



## Nixa Fire Protection District Business Self-Inspection for Fire and Life Safety



Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

After Hours Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Check the boxes next to items, which your business complies with, or check the "N/A" column if the item is not applicable to your business. Some items may not apply to all businesses or your particular business may require a higher degree of fire & life safety protection. After review of this self-inspection form by the Fire District, an on-site inspection may be required for certain types of businesses. If so, you will be contacted by the Fire District. **If you have questions about this form or for further information or assistance, please call the Fire District's Office at 725-4025.** Please print all information except your signature. Return form to Nixa Fire Protection District.

### SELF-INSPECTION REPORT

	OK	NA		OK	NA
1. Housekeeping (General maintenance & Storage)			7. Means of Egress - Exit Way (Aisles, Corridors & Stairs)		
304.1 - Inside no dangerous cond.	<input type="checkbox"/>		1011.3 - No obstructions - clear access	<input type="checkbox"/>	
304.1 & 304.1.2 -Outside no dangerous cond.	<input type="checkbox"/>		315.2.2 - No flammable/combustible storage	<input type="checkbox"/>	
2. Commercial Kitchen Hood & Duct System			8. Decorative Material - Walls		
609.2 - Hood & Duct is required	<input type="checkbox"/>	<input type="checkbox"/>	803.3.2 - Maximum 20% wall surface	<input type="checkbox"/>	
904.11.6.3 - Cleaning schedule	<input type="checkbox"/>	<input type="checkbox"/>	805.1.2 - Flame resistant 10% wall surface	<input type="checkbox"/>	
904.2.1 - Suppression system is required	<input type="checkbox"/>	<input type="checkbox"/>	9. Emergency Signs & Lighting		
904.11.6.4 - Inspect & test each 6 months	<input type="checkbox"/>	<input type="checkbox"/>	1003.2.11 - Emergency egress lights working	<input type="checkbox"/>	
904.11.5 - K Class port extinguisher required	<input type="checkbox"/>	<input type="checkbox"/>	1010.3 - Exit signs in place & illuminated	<input type="checkbox"/>	
3. Fire Doors			1003.2.10.1 - Exit signs unobstructed	<input type="checkbox"/>	
703.2 - Properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	1003.2.11.4 - Tested 30 sec month & 1 hour ann.	<input type="checkbox"/>	
703.2 - No unapproved hold open devices	<input type="checkbox"/>	<input type="checkbox"/>	604.3- Emergency generator test monthly	<input type="checkbox"/>	
703.2.3 - Proper operation	<input type="checkbox"/>	<input type="checkbox"/>	604.3.2 - Test records on premises	<input type="checkbox"/>	
4. Electrical			10. Occupancy Load		
605.3 - 30" minimum clearance from storage	<input type="checkbox"/>		1003.2.2.5 - Sign posted in all assembly areas	<input type="checkbox"/>	<input type="checkbox"/>
605.4 & 605.5 - No ext. cords/cubs adaptors	<input type="checkbox"/>		11. Portable Fire Extinguisher - Where required		
605.6 - No open J-boxes, switches, receptacles	<input type="checkbox"/>		906.3 - Approved and min. 2A, 20B:C	<input type="checkbox"/>	<input type="checkbox"/>
5. Fire Protection Systems (Sprinklers & Standpipes)			906.3 - Maximum 75' travel distance	<input type="checkbox"/>	<input type="checkbox"/>
901.6.2 - Test records available on site	<input type="checkbox"/>	<input type="checkbox"/>	901.6.1 - Monthly "quick" checks	<input type="checkbox"/>	<input type="checkbox"/>
901.6.1 - Annual inspection/testing/maintenance	<input type="checkbox"/>	<input type="checkbox"/>	901.6.1 - Annual maintenance checks	<input type="checkbox"/>	<input type="checkbox"/>
NFPA 13.2-9.1 - FDC plugs & caps are in place	<input type="checkbox"/>	<input type="checkbox"/>	12. Business Address		
912.3 - FDC access is unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	505.1 - On front clearly visible from street	<input type="checkbox"/>	
903.3.1.1 - No non-system components	<input type="checkbox"/>	<input type="checkbox"/>	505.1 - Contrasting color from background	<input type="checkbox"/>	
903.3.1.1 - No storage within 18" of head	<input type="checkbox"/>	<input type="checkbox"/>	505.1 - Minimum 4" Arabic Letters	<input type="checkbox"/>	
901.6.1 - 6 extra heads	<input type="checkbox"/>	<input type="checkbox"/>	13. Fire Drills - Where required		
901.6.1 - Sprinkler wrench in cabinet	<input type="checkbox"/>	<input type="checkbox"/>	405.2 - Proper frequency and number	<input type="checkbox"/>	
901.6.1 - Control valves locked open	<input type="checkbox"/>	<input type="checkbox"/>	405.5 - Records of drills	<input type="checkbox"/>	
6. Means of Egress - Exit Doors			14. Manual Fire Alarm System		
1011.3 - Doors are unobstructed	<input type="checkbox"/>		907.2.3 - Required in all E use groups	<input type="checkbox"/>	
1005.2.1 - Proper number for occupancy	<input type="checkbox"/>		907.4.4 - Pull station within 5' of exit	<input type="checkbox"/>	
1003.3.1.8 -No key or special knowledge req'd	<input type="checkbox"/>		907.20.1 - Maintenance	<input type="checkbox"/>	
1003.3.1.9 - Panic hardware installed if required	<input type="checkbox"/>	<input type="checkbox"/>	907.20.2- Semi-annual test	<input type="checkbox"/>	
			NFPA 72-5.2.1 - Test records avail. for 18 mos.	<input type="checkbox"/>	

I have completed a self-inspection of my business and certify this business is in compliance with the items listed.

Signature of Business Owner: \_\_\_\_\_ Date: \_\_\_\_\_

=====DO NOT WRITE BELOW THIS

LINE=====

Remarks: \_\_\_\_\_

\_\_\_\_\_

Reviewed by Fire District: \_\_\_\_\_ Date: \_\_\_\_\_

Occupancy/Use Group: \_\_\_\_\_