

**NORTH WILKESBORO FIRE DEPARTMENT
SELF-INSPECTION PROGRAM
WORKSHEET**

IN ORDER TO COMPLY WITH THE FIRE CODE, PLEASE FOLLOW DIRECTIONS
1-6 BELOW

1. Owner, Manager or Responsible Person shall conduct the inspection and sign the form.
2. Please print and complete the requested business information below.
3. Walk through your occupancy. Start outside and work in. Look carefully for possible hazards. Answer all applicable questions on the worksheet.
4. When the inspection is completed, note deficiencies and correct as needed. Note the date of corrections.
5. Read, sign and date the affidavit/declaration located at the end of this worksheet.
6. You have 30 days to conduct the inspection, correct the deficiencies and complete and return this worksheet to:

**NORTH WILKESBORO FIRE DEPARTMENT
709 9th St.
North Wilkesboro, N.C. 28659**

BUSINESS INFORMATION:

Business Name: _____ Business Phone: _____

Street Address: _____ Zip Code: _____

Business Owners Name: _____

Business Owners Home Address:

Type of Business: (Industry, Mercantile, Business, Storage, Assembly or Residential)

Emergency Contact: _____ 24-hour Phone: _____

Building Owner: _____

Building Owner's Home Address: _____

Building Owner's Home Phone: _____ Pager/Cell: _____

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPORATE BOX

EXTERIOR SURVEY

- (1) Are automatic fire sprinkler system valves, fire department connections and gas supply valves free from obstructions by (weeds, brush, storage or signage)?
[] Yes [] No [] N/A
- (2) Are exit doors free from obstruction by (snow, storage or equipment etc.)?
[] Yes [] No
- (3) Are fire hydrants located on the property free from obstruction and visible?
[] Yes [] No [] N/A
- (4) Are security lights free from animal nesting material? [] Yes [] No [] N/A
- (5) Is the building address and or suite identification located on the exterior of the building, contrasting color to building's color, facing the street and a minimum of 4- inch height and 3/4 inch stroke?
[] Yes [] No [] N/A
- (6) Is the Knox Box updated with the proper entry keys? [] Yes [] No [] N/A

Deficiency Number(s): _____
Correction Date(s): _____

FIRE PROTECTION SYSTEMS AND EQUIPMENT

CHECK THE APPROPORATE AREA IF YOU HAVE THESE SYSTEMS:

- () Class I (Dry) Standpipe(s) () Class II (Wet) Standpipe(s) () Fire Escape
- () Automatic Fire Sprinkler System () Monitored Fire Alarm & Detection System (Smoke Detection or Heat Detection)
- () Non-Monitored Fire Alarm System () Automatic Closing Fire Doors
- () Special Hazard Automatic Extinguishing System: [CO₂ , FM200, Halon, Dry Chemical, Intergen or Commercial Cooking UL 300 Wet Chemical]

NOTE: The North Wilkesboro Fire Department must have approved the initial design and installation. In the event the system is not placarded by the Fire Department, please arrange for a re-acceptance test with the installing contractor and the Fire Department to assure proper design and installation with adopted codes and standards.

Fire Protection Systems (Continued)

- (1) Has the fire protection system been inspected, serviced and annual maintenance performed by a licensed/qualified technician in accordance with code and applicable standards? Yes No N/A
- (2) Are the service, testing and maintenance records kept in the required "Red Binder Book" located at the fire protection system in accordance with City Ordinance? Yes No N/A
- (3) Is there a minimum of 18 inches clearance below the top of storage and bottom of the fire sprinkler deflector or piping? Yes No N/A
- (4) Is the fire protection system control valves, panels and or equipment accessible and free from obstruction for service, inspection and maintenance? Yes No N/A
- (5) Has a process or type of storage changed within the last 12 months that may affect the proper sprinkler design or discharge pattern? Yes No N/A
- (6) Do you have portable fire extinguishers available to the occupants with a minimum classification rating of (3A 20 BC) and Type K for Kitchen Operations? Have all extinguishers been serviced, inspected and tagged by a licensed firm within the past year? Yes No N/A
- (7) Are extinguishers plainly visible and hung on brackets? Yes No N/A

Deficiency Number(s): _____
Correction Date(s): _____

INTERIOR SURVEY

- (1) Are all exits and exit pathways clear and unobstructed? Yes No
- (2) Are there any obstructions (wedges, blocks or doorstops, etc.), that would cause the improper operation of an automatic or self-closing fire rated door? Yes No N/A
- (3) Are all exits and pathways to exit identified with visible illuminated exit signs with directional indicators and appropriately sized letters with a minimum of 6-inch height and 3/4 inch stroke? Yes No
- (4) Does all emergency lighting function properly when primary electrical power is disconnected? Yes No N/A

Interior Survey (Continued)

(5) Do maintenance personnel quarterly disconnect the primary power supply to illuminated exit signs and emergency lighting fixtures to exercise the battery back-up devices to prolong the life of the batteries? Yes No N/A

(6) Is there a minimum of 36-inch clearance around all heating appliances and gas fired water heaters? Yes No N/A

(7) Has your gas fired furnace been inspected by a qualified technician to prevent carbon monoxide build-up by cracked heat exchangers or leaking fittings? Yes No N/A

(8) Is all storage kept in a neat and orderly manner away from heat sources such as light fixtures, heating appliances and electrical supply panels? Yes No

(9) Are there any holes in the ceilings or walls that could expose combustible wood or allow for fire spread into the attic or walls? Yes No

(10) Are electrical extension cords used to provide power to equipment? Yes No
If Yes, extension cords are not permitted to be used as a replacement for permanent power supply. Listed multi-plug strip plates are permitted for use when additional outlets are needed.

(11) Is there a minimum of 36-inch clearance to electrical power supply panels? Yes No

(12) Are there cover plates on all electrical light switches, outlets and supply panels? Yes No

(13) Is the heating and air conditioning unit cleaned and new filters installed on a regular basis? Yes No

(14) Is there any use or storage of hazardous materials in the operation of your business (liquid, solids or gases)? Yes No

Quantity: _____

Locations: _____

(15) Is there any use of flammable or combustible liquids in or around the building? Yes No

Quantity: _____

Locations: _____

Deficiency Number(s): _____

Correction Date(s): _____

Please consider this worksheet as an official order for compliance with all codes and ordinances of the North Wilkesboro Fire Department.

Declaration:

I hereby certify that the above information, to the best of my knowledge, is true and correct:

Name (Please Print) _____

Title: _____

Date: _____

Signature: _____

I wish to have the North Wilkesboro Fire Department to schedule an inspection of this occupancy [].

Comments:

Please return this worksheet to:

**North Wilkesboro Fire Department
709 9th St.
North Wilkesboro, N.C. 28659
Office: 336-838-2552
Fax: 336-838-1299**