

EMERGENCY CONTACT INFORMATION FORM

Occupancy: xxxxx PIN: xxxxxx
Address of Business:
Apt/Suite Number:
Business Name:
Business Phone:
Owner/Corp. Name:
Owner/Corp. Phone:
Manager's Name:
Manager's Home Phone:
First Person to Notify in Emergencies:
Phone:
Consend Dayson to Notify in Emparagains
Second Person to Notify in Emergencies:
Phone:
Puilding Owner
Building Owner:
Phone:
Insurance Company/Agent Name:
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Insurance Company/Agent Address:
Insurance Company/Agent Phone:



SELF-INSPECTION CHECKLIST

BUSINESS NAME:	
BUSINESS ADDRESS:	
CONTACT NAME/PHONE NUMBER:	

	Yes	No	Date Violation Corrected
Has a representative of your insurance			
company come to your business and conducted an on-site, fire and life safety			
inspection in the past 12 months?			
moposition and past 12 memale.			
If yes, please include a copy of that			
inspection form when returning the self-			
inspection checklist.			
What is the current use of the building?			
Describe bore.			
Describe here: Have you made any additions/modifications			
to the structure or added racks for storage?			
Have all excessive amounts of combustible			
waste materials (empty cardboard boxes,			
trash, etc.) stored inside or outside of the			
building been removed?			
In buildings without a sprinkler system: Are			
materials stored a minimum of two feet			
below the ceiling?			
In buildings with a fire sprinkler system: Are materials stored a minimum of 18 inches			
from the bottom of the sprinkler head?			
Is the building address clearly visible and			
large enough to be seen from the street?			
Do you have a lock box for Fire Department			
access on your building? If so, have you			
recently changed the locks to the building?			
If you you will need to contact the Fire			
If yes, you will need to contact the Fire Department to have the new keys installed			
in the lock box.			
Do the electrical panels have 30 inches of			
clearance in front for easy access?			
Do all of the electrical junction boxes, outlets			
and switches have cover plates on them?			



	Yes	No	Date Violation Corrected
Have all extension cords been removed?			
Do all the multi-plug power strips have surge protection built in and are they free from damage/splicing?			
Are all the multi-plug power strips plugged directly into a permanently installed outlet?			
Has the commercial hood system been cleaned as required in the California Fire Code*?			
*High-volume cooking (24hr cooking/ charbroiling/wok cooking) – every 3 mos. Low-volume cooking (churches/seasonal business/senior centers) – every 12 mos. Cooking w/solid fuels (wood) – every month All others – every 6 mos.			
Date of cleaning:			
Cleaning company:			
Has the commercial hood extinguishing system been serviced in the past 6 months?			
Date of service:			
Servicing company:			
Have all holes in the walls, ceilings, or doors been properly repaired?			
In assembly occupancies: have all decorative materials (i.e. curtains) been flame retardant treated?			
Has the fire sprinkler system been tested in the past 12 months?			
Date of test:			
Testing Company:			
Have all painted, damaged, or obstructed sprinkler heads been repaired/replaced?			



	Yes	No	Date Violation Corrected
□ N/A			
Has the fire alarm system been tested in the past 12 months?			
Date of test:			
Testing company:			
Do your fire extinguishers have a minimum 2A:10B:C rating?			
Is there at least one fire extinguisher within 75 feet travel distance from all areas of the building?			
Have all fire extinguishers been serviced within the past 12 months?			
Date of service:			
Servicing company:			
Is there clear access to the fire sprinkler riser(s), fire hydrants, fire department connection (FDC), and all fire lanes?			
In assembly occupancies: Do you have the maximum occupancy clearly posted near the main entrance?			
Is there a clear and unobstructed path to all of the exits?			
Is all of the emergency lighting functioning properly?			
Are all of the exit doors unlocked and unobstructed when the building is occupied?			
Are all of the exit signs clearly visible and continuously lit?			
Are all of the compressed gas cylinders properly secured to prevent falling?			
Is your business license posted in a clearly visible location?			



Comments:		
I certify under penalty of p	perjury that the responses given are true	e and correct.
Print name/title	Signature	 Date