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

SBD-2113 (R.3/99)

NOTE: *Actual size of the envelope is 9" x 12".*