

**City of Manistee Fire Department**

**ROUTINE FIRE INSPECTION REPORT**

281 First Street

(231) 723-1549

Address	E-Mail	Date
Occupant	Business Phone	
Type of Occupancy	Inspected by	
Emergency Contact	Phone	
Emergency Contact	Phone	

Exterior		INTERIOR		FLAMMABLE LIQUIDS	
1.1	Exits Obstructed	2.17	No Smoking Signs	5.1	Proper Storage
1.2	Exits to Open Area	2.18	Exits to Open Area	5.2	Proper Dispensing
1.3	Waste Accumulation	<b>HVAC</b>		5.3	Sources of Ignition
1.4	Condition of Gas Meter	3.1	Appliances Accessible	5.4	No Smoking Signs
1.5	Protect Gas Meter	3.2	Proper Installation	<b>FIRE EXTINGUISHER</b>	
1.6	Provide Address	3.3	Adequate Combustion Air	6.1	Proper Number
1.7	Fire Lanes	3.4	Shut Offs Provided	6.2	Condition
<b>INTERIOR</b>		3.5	Clearance from Combustibles	6.3	Accessible
2.1	Number of Exits	3.6	Maintained Propert	6.4	Proper Type
2.2	Exits Obstructed	<b>ELECTRICAL</b>		6.5	Maintenance
2.3	Exit Access	4.1	Clearance to Equipment	<b>FIRE PROTECTION SYSTEMS</b>	
2.4	Exits Marked	4.2	Properly Mounted	7.1	Suppression System Provided
2.5	Exit Signs Working	4.3	Disconnect Provided	7.2	Suppression System Proper
2.6	Egress Illumination	4.4	Disconnect Marked	7.3	Suppression System Inspected
2.7	Door Swing Proper	4.5	Proper Circuit Load	7.4	Sprinkler System Inspected
2.8	Proper Locks	4.6	Unused Openings	7.5	Equipment Accessible
2.9	Aisles Proper Width	4.7	Improper Outlet	7.6	Valves Supervised
2.10	Aisles Accessible	4.8	Open Outlet	7.7	F.D.C. Proper
2.11	Fire Wall Condition	4.9	Improper Cord	7.8	Valves Marked
2.12	Fire Wall Openings Protected	4.10	Extension Cord	7.9	Alarm System
2.13	Fire Door Condition	4.11	Emergency Lights	7.10	Spare Sprinklers Provided
2.14	Storage Condition	4.12	Explosion Proof Wiring	7.11	Sprinkler Wrench Provided
2.15	Storage from Sprinklers	4.13	Seal Offs Provided	<b>Compressed Gasses</b>	
2.16	Waste Accumulation			8.1	Proper Storage/Use

Other Conditions/Remarks

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Reinspecion Required	<input type="checkbox"/> NO <input type="checkbox"/> YES	Date of Resinsection
Received by (signature)		(position/title)
Condition at Time of Resinsection		
	Date	By