



# FIRE SAFETY CHECKLIST

**Note:** The following Fire Safety Checklist contains the basic fire safety requirements for an annual inspection of existing buildings in the City of Miami Beach. Every No answer must correspond to a violation in the NOV. The inspector is not limited to only the items on this form and should include any other code violations noted during the inspection. Please attach applicable system inspection forms.

|                         |                              |                              |
|-------------------------|------------------------------|------------------------------|
| <b>Date:</b> _____      | <b>Name / Address:</b> _____ | <b>Fire Inspector:</b> _____ |
| <b>Occupancy:</b> _____ |                              |                              |

| YES                      | NO                       | N/A                      | EXTERIOR   | YES                      | NO                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Are exits, exit access and discharge clear to public way?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 Is the Business license (BTR) current, correct, and posted in a conspicuous location?<br>BTR/CU/Fire # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Is the outside building perimeter free of trash or debris? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 Are fire hydrants maintained and tested?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Is the building address visible from the street?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 Is lock box properly located by front door and/or gate?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Are Fire Dept access and fire lanes adequate and marked?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 Have all required keys been provided?<br>Check each key.   |

| YES                      | NO                       | N/A                      | LIFE SAFETY : NFPA 101  | YES                                | NO                       | N/A                      | COMMON FIRE HAZARDS: NFPA 1  |
|--------------------------|--------------------------|--------------------------|---|------------------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Are the available number of exits accessible, unobstructed, adequate and properly arranged? | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | 16 Verify junction boxes and receptacle/switch outlets are covered?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Are exit corridor / aisles / stairways clear and unobstructed?                              | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | 17 Is permanent wiring used throughout?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Are all exit/fire rated doors operating properly with self-closer and self-latching?        | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | 18 Does electrical equipment appear to be in good condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Are exit doors equipped with approved exit hardware and locking devices?                    | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | 19 Is there proper clearance between heating unit(s) and combustibles?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 Do exit doors swing in the direction of egress travel?                                      | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | 20 Are there "No Smoking" signs posted where needed?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 Is the illumination of exits adequate?  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | 21 Does facility maintain good housekeeping, including exterior? (No excess combustibles, CO2 tanks chained to wall) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 Are exit signs and directional signs provided, maintained, and tested?                      | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | 22 Is waste temporarily stored / disposed of properly?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 Is required emergency lighting provided, maintained, and tested?                            | <b>SMOKE ALARMS: NFPA 101</b>      |                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9 Are vertical openings protected?  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | 23 Are required smoke detectors in place and operational? (Sleeping rooms and at fire control panel)                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 Is the integrity of the rated corridors maintained?  | <b>FIRE EXTINGUISHERS: NFPA 10</b> |                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11 Is interior finish adequate?   | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | 24 Are extinguishers accessible and properly mounted?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 Is separation from high hazard areas maintained?   | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | 25 Are extinguishers inspected and serviced?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 Is ceiling assembly maintained?  | <b>FIRE DOORS: NFPA 80</b>         |                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 Are stairs in good condition and code compliant?   | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | 26 Are fire doors inspected and maintained?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 Are fire barrier / walls maintained?   |                                    |                          |                          |  |

**ADDITIONAL REMARKS:**

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# FIRE SAFETY CHECKLIST

|             |                       |                       |
|-------------|-----------------------|-----------------------|
| Date: _____ | Name / Address: _____ | Fire Inspector: _____ |
|-------------|-----------------------|-----------------------|

| YES                      | NO                       | N/A                      | <b>FIRE SUPPRESSION EQUIPMENT / SYSTEMS</b>  | <input type="checkbox"/> | <b>NO SUPPRESSION SYSTEM</b>   |
|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------------|
|                          |                          |                          | <b>Standpipe/Sprinkler System:</b>   |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Is hose cabinets/standpipes marked, accessible and in good condition?                                    |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Are caps provided for hose connection?   |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Does sprinkler system provide full coverage? Type:   |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Are sprinkler control valves open and supervised?  |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 Is the supply of replacement sprinkler heads available?  |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 Are sprinkler heads free of paint, dirt and or obstructed?   |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 Is storage a minimum of 18 inches below sprinkler heads?   |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 Is automatic sprinkler system inspected, tested and copy of report provided? Proper tags?                |                          | Last test date: _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9 Is fire department connection visible and accessible? Caps in place? Free of debris?                     |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 Is PIV/Backflow preventer visible and accessible? Tested? Proper tags?                                  |                          | Last test date: _____          |
|                          |                          |                          | <b>Fire Pumps:</b>   |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11 Is fire pump protected from damage?   |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 Is fire pump maintained, inspected and tested? Proper tags?   |                          | Last test date: _____          |
|                          |                          |                          | <b>OTHER SYSTEMS</b>   |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 Is generator maintained, inspected and tested?  |                          | Last test date: _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 Is smoke control system inspected and tested?   |                          | Last test date: _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 Is Halon/Clean Agent system inspected and tested?   |                          | Last test date: _____          |
|                          |                          |                          | <b>FIRE ALARM / DETECTION SYSTEM:</b>  | <input type="checkbox"/> | <b>NO ALARM SYSTEM</b>         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16 Are initiating devices / notification appliances provided and unobstructed as required?                 |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17 Is fire alarm system inspected, tested and copy of report provided? Proper tags?                        |                          | Last test date: _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18 Are service logs up to date? Is floor plan near the panel? Is panel location clearly marked?            |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19 If required, is the system supervised?  |                          |                                |
|                          |                          |                          | <b>SPECIAL FIRE HAZARDS:</b>   | <input type="checkbox"/> | <b>NO SPECIAL FIRE HAZARDS</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Does the cutting / welding operations appear to be free of hazards?                                      |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Does the storage / use of flammable / combustible liquids appear to be free of hazards?                  |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Does the spray painting operations appear to be free of hazards?   |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Does the storage / use of compressed gases appear to be free of hazards?                                 |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 Does the storage of hazardous chemicals appear to be free of hazards?                                    |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 Does the rack / high pile storage appear to be free of hazards?  |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 Are dryer vents free of hazards?   |                          |                                |
|                          |                          |                          | <b>COMMERCIAL COOKING EQUIPMENT</b>  | <b>NFPA 96</b>           | <input type="checkbox"/>       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Are filters / baffles in place and in good condition?  |                          | <b>NO COOKING EQUIPMENT</b>    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Fire Suppression System Provided? Inspected and tested? Drawing onsite? Showing kitchen equipment layout |                          | Last test date: _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Are manual pull boxes properly located and accessible?   |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Is automatic fuel shut and power shut off provided?  |                          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 Is the hood ventilation system maintained, inspected and tagged?   |                          | Last test date: _____          |

ADDITIONAL REMARKS: \_\_\_\_\_