

BUREAU OF FIRE PROTECTION

Region 4A

Province/District QUEZON

City/Municipality TAYABAS CITY

ONE AND TWO FAMILY DWELLING OCCUPANCY FIRE INSPECTION FORM

Property Name _____ Owner _____

Address _____

Contact Number _____

OCCUPANCY

Number of families: _____ Change from last inspection: Yes ___ No ___

Any renovations: Yes ___ No ___

Windowless: Yes ___ No ___ Underground: Yes ___ No ___

BUILDING SERVICES

Electricity ___ Gas ___ Water ___ other ___ Are utilities in good working order: Yes ___ No ___

Heat type: Gas ___ Oil ___ Electric ___ Coal ___ other ___ in good working order: Yes ___ No ___

Wood or coal stove: Yes ___ No ___ Property installed: Yes ___ No ___

Properly maintained: Yes ___ No ___ Fuel stored properly: Yes ___ No ___

Combustible materials adequate distance from stove: Yes ___ No ___

Proper clearances of stove and pipes: Yes ___ No ___

FIRE ALARM

Single station smoke detectors: Yes ___ No ___ In each living units: Yes ___ No ___

In each bedroom: Yes ___ No ___ Audible in all years: Yes ___ No ___

FIRE EXTINGUISHERS

Proper type for hazard protecting: Yes ___ No ___ Mounted properly: Yes ___ No ___

Date of last inspection: Yes ___ No ___ Adequate number: Yes ___ No ___

FIRE PROTECTION SYSTEMS

Sprinkler system: Yes ___ No ___

Coverage: Building _____ Date of last inspection: _____

Valves supervised: Electrical ___ Lock ___ Seal ___ Other ___ Are valves accessible: Yes ___ No ___

System operational: Yes ___ No ___

HAZARDOUS AREAS

Not located to block escape: Yes ___ No ___ Separated from other occupancies: Yes ___ No ___

Flammable and combustible liquids stored properly: Yes ___ No ___

HOUSEKEEPING

Areas free of excessive combustibles: Yes ___ No ___

INTERIOR FINISH

Walls and ceiling proper rating: Yes ___ No ___

MEANS OF EGRESS

Ready visible: Yes ___ No ___ Clear and unobstructed: Yes ___ No ___

Two remote exits available: Yes ___ No ___ Travel distance within limits: Yes ___ No ___

Every storey > 200sq. Ft. (18.58 sq. m.) two primary means of escape provided: Yes ___ No ___

Doors open easily: Yes ___ No ___ Corridors and aisles of sufficient size: Yes ___ No ___

Secondary means of escape from every sleeping room living areas: Yes ___ No ___

Windows 5.7 sq. ft. (0.53 sq. m.) Yes ___ No ___ Minimum height and width: Yes ___ No ___

Open able: Yes ___ No ___

Doors closed and bathroom open able from the inside and outside: Yes ___ No ___

Doors not locked to impede egress: Yes ___ No ___

OPERATING FEATURES

Do occupants have an escape plan: Yes ___ No ___ Do they practice the plan: Yes ___ No ___

Do occupants know emergency numbers: Yes ___ No ___

Are they located near the phone: Yes ___ No ___ Do they have a meeting place: Yes ___ No ___

Signature: _____ Date: _____