



Gorham Fire and EMS
Town of Gorham New Hampshire
347 Main Street Gorham NH 03581 603-466-2549



Assembly Occupancy/Life Safety Inspection Form

Business Name:
Business Address:
Owner/Manager present:

Occupancy Load:	Date:
Number of visible exits:	Arrival Time:
	Departure Time:

Life Safety Inspection

Life Safety Inspection Item	Pass	Fail	N/A	Comments
1. Exit areas free of stored items.				
2. All doors are cleared and not blocked.				
3. All doors open easily from inside.				
4. All aisles are wide enough.				
5. All aisles are clear and not blocked.				
6. All exit signs are lit w/functioning battery backup.				
7. All exit signs are free from obstructions and visible.				
8. All emergency light's function when tested.				
9. Fire extinguishers are present and have a current inspection.				
10. Fire extinguishers are properly mounted and not obstructed.				
11. Ansul system is functional and has a current inspection.				
12. Ventilation hoods are cleaned and have a current cleaning sticker.				



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Life Safety Inspection Continued

Life Safety Inspection Item	Pass	Fail	N/A	Comments
13. Fire alarm system is functional.				
14. Sprinkler system is functional and has a current inspection.				

If any of the responses above are marked as "Fail", explain the corrective action needed: _____

An Assembly Permit/Life Safety Inspection was issued _____ was not issued _____ to this occupancy.

Issue Date: _____	Expiration Date: _____
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Per State of NH regulations, a Fire Department representative will contact you in _____ to perform a 6-month Life Safety walk through inspection. (Month)

This building meets the Fire Department requirements for an Assembly Occupancy on: _____

Signed: _____ Printed name: _____
Fire Inspector Fire Inspector

This building does not meet the Fire Department requirements for an Assembly Occupancy on _____
The Fire Chief/Designee will follow up on deficient items which must be corrected in an agreed upon time frame.

Signed: _____ Printed name: _____
Fire Inspector Fire Inspector