



Elizabeth Fire Protection District Self-Inspection Worksheet

Business Name: _____

Business Address: _____

Business Mailing Address: _____

E-mail: _____

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1. Please complete the top of this form regarding your business name and mailing address. If your mailing address is different than your business address, please note it above.
 2. Walkthrough your business space(s) answer all questions that apply to your area (s) below. If an item does not apply, please mark n/a in that column.
 3. When the inspection is complete, and all deficient items are corrected, please sign and date page two of this form and return it within 30 days to Elizabeth Fire Protection District 155 W. Kiowa Ave. P.O. Box 441 Elizabeth, CO 80107.
 4. You may request assistance with your inspection by checking the line on the bottom of page two of this form.
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- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Is your address or unit number visible from the street, and do the numbers contrast with their background? If you answered "No," have you now corrected this? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are all exterior trash containers (dumpsters) located at least five feet away from the building, and are the lids kept closed? If you answered "No," have you now corrected this? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the exterior of your building kept free of weeds, trash, or debris? If you answered "No," have you now corrected this? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are exit doors and hallways clear of all obstructions, including storage? If you answered "No," have you now corrected this? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If illuminated EXIT signs are provided, are they in working condition? There is a battery test button on the exterior of the exit sign. If you answered "No," have you now corrected this? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are circuit breakers panels unobstructed with a minimum of 36" of clearance provided? If you answered "No," have you now corrected this? | <input type="checkbox"/> | <input type="checkbox"/> |

YES|NO

7. Are all cover plates in place on electrical outlets and switches within your space(s)? If you answered "No," have you now corrected this?
8. Are extension cords used? If you answered "Yes," have you removed and replaced them with an electrical outlet to support the electrical device? Extension cords are for temporary use only.
9. Are multi-plug adapters in use? If you answered "Yes," please removed and replace them with an approved "breaker" multi-plug unit with a fuse.
10. Are mechanical, boiler, and furnace rooms in your space(s) free of any combustibile storage and materials? If you answered "No," have you now corrected this?
11. If the building has a fire sprinkler system, storage shall be located no less 18" below sprinkler head (if any) or 24" below the ceiling. Does your room meet this provision? If you answered "No," have you now corrected this?
12. Have fire extinguishers been inspected and serviced within the last year by a licensed company? Is the extinguisher(s) marked so by a proper tag? If you answered "No," have you now corrected this?
13. Is the fire extinguisher mounted on the wall so that it is visible and accessible for use? (Not blocked by storage). If you answered "No," have you now corrected this?
14. If you are required to maintain your fire alarm system, has it been inspected annually? If you answered "NO," have you corrected this?
15. If you are required to maintain your fire sprinkler system, has it been inspected annually? If you answered "NO," have you now corrected this?
16. If you are required to maintain your kitchen hood suppression system, has it been inspected bi-annually? If you answered "NO," have you now corrected this?

How long did it take you to perform this inspection? _____

Date: _____

I declare that the preceding is true and correct:

Responsible Party Signature: _____

Please Print Responsible Party Name: _____

Contact Phone Number: _____

Comments: _____

If you wish assistance with this inspection, check the box or call (303) 646-3800.