



Business Self-Inspection Checklist

Occupant / Name: _____

Address: _____, Zeeland, MI

On-site Responsible Party: _____ Date: _____

Phone Number of Responsible Party: _____

INSTRUCTIONS: Please fill in the appropriate blanks and circle yes (Y), no (N), or not applicable (N/A) where appropriate.

Structure Information

Length: (*approx*) _____ Width: (*approx*) _____ Height: (*approx*) _____

Main Access: (*street name*) _____

Lock Box: Y N Location: _____ Keys Up to date: Y N N/A

Elevator: Y N Location: _____ Key on Site: Y N N/A

Fire Suppression System: Y N Outside Fire Department Connection: Y N N/A

Location: _____

Fire Alarm System: Y N Monitored or Local Alarm (circle *one*)

By Whom: (*if applicable*) _____ Phone Number: _____

Location of Alarm Panel: _____

AED on-site: Y N Location: _____

Gas Shutoff Location: _____

Electrical Shutoff Location: _____

Fire Suppression Shutoff Location: _____

HazMat Information

NOTE: Please assist us in responding to your facility in the event of a spill or accidental release and list all types of Hazardous Materials that are commonly on site (attach additional sheet as necessary).

Type: _____ Location: _____ Qty: _____

Type: _____ Location: _____ Qty: _____

Type: _____ Location: _____ Qty: _____

Type: _____ Location: _____ Qty: _____

Notes: _____



Emergency Contact Information

Name: _____ Phone: _____ Cell: _____
 Name: _____ Phone: _____ Cell: _____
 Name: _____ Phone: _____ Cell: _____

INSTRUCTIONS: Please circle yes (Y), no (N), or not applicable (N/A) for each question as appropriate. All “no” responses indicate an unsatisfactory condition requiring attention; please indicate corrective action in the comments section at the end of this form.

Exits

Are exits clearly marked, unobstructed, cleared to the parking or street, and unlocked during business hours?	Yes	No	N/A
Are all illuminated exit signs and/or emergency lighting systems working properly?	Yes	No	N/A

Mechanical Systems

Electrical panels have a minimum of 30” clearance, all circuits are labeled, and breakers are free of tape or other devices that will keep them from operating?	Yes	No	N/A
Are all covers for outlets, switches, and junction boxes in place?	Yes	No	N/A
If multi-outlet adapters are used, does the adapter have its own fuse or breaker?	Yes	No	N/A
Extension cords are used as temporary wiring only, not in place of permanent wiring and are only used to power one portable appliance?	Yes	No	N/A
Is your heating equipment in good working order and free of accumulated lint and dust?	Yes	No	N/A
Are portable heating devices equipped with automatic safety shut-off switches?	Yes	No	N/A

Housekeeping

Are spaces, including under stairways and around heating devices kept free of accumulated combustibles?	Yes	No	N/A
Is the outside dumpster kept at least 5' away from combustible walls and is the lid kept closed?	Yes	No	N/A
Are flammable and combustible liquids like gasoline, oils, paint thinners, etc. stored in approved containers, and do not exceed a total of 10 gallons?	Yes	No	N/A



Fire Protection

Has the fire sprinkler system been inspected and tagged by a certified company within the past 12 months?	Yes	No	N/A
Are employees familiar with the location and operation of fire extinguishers?	Yes	No	N/A
Do all areas have working smoke detectors? Are they checked for operation periodically?	Yes	No	N/A
Has the cooking ventilation hood fire suppression system been inspected and tagged by a certified company within the past 6 months?	Yes	No	N/A

Miscellaneous

All holes in the walls and ceilings are patched; ceiling tiles are in place and in good condition?	Yes	No	N/A
All compressed gas cylinders are secured to prevent falling?	Yes	No	N/A
Is the building address in numbers, viable, legible, and permanently affixed to the front of the building?	Yes	No	N/A

Comments: _____

Thank-you for your concern with your fire safety, please feel free to contact the Zeeland Fire-Rescue Department at 616-772-5374 if you have any questions or wish to discuss any items contained in this checklist.