

SOUTH KING FIRE & RESCUE

FIRE SAFETY SELF-INSPECTION SURVEY

Business Name (if different than label)	
Site/Mailing Address (if different than label)	
Occupancy Phone	Fax #
Business Manager's Name	
Cell Phone	After Hours Phone
2 nd Emergency Contact Name	
Cell Phone	After Hours Phone
City Business License or Registration #	

DIRECTIONS:

1. **FILL OUT THE TOP OF THIS FORM AS COMPLETELY AS POSSIBLE.** Please print or type.
2. Walk through the occupancy premises with this form in hand. Answer all the questions listed below. For those that do not apply to your occupancy or tenant space, check the N/A (not applicable) box.
3. When the self-inspection has been completed and corrections have been made, sign and date this form.
4. Return the original (white) to South King Fire & Rescue in the envelope provided to you. Keep the yellow copy for your records. You may also fax this form to 253-529-7206 or fill it out online at www.southkingfire.org.

PLEASE COMPLETE THIS SECTION	YES	NO	N/A
1. Address numbers for this occupancy are clearly visible and face the street so my building can be found in an emergency.			
2. When the building is occupied, all exit doors are unlocked from the inside so people can get out in an emergency.			
3. All exits are clearly marked and well-lighted so people can find their way out.			
4. All aisles, hallways, doors, stairs, landings, fire escapes and other walkways are free of any obstructions that might block quick escape.			
5. The emergency telephone number 9-1-1 is clearly posted on or near all telephones. If you need 9-1-1 stickers, indicate how many you would like and we will mail them to you.		#	
6. All fire extinguishers have been serviced by properly trained service technicians. (Perform monthly inspections to ensure proper pressure and check for damage.)			
7. All electrical cords, fuse boxes, circuit panels and equipment have been checked to see they are in good condition and are not overloaded.			
8. All employees and customers who smoke are encouraged to put their ashes in metal containers.			
9. All furnace, electrical and storage rooms should be free of waste paper, rubbish and other combustibles.			

Name of person completing inspection _____ Today's Date _____
(Please print)

If you answered "Yes" in all applicable categories, congratulations. You and your employees have a good approach to fire safety. If you answered "No" to any questions, you should reassess your occupancy's commitment to a safe, working environment.

THANK YOU FOR YOUR COOPERATION!

Return White Copy to Fire Department – Retain Yellow Copy for Your Records

31617 1st AVENUE SOUTH • FEDERAL WAY, WASHINGTON 98003-5201
 Seattle: 253/946-7248 fax: 253/529-7206