



Sandy Fire Business Licensing Pre-Inspection Worksheet



Business Name: _____

Business Address: _____

Date: _____

Occupant Name: _____

Phone# _____

Email Address: _____

In Order To Comply With Sandy City Adopted Codes And Ordinances Please Follow Directions Below

1. Owner, manager, or other responsible party shall conduct this pre-inspection and sign this form.
2. Complete ALL information at the top of this form.
3. Walk through the business with this form, and answer ALL questions listed below.
4. When the pre-inspection is complete and ALL questions have been answered and corrected, read, sign, and date the declaration at the bottom of this form, make a copy for your files, and then you can contact the fire department at 801-568-2938 to schedule your fire inspection for your new business license.

THIS FORM MUST BE COMPLETED, SIGNED AND AVAILABLE AT THE TIME OF INSPECTION

EXTERIOR	YES	<input type="checkbox"/>
1. Is your address visible on the outside of the building, from the street, with contrasting background and numbers at least 5 inches in height?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

EXIT FEATURES	YES	<input type="checkbox"/>
8. Are all inside exits, aisles, corridors, stairways, and interior doorways clear of debris, or obstructions?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

EXTERIOR	YES	<input type="checkbox"/>
2. Is drive, alley, or area around the building kept free from weeds, debris, or obstructions?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

EXIT FEATURES	YES	<input type="checkbox"/>
9. Are all exit signs present, operational, and in good repair? Are they visible with nothing blocking them from view?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

EXTERIOR	YES	<input type="checkbox"/>
3. Are all outside exits, aisles, hallways, doorways, stairways, landings, and walkways clear of any obstructions? (Ice and Snow during winter months)	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

EXIT FEATURES	YES	<input type="checkbox"/>
10. Is exit hardware present and operational? Are you able to open with minimal effort?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

EXTERIOR	YES	<input type="checkbox"/>
4. Are fire hydrants accessible? (3' clearance all around)	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

EXIT FEATURES	YES	<input type="checkbox"/>
11. Are you able to open ALL exit doors from the inside without a key or special knowledge at all times during business hours?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

EXTERIOR	YES	<input type="checkbox"/>
5. If your building has fire sprinklers, are all the fire department connections (FDC), and or post indicator valves (PIV) visible and in good repair, free of weeds, debris, or obstructions? And are protective caps and proper identification signs in place?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

EXIT FEATURES	YES	<input type="checkbox"/>
12. Are ALL exit doors marked with the address, suite numbers, or letters, on both front and back doors?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

EXTERIOR	YES	<input type="checkbox"/>
6. If your building has fire sprinklers, or a fire alarm system is there a (KNOX) lock box, with current applicable keys to gain fire department access on the outside of the building.	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

FIRE EXTINGUISHERS	YES	<input type="checkbox"/>
13. Are all fire extinguishers visible and readily accessible for use (not blocked by storage, decor etc.)	NO	<input type="checkbox"/>
No more than 75' of travel distance from anywhere in business	N/A	<input type="checkbox"/>

EXTERIOR	YES	<input type="checkbox"/>
7. Are your gas meters/piping protected, clear of weeds, trash, storage, etc. and are they visible and accessible?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

FIRE EXTINGUISHERS	YES	<input type="checkbox"/>
14. The minimum required fire extinguisher is a 2A10BC (refer to label on extinguisher) Have your extinguisher(s) been inspected and tagged by a licensed company in the last 12 months?	NO	<input type="checkbox"/>
Date Inspected: _____	N/A	<input type="checkbox"/>

FIRE EXTINGUISHERS	YES	<input type="checkbox"/>
15. Are extinguishers mounted or secured on a wall (preferably near an exit) so that the top of the extinguisher is not more than 5' from the floor, with visible signage indicating its location?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

ELECTRICAL	YES	<input type="checkbox"/>
24. Are all protective covers in place on all electrical panels, outlets, switches, and junction boxes?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

FIRE PROTECTION EQUIPMENT	YES	<input type="checkbox"/>
16. Is access to fire sprinkler riser, standpipes and control valves clear (minimum 3') ?	NO	<input type="checkbox"/>
There should NOT be any storage in " fire sprinkler riser rooms"	N/A	<input type="checkbox"/>

ELECTRICAL	YES	<input type="checkbox"/>
25. Are all extension cords being used correctly? (Not as permanent wiring)	NO	<input type="checkbox"/>
Are the multi-plug adapters the proper type and being used correctly? (UL listed as surge protection)	N/A	<input type="checkbox"/>

FIRE PROTECTION EQUIPMENT	YES	<input type="checkbox"/>
17. Has the automatic fire sprinkler system been inspected (tagged) within the last 12 months?	NO	<input type="checkbox"/>
Date Inspected: _____	N/A	<input type="checkbox"/>

ELECTRICAL	YES	<input type="checkbox"/>
26. Are all electrical breaker panels accessible and labeled to show which area is affected by each circuit breaker? (36" clearance in front panels required)	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

FIRE PROTECTION EQUIPMENT	YES	<input type="checkbox"/>
18. Are ALL sprinkler heads clear of obstructions, free of paint, or other debris throughout the business?	NO	<input type="checkbox"/>
STORAGE - no closer than 18" below sprinkler heads, (2 feet below ceiling for buildings without sprinklers).	N/A	<input type="checkbox"/>

STORAGE	YES	<input type="checkbox"/>
27. Is the storage in the building/space orderly? Is the boiler/mechanical room (space with water heater/furnace) free of flammable, and combustible storage?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

FIRE PROTECTION EQUIPMENT	YES	<input type="checkbox"/>
19. Has the fire alarm panel (system) been inspected (tagged) within the last 12 months?	NO	<input type="checkbox"/>
Date Inspected: _____	N/A	<input type="checkbox"/>

STORAGE	YES	<input type="checkbox"/>
28. If the space under the stairway is unprotected (no fire sprinklers) is it free from any storage?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

FIRE PROTECTION EQUIPMENT	YES	<input type="checkbox"/>
20. Are ALL smoke detectors, horn strobes visible, functional and in good repair?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

STORAGE	YES	<input type="checkbox"/>
29. Do you store or use compressed oxygen or acetylene? Do you store greater than 5 gallons of flammable liquids, or greater than 25 gallons of combustible or hazardous materials? What? _____ How Much? _____	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

FIRE PROTECTION EQUIPMENT	YES	<input type="checkbox"/>
21. Has the kitchen hood extinguishing system been inspected (tagged) in the last 6 months (maximum).	NO	<input type="checkbox"/>
Date Inspected: _____	N/A	<input type="checkbox"/>

FLAMMABLE, COMBUSTIBLES, HAZARDOUS MATERIALS	YES	<input type="checkbox"/>
30. Are the flammable, combustibles, and hazardous materials handled and stored properly? (secured, protected, ventilated with NO open flame or ignition sources in the area)	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

FIRE PROTECTION EQUIPMENT	YES	<input type="checkbox"/>
22. Is the commercial cooking hood including fans, ducts, etc. clear of grease buildup?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

FLAMMABLE, COMBUSTIBLES, HAZARDOUS MATERIALS	YES	<input type="checkbox"/>
31. Do you have the proper labeling, signage, and hazardous identification signs (NFPA 704) in place, are they accurate? (Including no smoking when applicable.)	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

FIRE PROTECTION EQUIPMENT	YES	<input type="checkbox"/>
23. Is there a Class K potable fire extinguisher located within 30' of the commercial cooking hood?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

FLAMMABLE, COMBUSTIBLES, HAZARDOUS MATERIALS	YES	<input type="checkbox"/>
32. Are the Material Safety Data Sheets readily available? Are all incompatible hazardous materials separated as required?	NO	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

ANY PERSON WHO WILLFULLY STATES AS TRUE ANY MATERIAL HEREIN WHICH HE/SHE KNOWS TO BE FALSE MAY BE GUILTY OF PERJURY. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Responsible Party: _____

Printed Name: _____

Date: _____