

# SELF INSPECTION PROGRAM WORKSHEET

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

Business Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Building Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

<u>Violations:</u>	<u>No Violation:</u>	<u>Date Corrected:</u>
1 <input type="checkbox"/> Address is not at least 6" in height	<input type="checkbox"/>	_____
2 <input type="checkbox"/> Address is not visible from the street	<input type="checkbox"/>	_____
3 <input type="checkbox"/> Address is not in contrast to wall behind	<input type="checkbox"/>	_____
4 <input type="checkbox"/> No fire extinguisher with a 2A rating	<input type="checkbox"/>	_____
5 <input type="checkbox"/> Fire extinguisher tag over 12 months old	<input type="checkbox"/>	_____
6 <input type="checkbox"/> Fire extinguisher is not visible	<input type="checkbox"/>	_____
7 <input type="checkbox"/> Fire extinguisher is not wall-mounted	<input type="checkbox"/>	_____
8 <input type="checkbox"/> Emergency lights are not working - none	<input type="checkbox"/>	_____
9 <input type="checkbox"/> Exit signs are not illuminated - none	<input type="checkbox"/>	_____
10 <input type="checkbox"/> No cover-plate on electric switch, outlet, etc.	<input type="checkbox"/>	_____
11 <input type="checkbox"/> Open spaces in electrical panel	<input type="checkbox"/>	_____
12 <input type="checkbox"/> Extension cords and/or adapters in use	<input type="checkbox"/>	_____
13 <input type="checkbox"/> Holes present in walls and/or ceilings	<input type="checkbox"/>	_____
14 <input type="checkbox"/> Exits and pathways are not clear	<input type="checkbox"/>	_____
15 <input type="checkbox"/> Storage is not neat and orderly	<input type="checkbox"/>	_____
16 <input type="checkbox"/> Interior storage of flammable liquids	<input type="checkbox"/>	_____
17 <input type="checkbox"/> Fire alarm tag is more than 12 months old	<input type="checkbox"/>	_____
18 <input type="checkbox"/> No fire alarm inspection log	<input type="checkbox"/>	_____
19 <input type="checkbox"/> Fire sprinkler tag is more than 12 months old	<input type="checkbox"/>	_____
20 <input type="checkbox"/> No fire sprinkler inspection log	<input type="checkbox"/>	_____
21 <input type="checkbox"/> Storage is within 18" of sprinkler head	<input type="checkbox"/>	_____
22 <input type="checkbox"/> Less than 3ft in front of electrical panel	<input type="checkbox"/>	_____
23 <input type="checkbox"/> Improper disposal of smoking materials	<input type="checkbox"/>	_____

**I hereby certify under penalty of perjury that the above information, to the best of my knowledge, is true and correct,**

Name: (Print) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this worksheet to: St. Augustine Fire Department  
Attn: Fire Marshal  
101 Malaga Street  
St. Augustine, FL 32084**