

Appendix D

Self-Inspection Form

| Fire Suppression Systems | Yes | No | N/A |
|---|-----|----|-----|
| Is the top of storage maintained at a minimum of 18" below head deflectors in fire sprinklered areas? | | | |
| If you have a sprinkler system in your space, is it operational and has it been inspected by a qualified service company? | | | |
| If you have a hood-and-duct suppression system, is it operational and has it been inspected by a qualified service company within the last six months? | | | |
| Housekeeping & Decorations | | | |
| Is combustible rubbish and trash removed from the suite a minimum of once each working day? | | | |
| Mechanical Hazards | | | |
| Is the venting for exhaust products of combustion intact for gas appliances within the suite (e.g.: water heaters, furnaces)? | | | |
| Are safe clearances (minimum 36") maintained between gas-fired appliances (such as water heaters, furnaces, etc.) and combustible materials? | | | |
| Is safe clearance provided around all heating devices? | | | |
| Smoke Detectors | | | |
| If you have smoke detection or a fire alarm in your space, have they been tested in the last year by a qualified service company? | | | |
| Storage of Combustibles | | | |
| Is the storage of combustible materials within the suite orderly? | | | |
| Are any boiler rooms, mechanical rooms and electrical panel rooms within the suite clear of any combustible material storage? | | | |
| Is there a minimum of 24" of clear space provided between storage and ceiling if the building does not have fire sprinklers? | | | |
| Storage of Compressed Gas Cylinders | | | |
| If you have compressed gas containers (such as CO2, helium, etc.), are they chained and labeled? | | | |
| Storage of Combustible and Flammable Liquids | | | |
| Are any quantities in excess of 10 gallons of flammable and combustible liquids used for maintenance purposes and the operation of equipment stored in liquid storage cabinets? | | | |

The party occupying the space is responsible for ensuring the safety of the occupants of that space and having all noted hazards corrected. A "No" response to any of these questions indicates the presence of a fire code violation. Once all hazards identified as having a "No" response are corrected, please sign, date, and return this form to us. Thank you for your cooperation.

Print Name of Person Performing the Inspection _____ Date _____

Signature of Responsible Person _____ Date _____

**Checks should be made payable to:
Sacramento Metropolitan Fire District**

**Sacramento Metropolitan Fire District
c/o Fire Recovery USA Processing Center
2271 Lava Ridge Court, Suite 120
Roseville, CA 95661**