

Gorham Fire and EMS <u>Town of Gorham New Hampshire</u>

347 Main Street Gorham NH 03581 603-466-2549



Assembly Occupancy/Life Safety Inspection Form

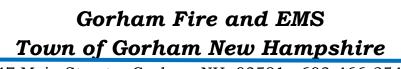
Business Name:
Business Address:
Owner/Manager present:

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: Expira	tion 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