

BIRMINGHAM FIRE AND RESCUE SERVICE DEPARTMENT
FIRE INSPECTION REPORT (CONTINUED)

DATE: _____ COMPANY NAME: _____ PAGE _____ OF _____

FIRE SUPPRESSION EQUIPMENT/SYSTEMS

YES	NO	N/A	HYDRANTS & STANDPIPES	CODE REFERENCE/REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Are Standpipes accessible and in good condition?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Are private hydrants provided and maintained properly?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Are caps provided for hose and hydrant connections?	_____
AUTOMATIC: OTHER THAN SPRINKLER, NOTE BELOW:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Does sprinkler system provide full coverage? TYPE _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Are sprinkler control valves open and supervised?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Is there a supply of replacement sprinkler head available?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Are sprinkler heads free of paint, dirt and/or obstructions?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Is storage a minimum of 18 inches below sprinkler heads?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Has system been inspected and tested as required?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Is fire department connection visible and accessible?	_____

FIRE PUMPS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Is the fire pump protected from damage?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Is the fire pump maintained, inspected and tested as required?	_____

FIRE ALARM/DETECTION SYSTEM

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Are initiating devices/notification appliances provided as required?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Is the fire alarm system maintained, inspected and tested?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. If required, is system supervised?	_____

SPECIAL FIRE HAZARDS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Does cutting/welding operations appear to be free of hazards?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Does the storage/use of flammable/combustible liquids appear to be free?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Does spray painting operations appear to be free of hazards?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Are compressed gases used and stored properly?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Are hazardous chemicals stored and used properly?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Does high rack/high piled storage meet code requirements?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Other special hazard: _____	_____

COMMERCIAL COOKING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Are the hood and the filters/baffles maintained properly?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Is fire suppression system provided? a.) Last service date _____ b.) Manual pull accessible? <input type="checkbox"/> Y <input type="checkbox"/> N	
			c.) Employees knowledgeable? <input type="checkbox"/> Y <input type="checkbox"/> N d.) Is automatic fuel shut-off provided? <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Is a Class K fire extinguisher provided?	

ADDITIONAL REMARKS:

BFRS #119b—JAN09

Contact's Signature: _____ Inspector's Signature: _____

COMPLETION OF THIS REPORT DOES NOT ENSURE THAT ALL VIOLATIONS/HAZARDS HAVE BEEN IDENTIFIED AND NOTED.