BELLINGHAM FIRE DEPARTMENT - OCCUPANCY SURVEY FORM

Occupancy Name	Premise No.
Occupancy Location	Phone No.

☐ ***No Violations Noted, GREAT JOB!***

The items CHECKED below need your attention:

✓	***Violation Noted / Correction Needed***	
	Provide a minimum 24 inches between storage and a non-sprinkled ceiling or a minimum of 18 inches below sprinkler head deflectors, IFC 315.2.1	
	Provide a working space of not less than 30 inches in width or width of panel board, 36 inches in depth and 78 inches in height in front of electrical service equipment, IFC 605.3	
	Discontinue use of multi-plug adapters, cube adapters, and unfused plug strips, IFC 605.4	
	Provide permanent wiring, extension cords shall not be a substitute for permanent wiring, IFC 605.5	
	Provide approved covers for all switch and electrical boxes, IFC 605.6	
	Repair walls, fire stops, floors, fire-resistive coatings, etc. to resist the passage of smoke and fire, IFC 703.1	
	Maintain fire detection, alarm and extinguishing systems in an operable condition at all times, IFC 901.6	
	Maintain portable fire extinguishers, IFC 906.2	
	Provide a 2A:10B:C: portable fire extinguisher in required locations, IFC 906.3	
	Mount fire extinguishers weighing up to 40 pounds so that their tops are not more than 5 feet above the floor, IFC 906.9.1	
	Remove obstructions from exit accesses, exits or exit discharges, IFC 1030.3	
	Maintain exit sign as originally installed and remove decorations, furnishings, equipment or adjacent signage that impairs the visibility of exit signs, creates confusion or prevents the identification of the exit, IFC 1030.4	

I understand the designated violations and corrective actions.

Printed Name _____ Signature _____ Date _____

A follow-up survey will be made on or about _____

Date Survey Completed: _____ Employee No. _____

This fire prevention survey was made for the purposes of promoting fire safety and to assist the owner/manager in correcting conditions, which may cause or contribute to a fire. It contains a list of items that must be corrected to bring safety conditions up to the minimum standards prescribed by the International Fire Code and City Ordinance. This survey does not alleviate the owner/manager's ongoing obligation to locate and correct safety hazards. If you have questions throughout the year, please call 360-778-8420 between 8 AM and 5 PM Monday through Friday.

Certification of Completion

I (print name) _____
certify that the required corrections have been made.

Signature _____ Date _____

Please mail signed form to the Bellingham Fire Department, Attn: Life Safety Division: 1800 Broadway, Bellingham, WA 98225, or fax to 360-778-8401.

This completes this year's visit. Thank you!