

# Safety Inspection Form

Date: \_\_\_\_\_

Tenant: \_\_\_\_\_

Property: \_\_\_\_\_

## Fire Extinguishers

First floor location \_\_\_\_\_ **Mounted:**  Yes  No **Adequately charged (in green):**  Yes  No

Second floor location \_\_\_\_\_ **Mounted:**  Yes  No **Adequately charged (in green):**  Yes  No

Is there at least one fire extinguisher on every floor, including the basement?  Yes  No

## Smoke Detectors

*If no ceiling fan, install on ceiling as close to center of room as possible. If ceiling fan, install on wall exactly 12" from ceiling.*

Room \_\_\_\_\_ Location \_\_\_\_\_  Wall  Ceiling Working  Yes  No

Room \_\_\_\_\_ Location \_\_\_\_\_  Wall  Ceiling Working  Yes  No

Room \_\_\_\_\_ Location \_\_\_\_\_  Wall  Ceiling Working  Yes  No

Room \_\_\_\_\_ Location \_\_\_\_\_  Wall  Ceiling Working  Yes  No

Room \_\_\_\_\_ Location \_\_\_\_\_  Wall  Ceiling Working  Yes  No

Room \_\_\_\_\_ Location \_\_\_\_\_  Wall  Ceiling Working  Yes  No

Room \_\_\_\_\_ Location \_\_\_\_\_  Wall  Ceiling Working  Yes  No

Is there a smoke detector in EVERY bedroom?  Yes  No

Is there at least one smoke detector on every floor, including the basement?  Yes  No

## Carbon Monoxide Detectors (only applicable if the property has gas)

Room \_\_\_\_\_ Location \_\_\_\_\_ **Type:**  Plug in w/ battery backup  Hardwired w battery backup **Working:**  Yes  No

Room \_\_\_\_\_ Location \_\_\_\_\_ **Type:**  Plug in w/ battery backup  Hardwired w battery backup **Working:**  Yes  No

Room \_\_\_\_\_ Location \_\_\_\_\_ **Type:**  Plug in w/ battery backup  Hardwired w battery backup **Working:**  Yes  No

Room \_\_\_\_\_ Location \_\_\_\_\_ **Type:**  Plug in w/ battery backup  Hardwired w battery backup **Working:**  Yes  No

**Note: Battery operated units are no longer acceptable. They must be either plug in with battery backup or hard wired with battery backup.**

Is there at least one c/o detector on every floor, including the basement?  Yes  No

## Fire Escape Ladder (only applicable if 2 story or more or if window is 12' or more off the ground)

Room \_\_\_\_\_ Location \_\_\_\_\_

Room \_\_\_\_\_ Location \_\_\_\_\_

## Exits

All exit doors unobstructed?  Yes  No

## Handrails

Are there handrails where there are 4 or more steps or more than 30" high (whichever is less)?  Yes  No

**Other safety or maintenance issues** \_\_\_\_\_

Signature of person doing inspection – please print as well if signature isn't legible