-----------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 1. Is general storage clean and not closer than 24" to the ceiling? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 2. Are combustible waste materials disposed of properly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 3. Are electrical panels accessible and unobstructed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 4. Are all electrical cords in good shape? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 5. Are extension cords used for temporary use ONLY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 6. Are electrical cover plates on all switches, plugs, and junction boxes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 7. Are addresses numbers posted on the building and facing the street, at least 6 inches in height? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 8. Are all ceiling tiles in place and all holes in the wall patched to prevent the spread a fire? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9. Are fire lanes visible and unobstructed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 10. Is the yard around your business free of overgrowth or debris? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

MAINTANCE OF EXIT WAYS

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|-------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 11. Are exits clear and unobstructed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 12. Are exit doors unlocked? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 13. Are exit signs posted over all exit doors and exit ways? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 14. Are exit signs properly illuminated by an internal source with battery back up? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 15. Are Emergency lights provided at exits, in bathrooms and exit discharge? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 16. Are emergency lights functioning? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 17. Are door closing devices functioning? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 18. Are the exits ADA compliant? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 19. Is exit discharge area clear? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

FIRE SAFETY EDUCATION

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|------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 20. Is written fire evacuation plan provided? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 21. Do employees have knowledge of: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| a. Extinguisher location and use? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| b. Evacuation procedures? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| c. Fire systems? (alarm, sprinkler, hose) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| d. Hazardous materials? (MSDS, handling, storage, etc.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

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Fire Protection Equipment

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|--------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 22. Are fire extinguishers provided and accessible? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 23. Are fire extinguishers serviced annually and maintained monthly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 24. Is the building equipped with a fire sprinkler system? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 25. Is the fire sprinkler serviced annually? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 26. Is the building equipped with a suppression system under the kitchen hood? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 27. Is the system serviced bi-annually? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

Fire Alarm System

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|-------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 28. Is the building equipped with a fire alarm? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 29. Is the fire alarm serviced annually? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 30. Are smoke detectors operable? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 31. Are manual pull stations accessible? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

Special Problems

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|------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 32. Are flammable and combustible liquids stored properly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 33. Are hazardous chemicals stored properly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 33. Are high pressure cylinders secure from tipping? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 34. Is there a Knox Box near the front door? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 35. Is the current door key in the Knox Box? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

If you answered "No" to any of the above questions and are not sure how to correct the problem, please contact the Alvin Fire Marshal's office so that we can work with you to resolve the problem.

We look forward to helping you create a fire safe environment,

Matt Cornell
Fire Marshal
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