



Business name

Business Address

Business Phone

Type of business conducted

Mailing address (if different than above)

**Instructions:** Please select your "YES" or "NO" answer to each question or select "NA" if the question does "NOT APPLY". All "NO" answers indicate an unsatisfactory condition requiring attention, and a comment on each such item should be made on the reverse side showing the corrective action taken. When the worksheet is complete and all corrections are made, sign and date the bottom of the worksheet and return within thirty (30) days to the Bremerton Fire Department, or FAX to 360-473-5397. If you need assistance, please call 360-473-5384 and ask for Scott Rappleye.

<b>HOUSEKEEPING</b>			<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>FIRE PROTECTION</b>			<b>YES</b>	<b>NO</b>	<b>N/A</b>
1.	Are all spaces including stairways and around heating devices kept free of accumulated combustibles?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		19.	Do you have one 2A-10BC portable fire extinguisher conspicuously mounted within 50 feet of travel distance everywhere in your business?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Does piled storage have at least 18" clearance from sprinkler heads or 24" from an unsprinklered ceiling?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		20.	Have your fire extinguishers been inspected and tagged annually by a licensed service person?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Are ashtrays emptied into non-combustible containers?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		21.	Has the automatic sprinkler system been inspected and tagged by a licensed service person at least annually?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Are flammable and combustible liquids like gasoline, oil, etc. stored in approved containers and kept in a separate storage area?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		22.	Grease collector over kitchen equipment cleaned on a regular basis?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Is the outside dumpster kept at least 5 feet away from combustible walls, windows, doors and the lid is closed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		23.	Hood & Duct extinguishing system has been inspected and tagged every six months?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Is the lint collector on the clothes dryers cleaned regularly?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		24.	Standpipe system inspected and tagged by a licensed service person at least every 5 years?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EXITS</b>						25.	Are smoke detectors tested on a regular basis?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Are exitways and doors easily recognizable, unobstructed and unlocked during business hours?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		26.	Has the fire alarm system been tested and tagged by a licensed service person annually?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Are all illuminated exit signs and emergency lighting systems functional?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		27.	Fire hydrants and/or sprinkler connections/standpipe hook-ups are kept clear and unobstructed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Are all automatic closing fire doors kept unblocked and functional?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		28.	Employees are familiar with use and location of all fire protection systems on the premises, including portable fire extinguishers?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ELECTRICAL</b>						<b>MISCELLANEOUS</b>					
10.	Electrical panel has 30" of clearance, all circuits are labeled and breakers are free from tape or other devices that keep breakers from operating?..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		29.	My City of Bremerton Business Registration is current and the license number is: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	All electrical covers for outlets, switches and junction boxes are in place?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		30.	All holes in walls and ceilings are patched?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	All electrical devices are properly grounded?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		31.	The business address is posted so that it is clearly visible from the street?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	If multi-outlet adapters are used, does the adapter have its own fuse or breaker?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		32.	All compressed gas cylinders are secured to prevent falling?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Are extension cords used only as temporary wiring?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<hr/> #1 Fire / Emergency contact name & number  <hr/> #2 Fire / Emergency contact name & number					
<b>HEATING</b>											
15.	Is your heating equipment in good working order and free of lint and dust accumulations?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
16.	Do heaters have at least 36" of clearance from stored materials?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
17.	Are portable heaters equipped with automatic safety shut-off devices?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
18.	If you have a boiler, has it been inspected within the last two years?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

SIGNATURE OF RESPONSIBLE PARTY

PRINT NAME OF RESPONSIBLE PARTY

DATE