

FIRE DEPARTMENT BUILDING RECORD

**STREET NAME
OR NAME OF OCCUPANCY**

NUMBER

STATION: _____ CLASSIFICATION: _____ FIRE LIMITS: _____ CARD NUMBER: _____

OWNER: _____ ADDRESS: _____ TEL: _____

AGENT: _____ ADDRESS: _____ TEL: _____

OCCUPANT: _____ BUSINESS: _____ TEL: _____

CONSTRUCTION-WALLS: _____ ROOF: _____ NO. STORIES: _____

HEATING-TYPE: _____ LOCATION: _____ FIRE ALARM: _____

EXTINGUISHERS: _____

SPRINKLERS: COMPLETE: _____ PARTIAL: _____ WET: _____ DRY: _____ OTHER: _____

STANDPIPES: YES: _____ NO: _____ HOSE CABINETS: YES: _____ NO: _____ HOSE SIZE: _____

GAS SHUT OFF LOCATION: _____ ELEC.SHUT OFF: _____

AIR CONDITIONING SHUT OFF: _____

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

DATE	INSPECTOR	CONDITIONS FOUND	DATE	INSPECTOR	CONDITIONS FOUND

SAMPLE