



LONGMONT FIRE DEPARTMENT SELF-INSPECTION REPORT

Business Address: _____

Business Name: _____ Business Phone: _____

Business Owner: _____ Email Address: _____

Building Owner: _____ Building Owner Contact Phone: _____

After-Hours Emergency Contact Name: _____ Contact Phone: _____

Return the completed report to:

- E-mail: rose.gracie@longmontcolorado.gov
- Mail: Fire Codes & Planning, 225 Kimbark St. Longmont, CO 80501

Please conduct a general safety review of the premises and correct any unsafe conditions. If applicable, the business owner or service vendor shall forward copies of current fire alarm and fire sprinkler inspection reports.

IFC 2018

501.1	Are building and unit addresses visible from the street and do they meet the minimum requirement of 4 inches in height?	YES	NO	N/A
1010.1.9	Are the exit doors unlocked during business hours, and operable from the inside without the use of a key or special knowledge?	YES	NO	N/A
1013.3 1013.6.3	Are exit signs fully illuminated in the normal and backup modes?	YES	NO	N/A
1008.3	Do emergency exit lighting fixtures work properly? Push the test button or shut off the power to check for proper operation.	YES	NO	N/A
1003.6	Is access to all exit doors, corridors, hallways, stairways clear of obstructions?	YES	NO	N/A
604.6	Are all electrical outlets, switches, and junction boxes covered with proper cover plates?	YES	NO	N/A
604.3.1	Are circuit breakers in panels labeled to identify the area protected?	YES	NO	N/A
604.5	Are extension cords used only for powering portable appliances such as a fan, radio, or power tool?	YES	NO	N/A
604.5.1	Are power strips, with a built-in breaker, plugged directly into approved electrical outlets only and not into another power strip?	YES	NO	N/A
604.10	Are portable electric space heaters plugged directly into wall outlets and operated a minimum of three feet away from combustibles?	YES	NO	N/A

701.2	Are all removable ceiling tiles and fire barriers in place? This allows the ceiling to act as a heat collector for fire protection systems and to prevent the passage of smoke and fire.	YES	NO	N/A
906.3	Is there an adequate number of required type of fire extinguishers? There should be an all-purpose ABC type minimum U.L. rating of 2A-10B:C.	YES	NO	N/A
906.5-10	Is the fire extinguisher properly mounted to a stable structure--visible, accessible, and ready for use? Free standing is not acceptable	YES	NO	N/A
906.2	Has the fire extinguisher(s) been inspected and tagged to indicate a current annual inspection?	YES	NO	N/A
907.10	Do single station smoke alarms pass the operability test?	YES	NO	N/A
907.8.5	Has the fire <u>alarm</u> system been inspected within the past 12 months by a city licensed contractor?	YES	NO	N/A
901.4.1	Has the fire <u>sprinkler</u> system been inspected within the past 12 months by a city licensed contractor? If yes, attach a copy of the inspection report	YES	NO	N/A
5303.5	Are compressed gas cylinders such as oxygen, acetylene, argon, nitrogen, and nitrous oxide secured to a fixed structure or on carts to prevent them from falling? If yes, provide the name of the compressed gas and the quantity of each.	YES	NO	N/A
5001.5.2	Do you use or store Hazardous Materials ? If yes, provide a Hazardous Materials Inventory Statement (HMIS) identifying the name of the material(s), physical state (solid, liquid, or gas) and the quantity of each material.	YES	NO	N/A
315.3.3	Are boiler rooms, mechanical rooms, and electrical equipment rooms clear of all combustible materials?	YES	NO	N/A
315.3.1	Is storage maintained 2 feet or more below the ceiling in non-sprinklered areas of the building and 18 inches or more below sprinkler head deflectors in sprinklered areas of the building?	YES	NO	N/A

If you answered "No" to any of these questions, please provide comments:

BUSINESS OWNER or REPRESENTATIVE'S SIGNATURE

DATE COMPLETED