

## City of Mason Fire Department Self-Inspection Program Worksheet

(To be completed by the owner, manager, or other responsible party)

Business Name	Business Phone
Address:	E-Mail:
Business Owner:	Business Owner Phone #
Building Owner:	Building Owner Phone #
After-Hours Emergency Contact(s):	After-Hours Emergency Phone #(s)
Hours of Operation	

Return the completed report to:

- Complete Online At:  
[http://www.imaginemason.org/services/fire/self\\_inspections.cfm](http://www.imaginemason.org/services/fire/self_inspections.cfm)
- E-mail: [firesafety@masonoh.org](mailto:firesafety@masonoh.org)
- FAX – 513-229-8545
- Mail: - City of Mason Fire Department, Fire Prevention  
6000 Mason-Montgomery Rd., Mason, OH 45040

Please conduct a general safety review of the premises and correct any unsafe conditions. If applicable, the business owner or service vendor shall forward copies of current fire alarm and fire sprinkler inspection reports.

1. Is the building or unit address numbers/letters visible from the street?	Yes	No	N/A
2. Is there a minimum of 3-foot clearance around the on-site fire hydrant?	Yes	No	N/A
3. Do all exit doors remain unlocked during business hours?	Yes	No	N/A
4. Are the exit doors operable from the inside without the use of a key or special knowledge?	Yes	No	N/A
5. Are illuminated exit signs fully illuminated in the normal and back up modes? Push the test button to determine back up functionality.	Yes	No	N/A
6. Do the emergency lighting units work properly? Conduct a test by pushing the test button for at least 90 seconds.	Yes	No	N/A



7. Are exit aisles, hallways stairways clear of obstructions?	Yes	No	N/A
8. Are exit corridors, hallways or under stairs free of combustible storage?	Yes	No	N/A
9. Are all electrical outlets, switches and junction boxes covered with proper cover plates?	Yes	No	N/A
10. Are circuit breakers in panels labeled to identify the area protected?	Yes	No	N/A
11. Are no extension cords in use as permanent wiring? Extension cords are not to be used in place of permanent wiring. They may be utilized to supply power to a single small appliance such as a fan, radio or power tools.	Yes	No	N/A
12. Are power strips, with a built-in breaker, plugged directly into approved electrical outlets? No power strip on power strip use.	Yes	No	N/A
13. Are portable electric space heaters plugged directly into wall outlets and a minimum of 3 feet away from combustibles?	Yes	No	N/A
14. Are equipment rooms free of combustibles? Combustibles are not to be stored in boiler rooms, mechanical rooms or electrical equipment rooms.	Yes	No	N/A
15. Is there at least 30 inches of clearance from combustible items around hot water heaters and furnaces?	Yes	No	N/A
16. Is storage maintained a minimum of 2 feet below the ceiling? Maintain storage at least 2 feet below the ceiling.	Yes	No	N/A
17. Are ceiling tiles fixed in place? This allows the ceiling to act as a heat collector for fire protection systems and to prevent the passage of smoke and fire.	Yes	No	N/A
18. Are there an adequate number of fire extinguishers? There should be no more than a 75-foot travel distance to a fire extinguisher. Extinguishers should be an all-purpose ABC type – minimum U.L. rating of 2A-10BC.	Yes	No	N/A
19. Is the fire extinguisher firmly mounted to a stable structure, visible, accessible and ready for use? Free standing is not acceptable.	Yes	No	N/A
20. Has the fire extinguisher(s) been inspected and tagged to indicate a current annual inspection?	Yes	No	N/A
21. Are batteries replaced in single station smoke detectors annually?	Yes	No	N/A
22. If there is a <b>fire alarm system</b> , has the system been inspected within the past (12) months by a state licensed contractor? If yes, attach a copy of the inspection report.	Yes	No	N/A



23. If there is a <b>fire sprinkler system</b> , has the system been inspected within the past (12) months by a state licensed contractor? If yes, attach a copy of the inspection report.	Yes	No	N/A
24. Are compressed gas cylinders such as oxygen, acetylene, argon, nitrogen, and nitrous-oxide secured to a fixed structure or on carts to prevent them from falling? If yes, provide the name of the compressed gas and quantity of each.	Yes	No	N/A

\_\_\_\_\_  
 Business Owner/Manager Signature

\_\_\_\_\_  
 Date Completed

