



UINTAH CITY FIRE DEPARTMENT
FIRE PREVENTION / INSPECTION DIVISION
2191 E 6550 South, Uintah, UT 84405

FIRE & LIFE SAFETY SELF-INSPECTION WORKSHEET

Instructions

Please confirm/correct your business name and address. Fill in your business phone number number of employees, and emergency contact information.

Walk through your business with this worksheet. Respond to all questions by marking YES NO or NA (not applicable). All NO answers indicate unsatisfactory conditions that require your attention. A comment on each NO answer must be made in the comments section of this form indicating the action to be taken to correct the problem and the anticipated completion date. You may attach additional pages of comments or supporting documents as you feel necessary. If you are renting or leasing space and your lease requires the owner to make the corrections, you must advise him/her of the problem(s). Please indicate the owner's name, address, and telephone number(s) in the comments section. NOTE: ***It is your responsibility to see that the corrections are made.***

If you have questions or need assistance, please contact the fire department by calling (801) 425-2802 or email wpope2953@gmail.com

BUSINESS NAME:			
TYPE OF BUSINESS:			
STREET ADDRESS:			
MAILING ADDRESS:			
OWNER'S NAME		OWNERS PHONE	
BUSINESS PHONE		NUMBER OF EMPLOYEES	

Whom may we contact after house, in case of emergency?

NAME		PHONE	
NAME		PHONE	
INSURANCE CARRIER		PHONE	

What, if any, hazardous or flammable/combustable materials are stored on site?

MATERIAL TYPE	QUANTITY / GALLONS

EXTERIOR

Are Address Numbers	YES	NO	N / A
At least 4 inches tall?			
In contrasting Colors from Building?			
Visible from the street?			
Are fire lanes marked, maintained, and unobstructed always?			
Is the dumpster kept at least 10 feet away from the building?			
Is the dumpster emptied regularly?			
Are gas/electric meters and shut offs accessible?			
Are gas/electric meters and shut offs protected?			

INTERIOR

	YES	NO	N / A
Are all exit doors unlocked during business hours?			
Are all exits accessible and clear of obstructions at all times?			
Can exit doors be opened from inside without a key?			
Are all lighted exit signs/emergency lighting working?			
Is all stock and storage at least:			
2 feet from ceiling?			
4 feet from heat source (furnance, water heater)			
Out of aisles, stairways, and exit paths			
18" below ceiling in sprinklered building			
Is all debris and cobustible waste disposed of properly?			

ELECTRICAL

	YES	NO	N / A
Is there 3 feet of clearance around electrical panels?			
Are all electrical circuit breakers and fuses labeled?			
Are all electrical outlets, switches, junction boxes covered?			
Are all electrical devices properly grounded?			
Do all multi-plug adaptors have a self-breaking switch?			
Have all extension cords been replaced with permanent wiring?			
Have frayed, worn, or spliced electrical wires been replaced?			

MISCELLANEOUS

Are compressed gas cylnders/bottles secure to the wall with caps in place and tightly closed?	YES	NO	N / A
Are all holes in walls and ceilings patched?			
Are all ceiling tiles in place?			
Are all ceiling tiles in good condition?			
Do you have portable gas fired heating applicances?			

FIRE PROTECTION

Do you have at least 1 fire extinguisher rated minimum 2A, 10BC?			
Do you have enough fire extinguishers so that you do not have to travel more than 75 feet to access one?			
Have all extinguishers been inspected, tagged and serviced within the past year by a certified service company?			
Are all fire extinguishers mounted so that the top of the extinguisher is no more than 5 feet above the floor?			
Are all fire extinguishers visible and readily accessible?			
Does your smoke/heat detectors work properly?			
Has your sprinkler system or hood system been inspected tagged or serviced within the past year?			

COMMENTS / CORRECTIVE ACTIONS (attach additional sheets if necessary)

I certify that I have conducted a fire and life safety self-inspection at this address and that the responses listed above on the worksheet are true and correct under penalty of perjury within the laws of the State of Utah

Signature of Responsible Party	Date

Printed name of Responsible Party	Title

Please select your preferred day of the week and time for your final inspection

<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Dates will be assigned for final inspection within 30 days of return of this form. The final inspection process is required prior to business license renewal

Thank you for taking the time to complete this self-inspection worksheet