

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

A. HOUSEKEEPING:	D. PETROL, OIL, LUBRICANTS:	G. FIRE DETECTION:	J. FIRE EXTINGUISHERS:	<input type="checkbox"/> 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"/>	<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	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	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 <i>(Print or Type)</i>	7.a. NAME OF ORGANIZATION FIRE MARSHALL <i>(Print or Type)</i>
6.b. SIGNATURE	7.b. SIGNATURE