



PROSPER FIRE RESCUE

FIRE MARSHAL'S OFFICE

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Multi-Tenant Annual Inspection Checklist

This inspection checklist is provided as a courtesy to assist with your Annual Fire & Life Safety Inspection requirements

Facility Name: _____
Address: _____
City, State & Zip: _____
Contact Name: _____

Email Address: _____
Phone Number: _____
Date: _____

P	F	N/A	General Housekeeping Precautions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accumulation of combustible waste materials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weeds, grass, vines capable of being ignited
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper storage of combustible rubbish
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of combustible rubbish in proper locations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with open flame, fire & burning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle impact protection general
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueled equipment (lawn equipment, generators, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage maintained 18" below sprinkler deflector
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage in electrical, boiler, mechanical rooms, etc.

P	F	N/A	Fire Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire alarm system maint. in operative condition (current tag)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access control drops out upon alarm or power loss
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Offsite monitoring service of systems (current tag)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler system maint. in operative condition (current tag)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hood suppression maint. in operative condition (current tag)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excessive grease build-up & cleaning records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extinguishers maint. in operative condition (current tag)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extinguishers unobstructed & unobscured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extinguisher hangers, brackets & cabinets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to fire department connections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locking FDC connection caps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clear space around FDC connections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ambulatory care facilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ambulatory care facilities sprinkler system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ambulatory care facilities fire alarm system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ambulatory care facilities occupant notification

P	F	N/A	Emergency Planning & Fire Service Features
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire safety, evacuation & emergency preparedness plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire apparatus access roads
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire apparatus access markings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire apparatus access obstructions (vehicles parked in fire lane)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to building openings & roofs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Address visible from street (6" letters)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Key box access & verification of necessary keys
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire protection water supplies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire protection/utility equipment access/identification

P	F	N/A	Means of Egress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Means of egress obstructed (reduced or blocked)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency lighting operational under battery power
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door swing direction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door opening force
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door locks & latches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access controlled egress doors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panic & fire exit hardware maintenance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit Signs visible and operational under battery power

P	F	N/A	Electrical Equipment & Wiring Hazards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical wiring to NFPA 70, current edition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper illumination of elect., boiler, mechanical rooms, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working space & clearance of electrical service equip.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper identification & labeling of doors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of extension cords
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unapproved condition (missing covers, switches, outlets, etc)

P	F	N/A	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discontinuing operation of unsafe appliances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compressed gas cylinders secured from falling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevator operation, service, signs & keys (TDLR)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backflow prevention devices comply with the TCEQ

Comments: _____

Inspector's Name: _____

Responsible Person: _____