



American Fork Fire Department



Home Based Business Self-Inspection Form

Business Name: _____ Phone# _____

Address: _____ Email: _____

Business Owner: _____ Phone# _____

Type of Business: _____

DIRECTIONS:

Your signature on this form acts as the fire department clearance for your home based business

1. Form must be **filled out completely** by owner, manager or responsible party **and signed**.
2. The inspection is designed to be **completed** as you walk through your home and answer the questions.
3. A **completed form** must have all **YES** boxes marked (or n/a), **except** question #19-Hazmat.

	YES	NO	N/A
1. Is your address placed in a position that is plainly legible and visible from the street or road fronting the property with the numbers contrasting their background?			
2. Are gas shut off valves clear of weeds, trees, bushes, trash, storage, etc., and are they visible and accessible? Is your gas water heater secured?			
3. Are outside electrical and gas meters clear of weeds, trees, bushes, trash, storage, etc. and are they visible and accessible? (3-foot clearance required)			
4. Are all exit hallways, doorways, stairways, landings, and walkways clear of any obstructions?			
5. Are circuit breakers clear of any tape, string or wire that would affect their operation?			
6. No open electrical boxes or uncovered wire connections allowed. Is the cover on the electrical panel and faceplates installed on all electrical outlets and switches?			
7. Have all extension cords been replaced with permanent wiring? Surge protectors have UL rating?			
8. Is your heating/air conditioning unit cleaned and/or new filters installed on a regular basis?			
9. No combustibles within 3 feet of the following: All gas/electric appliances (water heater, furnace, etc.) free of combustible storage?			
10. Do you have a fire extinguisher (Rating 2A10BC-refer to label on extinguisher) and does the extinguisher have a State Fire Marshal tag indicating that it has been inspected within the last year by a licensed fire extinguisher company? (This is not optional-you must have it inspected annually.)			
11. Is the fire extinguisher mounted or secured on a wall (preferably near an exit) so that the top of the extinguisher is not more than 5 feet above the floor? (It must be secured, cannot sit on ground.)			
12. Are all fire extinguishers visible and readily accessible for use? (not blocked by storage, etc.)			
13. Storage is kept 24 inches from ceiling? If home has a fire sprinkler system, storage kept 18 inches below all sprinkler heads?			
14. If the home has a fire sprinkler system, has the required annual service and test of the system been performed by a licensed company?			
15. If you have compressed gas cylinders, are they chained to a wall (secured)?			
16. Are piles of paper, trash, etc. in and around your home picked up and disposed of regularly?			
17. Do you have a working smoke detector? If no, you may be eligible for one through the Fire Department at no cost. Please call to inquire.			
18. Does your home have a minimum of two off-street parking spaces? (For patron use, if necessary.)			
19. Do you use and/or store any hazardous materials? http://www.epa.gov/osweroel/docs/chem/title3_Oct_2006.pdf#lol (If yes, you must notify the Fire Department.)			

I DECLARE THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF

RESPONSIBLE PARTY _____

PRINTED NAME _____

DATE _____

***If you have any questions, please call the American Fork Fire Department at 801-763-3045.**