



100% Inspection Report

Business Name: _____ **File#:** _____
Address: _____ **City/Zip:** _____
Sq. Ft: _____ **Occupant Load:** _____ **Type of Occupancy:** _____
New: _____ **Renovation:** _____

A. Exterior

1. Hydrant/Annual ITM
2. F.D. Connections
3. Water Vault Supervised
4. Fire Lanes/ FD Access/Gate
5. Accessible Parking
6. Ramp/Landings
7. Address/Suite Marking
8. Level Landing At Door
9. Stairs (Risers/Treads)
10. Guardrails/Handrails
11. Exit Discharge

Yes	No	N/A

B. Interior

1. Exit Way/Width
2. Doors and Hardware
3. Force To Open
4. Swing W/Travel
5. Door Closer
6. Stairs (Riser/Treads)
7. Guardrails/Handrails
8. Floors Numbered
9. Interior Finish
10. Ceiling Tiles

Yes	No	N/A

C. Fire Protection Equipment

1. Exit Signs
2. Emergency Lights
3. Emergency Visibility
4. Fire Extinguisher
5. Generator
6. Emergency Windows
7. Smoke Detectors
8. Duct Detectors
9. Smoke/Heat Venting
10. Gas Emer. Shut-Off
11. Dust Removal System
12. Elevator Fireman's Recall
13. Fire Door Rating
14. Other Suppression Systems
15. Kitchen Hood Cleaning
16. Fire Protection Sys. In-service

Yes	No	N/A

D. Miscellaneous

1. Certificate of Occupancy
2. Occupant Load Sign
3. Fire Alarm Record of Completion
4. Sprinkler Sys. Annual Record of Inspection
5. Fire Alarm Annual Record of Inspection
6. Sprinkler Sys. Statement of Compliance
7. Above/Below Test Certification
8. Hood Supp. Statement of Compliance
9. Vent Hood Test/Cert
10. Fire Pump Test/Certificate
11. Stand Pipe System
12. Racks
13. Rack Sprinklers
14. Paint Spray Booths
15. Welding
16. Flamm. Liq. Handling
17. Chem. Haz. Labeled
18. Elect. Panels/Rooms
19. Wiring/Extension Cords
20. Mechanical Rooms
21. Commodity Affidavit

Yes	No	N/A

E. Accessibility

1. Commodes
2. Turnaround Clearance
3. Urinals
4. Lavatories
5. Grab Bars
6. Dispensers
7. Work Surfaces
8. Public Telephones
9. Water Fountains
10. Showers
11. Bathtubs
12. Elevator Controls
13. Detectable Warnings

Yes	No	N/A

Notes: _____

Inspected by: _____

Print Name: _____

Date: _____