



Apartment 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
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|--------------------------|--------------------------|--------------------------|-------------------------------------------------------|
| <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	Emergency Planning & Fire Service Features
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|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------|
| <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	Electrical Equipment & Wiring Hazards
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|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------|
| <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	Fire Resistance & Rated Construction
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|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Penetrations sealed in floors, walls & ceilings (missing tiles) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hold open and closer devices (door holders, dampers, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Door operations compliant |

P	F	N/A	Access Gates & Doors
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|--------------------------|--------------------------|--------------------------|----------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Key switches, padlocks, lock boxes installed for release |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Remote key & secondary releases installed & working |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pedestrian gate release installed & working |

P	F	N/A	Fire Protection
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|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------|
| <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"/> | Extinguishers maint. in operative condition (current tag) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extinguisher 2A-10B:C installed hall/breezeway within 75' |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extinguisher 1A-10B:C installed in each apartment unit |
| <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 |

P	F	N/A	Means of Egress
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|--------------------------|--------------------------|--------------------------|--------------------------------------------------------|
| <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	Other
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|--------------------------|--------------------------|--------------------------|--------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discontinuing operation of unsafe appliances |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Elevator operation, service, signs & keys |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Backflow prevention devices comply with the TECQ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency 911 phone by the pool |

Comments: _____

Inspector's Name: _____

Responsible Person: _____