

**CHADDS FORD TOWNSHIP  
FIRE MARSHAL'S OFFICE  
INSPECTION REPORT**

**BUSINESS COMPLIANCE SAFETY INSPECTION FORM**

OCCUPANT:				<input type="checkbox"/> Emergency Contact Sheet					
ADDRESS:				Days of Operation					
Type of Business:				Hours of Operation					
Phone:				Pass <input type="checkbox"/>		Fail <input type="checkbox"/>			
Inspector:									
	Y	N	n/a	Date:	Time:	Y	N	n/a	
1. Address Visible from Street				19. Electrical Box Accessible & Closed					
2. Number of Stories				20. Visual Electrical					
3. Fire Lanes & Signage				21. Electrical Shutoff					
4. FDC Clear and Marked				22. Visual Heating/Chimney					
5. Key Lock Box & Location				23. Clear of Combustibles in Mech. Room					
6. Handicap Parking & Signage				24. Orderly Storage/Ceiling Clearance					
7. Accessible Route/Clearance				25. Hazardous Material Storage					
8. Working Carbon Monoxide Detectors				26. MSDS Sheets Available					
9. Occupant Load Posted				27. Working Smoke Detectors on Each Level					
10. Interior Handrails				28. Fire Alarm System & Date Tested					
11. Two or More Exits Provided				29. Basement					
12. Exit Door Swing				30. Sprinkler System & Date Tested					
13. Exit Door Locks/Panic Hardware				31. Sprinkler Heads 18" Ceiling Clearance					
14. Exit Free of Storage				32. Sprinkler Heads Unobstructed					
15. Exit Signs				33. Hood System(s) & Date Tested					
16. Emergency Lights Working				34. Fuel - Gas Shutoff					
17. Exterior Remotes Working				35. Fire Extinguishers & Date Tested					
18. GFI Outlets				36. Fire Extinguishers Mounted					
Sq. Feet: Under 1500 _____				1500-3000 _____		3000-5000 _____		Over 5000 _____	
REMARKS:									

Re-Inspection Date: \_\_\_\_\_

IN THE INTEREST OF PUBLIC SAFETY AND TO COMPLY WITH THE CHADDS FORD TOWNSHIP ORDINANCES, THE ABOVE VIOLATIONS MUST BE CORRECTED IMMEDIATELY. FAILURE TO COMPLY WILL RESULT IN PENALTIES AS SET FORTH IN ORDINANCES OF CHADDS FORD TOWNSHIP. A RE-INSPECTION WILL BE SCHEDULED WITHIN THE NEXT 30 DAYS. THIS NON-COMPLIANCE WILL RESULT IN THE ISSUANCE OF A NON-TRAFFIC SUMMARY CITATION.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this inspection form, the occupant acknowledges the noted violations and agrees to correct these violations within 30 days or the time period designated on this form.*