

BUILDING - FIRE RISK MANAGEMENT SURVEY

For use of this form, see AR 420-1; the proponent agency is ACSIM.

USE REVERSE SIDE FOR REMARKS

1. BUILDING NUMBER OR AREA

2. OCCUPANCY

3. ORGANIZATION

4. DATE

5. **SECTION A - INSPECTION CHECK LIST** (Common and or Special Fire Hazards)

A. HOUSEKEEPING:		D. PETROL, OIL, LUBRICANTS:		G. FIRE DETECTION:		J. FIRE EXTINGUISHERS:			Girders
<input type="checkbox"/>	General Order	<input type="checkbox"/>	Pipe Leaks	<input type="checkbox"/>	Detectors	<input type="checkbox"/>	Service Date	<input type="checkbox"/>	Trusses
<input type="checkbox"/>	Rubbish	<input type="checkbox"/>	Refueling	<input type="checkbox"/>	Batteries	<input type="checkbox"/>	Location	<input type="checkbox"/>	Stairs
<input type="checkbox"/>	Cleanliness	<input type="checkbox"/>	Defueling	<input type="checkbox"/>	Wiring	<input type="checkbox"/>	Hydrostatic Test Date	<input type="checkbox"/>	Fire Escape
<input type="checkbox"/>	Vegetation Growth	<input type="checkbox"/>	Grounding	<input type="checkbox"/>	Control Box	<input type="checkbox"/>	Pressure Gauge	<input type="checkbox"/>	
<input type="checkbox"/>	Improper Storage	<input type="checkbox"/>	Bonding	<input type="checkbox"/>	Fuses	<input type="checkbox"/>	Horn		M. STORAGE:
<input type="checkbox"/>	Overall Poor	<input type="checkbox"/>	Electrical			<input type="checkbox"/>	Nozzle	<input type="checkbox"/>	Procedures
<input type="checkbox"/>	Outdoor Housekeeping	<input type="checkbox"/>	Compatibility	H. FIRE SUPPRESSION SYSTEMS		<input type="checkbox"/>	Control Valve	<input type="checkbox"/>	Fire Lanes
<input type="checkbox"/>		<input type="checkbox"/>	Manhole Cover	<input type="checkbox"/>	Sprinkler Riser	<input type="checkbox"/>	Safety Pin	<input type="checkbox"/>	Wall to Storage Spacing
B. SMOKING:		<input type="checkbox"/>	Distance to Building	<input type="checkbox"/>	Compressor	K. FLAMMABLE STORAGE:		<input type="checkbox"/>	Storage Height
<input type="checkbox"/>	Unauthorized Area	<input type="checkbox"/>	Drains	<input type="checkbox"/>	Post Indicator Valve	<input type="checkbox"/>	Flammable Gases	<input type="checkbox"/>	N. HAZARDOUS MATERIALS:
<input type="checkbox"/>	Smoking Permit	<input type="checkbox"/>	Nozzles	<input type="checkbox"/>	2-inch Drain	<input type="checkbox"/>	Flammable Liquids	<input type="checkbox"/>	Containers
<input type="checkbox"/>	Disposal of Materials	E. HEATING:		<input type="checkbox"/>	Branch Lines	<input type="checkbox"/>	Electrical Fixtures	<input type="checkbox"/>	Compatibility
<input type="checkbox"/>	Receptacles	<input type="checkbox"/>	Fuel Pipe	<input type="checkbox"/>	Sprinkler Heads	<input type="checkbox"/>	Diking	<input type="checkbox"/>	Storage Method
<input type="checkbox"/>	No Smoking Signs	<input type="checkbox"/>	Fuel Lines	<input type="checkbox"/>	Inspector's Test Valve	<input type="checkbox"/>	Barrier Protection	<input type="checkbox"/>	Improper Facility
<input type="checkbox"/>	Improper Lighter	<input type="checkbox"/>	Filters	<input type="checkbox"/>	Agent	<input type="checkbox"/>	Venting	<input type="checkbox"/>	Items Not Labeled
<input type="checkbox"/>	Matches	<input type="checkbox"/>	Damper	<input type="checkbox"/>	Fusible Links	<input type="checkbox"/>	Labeling	<input type="checkbox"/>	Warnings Signs
<input type="checkbox"/>		<input type="checkbox"/>	Cooking Equipment	<input type="checkbox"/>	Nozzles	<input type="checkbox"/>	Containers	<input type="checkbox"/>	Ventilation
<input type="checkbox"/>		<input type="checkbox"/>	Deep Fat Fryers	<input type="checkbox"/>	Fire Hydrant	<input type="checkbox"/>	Cabinet	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Ovens	<input type="checkbox"/>		<input type="checkbox"/>	Leakage	<input type="checkbox"/>	
C. ELECTRICAL:		<input type="checkbox"/>	Burners	I. LIFE SAFETY CODE:		<input type="checkbox"/>	Overstock	<input type="checkbox"/>	
<input type="checkbox"/>	Multiple Outlets	<input type="checkbox"/>	Exhaust Hoods	<input type="checkbox"/>	Occupancy Load	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Extension Cords	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	Means of Egress	L. BUILDING CONSTRUCTION:		<input type="checkbox"/>	
<input type="checkbox"/>	Frayed Wiring	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	Exit Requirement	<input type="checkbox"/>	Doors	<input type="checkbox"/>	
<input type="checkbox"/>	Hazardous Locations	<input type="checkbox"/>	Thermostat	<input type="checkbox"/>	Emergency Lighting	<input type="checkbox"/>	Windows	<input type="checkbox"/>	O. SPECIAL HAZARDS:
<input type="checkbox"/>	Improper Wiring	F. FIRE DOORS:		<input type="checkbox"/>	Exit Impediments	<input type="checkbox"/>	Hardward	<input type="checkbox"/>	Welding & Cutting
<input type="checkbox"/>	Fuses & Panel Boxes	<input type="checkbox"/>	Fusible Link	<input type="checkbox"/>	Exit Lights	<input type="checkbox"/>	Fire Walls	<input type="checkbox"/>	Finishing Processes
<input type="checkbox"/>	Conduit & Raceways	<input type="checkbox"/>	Door Guides	<input type="checkbox"/>	Exit Signs	<input type="checkbox"/>	Door Frame	<input type="checkbox"/>	Hot Work Permit
<input type="checkbox"/>	Conductors	<input type="checkbox"/>	Operational	<input type="checkbox"/>	Interior Finish	<input type="checkbox"/>	Floors, Bearing	<input type="checkbox"/>	Spontaneous Heating
<input type="checkbox"/>	Outlet Boxes	<input type="checkbox"/>	Rated	<input type="checkbox"/>	Smoke Barriers	<input type="checkbox"/>	Roofs	<input type="checkbox"/>	Interior Finish
<input type="checkbox"/>	Switches & Fixtures	<input type="checkbox"/>	Damaged	<input type="checkbox"/>	Ramps	<input type="checkbox"/>	Columns	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Hardware	<input type="checkbox"/>		<input type="checkbox"/>	Beams	<input type="checkbox"/>	

6.a. NAME OF INSPECTOR (Print or Type)

7.a. NAME OF ORGANIZATION FIRE MARSHALL (Print or Type)

6.b. SIGNATURE

7.b. SIGNATURE