



FARMINGTON FIRE BUSINESS LICENSING – PRE-INSPECTION WORKSHEET



Date: _____ Business Lic. Name and #: _____

Address: _____ Unit: _____ Zip: _____

Owner Name: _____ Owner Tel: _____ Email: _____

24 Hour Emergency Contact Name: _____ Tel: _____

IN ORDER TO COMPLY WITH FARMINGTON ADOPTED ORDINANCES AND CODES, PLEASE FOLLOW DIRECTIONS 1-22 BELOW:

- Owner, manager, or other responsible party shall conduct the inspection and sign the form.
- Print the business name, address, license number and owner information at the top of the form.
- Walk through the business with this form, and answer all questions listed below.**
- When the inspection is complete and all questions answered "NO" have been corrected, read, sign, and date the declaration at the bottom of this form, make a copy for your files, and **only then** you can contact the Fire Prevention Bureau to schedule your inspection.

This form must be completed, signed and available at the time of inspection.

| | | | | | | | |
|---|---------------------------------|--------------------------------|---------------------------------|---|---------------------------------|--------------------------------|---------------------------------|
| 1. Is your address visible on the outside of the building with contrasting background and numbers at least 5 inches in height? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> | 9. Are gas shut off valves clear of weeds, trash, storage, etc., and are they visible and accessible? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| <i>If NO, date corrected</i> | | | | <i>If NO, date corrected</i> | | | |
| 2. Is drive or alley around the building kept free from weeds, debris, or obstruction? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> | 10. Is your heating/air conditioning unit cleaned and/new filters installed on a regular basis? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| <i>If NO, date corrected</i> | | | | <i>If NO, date corrected</i> | | | |
| 3. Are all exit aisles, hallways, doorways, stairways, landings, and walkways clear of any obstructions? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> | 11. Are equipment/mechanical rooms free of combustible storage? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| <i>If NO, date corrected</i> | | | | <i>If NO, date corrected</i> | | | |
| 4. Are all electrical breaker panels accessible and labeled to show which area is affected by each circuit breaker? (36" Clean space) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> | 12. Are piles of paper, trash, etc., in and around your building, picked up and disposed of regularly? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| <i>If NO, date corrected</i> | | | | <i>If NO, date corrected</i> | | | |
| 5. Are circuit breakers clear of any tape, string or wire that would affect their operation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> | 13. Do you have a fire extinguisher in your business? The minimum required is a 2A10BC (refer to label on extinguisher). | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| <i>If NO, date corrected</i> | | | | <i>If NO, date corrected</i> | | | |
| 6. Is the cover on the electrical panel and face plates installed on all electrical outlets and switches? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> | 14. Have all fire extinguishers been inspected, tagged and serviced within the last year by a fire extinguisher company licensed by the State Fire Marshal? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| <i>If NO, date corrected</i> | | | | <i>If NO, date corrected</i> | | | |
| 7. Are extension cords being used for more than portable appliances? Do they run through walls, ceilings, floors, under doors or floor coverings? Are they affixed to the building? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> | 15. Is a fire extinguisher mounted or secured on a wall (preferably near an exit) so that the top of the extinguisher is not more than 5 ft. above the floor? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| <i>If YES, date corrected</i> | | | | <i>If NO, date corrected</i> | | | |
| 8. Is electrical in good condition? Inspect electrical wiring for fraying, wear and/or splices. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> | 16. Are all fire extinguishers visible and readily accessible for use (not blocked by storage, etc.)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| <i>If NO, date corrected</i> | | | | <u>No more than 75 feet of travel from anywhere in Business.</u> | <i>If NO, date corrected</i> | | |

(over)

| | | | | | | | |
|--|-----------------------|----|-----|--|---|----|-----|
| 17. Has your kitchen hood system been serviced in the last 6 months? | YES | NO | N/A | 18. Do you store or use compressed oxygen or acetylene, or greater than 5 gallons of flammable liquids, or greater than 25 gallons of combustible materials? | YES | NO | N/A |
| | | | | | | | |
| | If NO, date corrected | | | | If YES, please contact the local Fire Marshal | | |

| | | | | | | | |
|--|------------------------------|----|-----|---|-----------------------|----|-----|
| 19. Is all construction and remodeling at the business complete and approved by the Farmington City Building department? | YES | NO | N/A | 21. Does the main entry door to the business have a keyed deadbolt on the interior side of the door with signage attached that reads: "This door to remain unlocked during business hours"? | YES | NO | N/A |
| | | | | | | | |
| | If NO, obtain proper permits | | | | If NO, date corrected | | |

| | | | | | | | |
|---|-----------------------|----|-----|---|-----------------------|----|-----|
| 20. Are exit(s) clearly marked with lighted exit signs? | YES | NO | N/A | 22. Are handrails installed on all stairways? Are the handrails all in good repair? | YES | NO | N/A |
| | | | | | | | |
| | If NO, date corrected | | | | If NO, date corrected | | |

**If you have any questions regarding items 1-22 above, please call your local Fire Marshal:
Farmington Fire Marshal: 801-837-2778 Email: Jweston@farmonton.utah.gov**

ANY PERSON WHO WILLFULLY STATES AS TRUE ANY MATERIAL HEREIN WHICH HE/SHE KNOWS TO BE FALSE MAY BE GUILTY OF PERJURY. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Responsible Party: _____ Business Lic # _____

Printed Name: _____ Date Completed: _____