

# Fire Department

Annual  Quarterly  Inspection

- |  |   |
|--|---|
| <input type="checkbox"/> Nursing Home                                    | <input type="checkbox"/> Health Care Center                   |
| <input type="checkbox"/> Group Home                                      | <input type="checkbox"/> Hospital/Ambulatory Care Facility    |
| <input type="checkbox"/> Mercantile, Retail Occupancy                    | <input type="checkbox"/> Business Occupancy use Group B       |
| <input type="checkbox"/> Factory and Industrial Occupancy group F-1, F-2 | <input type="checkbox"/> Storage Occupancy use Group S-1, S-2 |

Name of Establishment \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone# \_\_\_\_\_  
 Facility Representative \_\_\_\_\_  
 Date of Inspection \_\_\_\_\_ Inspected By \_\_\_\_\_

**Enforcement Authority: 527 CMR 1.03**

**General**

	Y	N	N/A
Were alterations/renovations recently made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Building mixed use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupancy load posted? 527CMR 10.17(1) (c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are Fire Lanes posted? 527 CMR 10.03.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are Fire Hydrants properly maintained? NFPA 25(1-4.2) (4-4.3.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of gas shutoff _____			
Building heated by: Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other _____			
Location of emergency generator: _____			
Size of Generator: _____			
Date of last Generator Inspection: _____			

**Emergency Planning 527 CMR 10.13 NFPA Life Safety**

	Y	N	N/A
Emergency plan in place. 527 CMR 10.13.2(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees trained in emergency egress procedures. 527 CMR 10.13(2)(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a specific individual been assigned the responsibility to meet the Fire Dept. at the main entrance in the event of a fire or emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the employees know the location of all exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the employees have a meeting place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees trained in fire extinguisher use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place of Assembly occupant load posted. 527 CMR 10.17(1)(C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overcrowding. 527 CMR 10.17(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Means of Egress 527 CMR 10**

	Y	N	N/A
Do exit doors open in direction of egress? (527 CMR 10.17(4)(a))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do exit doors open easily and are they unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are exits free of storage or objects that restrict egress or will prevent a hazard? (527 CMR 10.03(1), 10.03(13)(a), 10.17(4)(a))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are exit signs and paths illuminated with emergency lights? (527 CMR 10.17(4)(e))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do all automatic door closures operate properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do aisles for egress have a minimum of 44" width? (527 CMR 10.17(4)(c))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire doors properly open and close. 527 CMR 10.03(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All exterior stairways & fire escapes free of ice & snow 527 CMR 10.03 (13)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fire Extinguishers 527CMR 10.02 NFPA 10**

	Y	N	N/A
Fire Extinguishers properly mounted & identified. NFPA 10.1-6.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers visible. NFPA 10.1-6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of last inspection: NFPA 10.4-3 _____			

**Sprinkler System NFPA 13 148s26**

	Y	N	N/A
Date of last annual inspection: NFPA 13-12.1 _____			
Location of sprinkler room: _____			
Location of FDC: _____			
Fire Dept connection clear & protective caps installed: NFPA 13-5-15.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type Sprinkler System           Wet <input type="checkbox"/> Dry <input type="checkbox"/> Other _____			
OS&Y valves in open position with tamper switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OS&Y tamper switches wired to go into alarm only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler diagram of building installed in sprinkler room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler door labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Standpipe NFPA 14**

Standpipe system installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standpipe system type           Wet <input type="checkbox"/> Dry <input type="checkbox"/> Other _____			
2 ½ “ standpipe connection national standard pipe (large thread)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 ½ “ standpipe connection Iron Pipe (small thread)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OS&Y valves open and supervised:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tamper & flow switches installed and wired to go into alarm only.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fire Pump NFPA 20**

Fire Pump type:           Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Other _____			
Location of Fire Pump: _____			
Date of last annual Inspection: _____			

**Fire Alarm System NFPA 72, 527CMR 24 148s10**

Type of Fire Alarm system connection           Master Box <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/>			
Location of fire alarm panel: _____			
Date of last annual inspection: _____			
Master Box number: _____           Location of Master Box: _____			
Supervisory Company name: _____			
Supervisory Company Telephone # _____			
Location of supra box _____			
Pull stations & horn strobes installed at exit doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance door to fire alarm panel labeled FACP:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strobe light installed on building:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Fire Alarm panel locked and secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Fire Alarm panel accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are zones labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are Fire Alarm & pull station keys in supra box?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Electrical 527 CMR 12 148 s10**

	Y	N	N/A
Location of Electrical Panel; _____			
Electrical panel entrance door labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical panel cover installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical panel clear and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency lighting working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency lighting tested monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of extension cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical hazards 527 CMR 1.06(1)(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Flammable and Combustible Liquids 527 CMR 6.0, 9.0, 14.0**

	Y	N	N/A
Permit or license to store products 527 CMR 10.03(5)(d) & 14.03(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of product stored _____			
Amount stored _____			
Liquids stored in safety cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS information submitted to fire department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tier 2 information filed yearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FP290 Underground Tank Storage on file CMR 9.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of AST 527 CMR 9.0s & 9.04 _____			
Location of UST 527 CMR 9.05 _____			
Propane storage location 527 CMR 6.0 148 s9, s10, s28 _____			

**Special/Clean Agents**

	Y	N	N/A
Agent Type _____			
Extinguishing system protects _____			
Manual release properly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual release clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System gauges visible and in proper working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agent room door labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agent system connected to building fire alarm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of Agent room _____			
Date of last Annual Inspection _____			

**Waste Oil Storage 527 CMR 9.0**

	Y	N	N/A
Permit from Fire Department: 527 CMR 9.06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount Stored _____			
Location of tank _____			
Waste oil tank vented to outside 527 CMR 9.06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste oil tank labeled hazardous waste/waste oil 527 CMR 9.06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Kitchen Systems NFPA 96 527 CMR 10.03(8) 780 CMR 913.0**

	Y	N	N/A
Filters easily accessible and removable for cleaning NFPA 96 3-2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust duct system not interconnected with any building ventilation NFPA 96 4-1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust roof top unit 40" above roof surface NFPA 96 4-8.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust roof top unit 10' from air intakes NFPA 96 4-8.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No grease accumulation in hood or sprinkler heads NFPA 96 4-8.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K Class fire extinguisher installed NFPA 96 7-1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of last Semi Annual Hood Suppression system inspection NFPA 96(8.2) _____			
Fusible link shall be replaced annually NFPA 96 (8.2.2)			

### Housekeeping

		Y	N	N/A
Proper inside & outside storage of combustible or flammable material 527 CMR 10.3, 10.5, 148 s24		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage of gasoline in building	527 CMR 14.03(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Regulations	527 CMR 10.07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal decorations	527 CMR 21.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person to notify (PTN) list on file		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PTN _____				
PTN _____				
PTN _____				

**Fire Code Violations 527 CMR 1.06(1) 148 s28**

**Failure to correct violations 527 CMR 1.06(7)**

**Building Code Violations 527 CMR 1.06(5)**

**Notification to other officials 527 CMR 1.06(6)**

**Penalties 527 CMR 1.07 (1-3)**

Signature of person interviewed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Obstructions and Hazards in Retail, Commercial, Institutional, Industrial, Habitable Buildings 527 CMR 25:00**

Obstruction exists or a quantity of hazardous material stored on a public or private way 527 CMR 25.02

Any new retail buildings shall include access for fire department vehicles on at least two sides 527 CMR 25.03

The head of the Fire Department will inspect retail establishments relative to maintaining clear aisles and exits free of obstructions and hazardous substance 527 CMR 25.04

The head of the Fire Department shall inspect commercial and Industrial occupancy relative to the outside access to provide suitable areas for stationing of fire apparatus for rescue and firefighting personnel and the evacuation of the building 527 CMR 25.05

Buildings of Industrial occupancy shall be inspected yearly and provide access on at least one side of the building. The interior corridors and exit ways of all such buildings shall be kept clear of obstacles and hazardous materials as directed by the head of the Fire Department. 527 CMR 25.06