



GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE FIRE MARSHAL

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Office 616.842.3460 • Fax 616.847.6050

firemarshal@grandhaven.org



Fire Safety Audit Worksheet

Business Name: _____ Address: _____

INSTRUCTIONS: Please circle your “Yes” or “No” answer to each question or circle “N/A” if the question does “Not Apply”. All “No” answers indicate unsatisfactory conditions requiring attention, and a comment on each such item must be on reverse side showing action taken to correct.

HOUSEKEEPING

- | | | | |
|--|-----|----|----|
| 1. Are spaces, including under stairways and around heating devices kept free of accumulated combustibles? | Yes | No | NA |
| 2. Are ashtrays emptied into non-combustible containers daily? | Yes | No | NA |
| 3. Is the outside dumpster kept at least 5 feet away from combustible walls, windows, and doors and is the lid kept closed? | Yes | No | NA |
| 4. Are flammable and combustible liquids like gasoline, oil, etc. stored in approved containers and do not exceed a total of 10 gallons? | Yes | No | NA |

EXITS

- | | | | |
|--|-----|----|----|
| 5. Are exit ways and doors easily recognizable, unobstructed and unlocked during business hours? | Yes | No | NA |
| 6. Are all illuminated exit signs and/or emergency lighting systems working properly? | Yes | No | NA |
| 7. Are all automatic closing doors kept unblocked and working properly? Do they close and latch? | Yes | No | NA |

ELECTRICAL

- | | | | |
|---|-----|----|----|
| 8. Electrical panel has a minimum of 30” clearance, all circuits are labeled, and breakers are free from tape or other devices that keep breakers from operating? | Yes | No | NA |
| 9. Are all electrical covers for outlets, switches and junction boxes in place? | Yes | No | NA |
| 10. Are all electrical devices properly grounded? | Yes | No | NA |
| 11. If multi-outlet adapters are used, does the adapter have its own fuse or breaker? | Yes | No | NA |
| 12. Extension cords are used as temporary wiring only, not in place of permanent wiring and only used for one portable appliance? | Yes | No | NA |

HEATING

- | | | | |
|--|-----|----|----|
| 13. Is your heating equipment in good working order and free of lint and dust accumulation? | Yes | No | NA |
| 14. Are portable heaters equipped with automatic safety shut-off devices? | Yes | No | NA |
| 15. If you have a boiler, has it been inspected within the last year, and is the current boiler inspection posted? | Yes | No | NA |

FIRE PROTECTION

16. Are fire extinguishers properly mounted, accessible, and inspected by a certified company within the last year? Yes No NA
Date of inspection: _____ By: _____
17. Are employees familiar with the use of portable fire extinguishers? Yes No NA
18. Do all apartment units have smoke detection? Are they checked periodically? Yes No NA
19. Cooking ventilation hood fire suppression system has been inspected and tagged by a certified company within the last six months? Yes No NA
Date of inspection: _____ By: _____
20. Fire sprinkler system has been inspected and tagged by a certified company within the last 12 months? Date of inspection _____ By: _____

MISCELLANEOUS

20. All holes in walls and ceilings are patched; ceiling tiles are in place and in good condition? Yes No NA
21. Knox Box key box contain current keys? Yes No NA
22. All compressed gas cylinders are secured to prevent falling? Yes No NA
23. Is the gas meter, regulator, and exposed piping protected from vehicular traffic? Yes No NA
24. Is address in numbers, visible, legible, of a contrasting color, and permanently on front of building? Yes No NA

Date

Signature of Responsible Party

Print Name of Responsible Party

Business Phone Number

Comments: _____

Thank you for your cooperation and concern for your fire safety.

Make a copy of this form for your records and return the original to:

Fire Marshall
Grand Haven Public Safety
525 Washington Avenue
Grand Haven, MI 49417

Or
Email:
firemarshal@grandhaven.org