

Lets conduct a quick fire inspection



What are we looking for?



Lawn cut, exterior?



Chimney



Proper storage



Is propane heavier than air?



Window size, escape route?



Dryer vent, lint build-up?



Proper venting



Some lint and dirt



Looking for where the vent vents!



Dryer vent



Old home, solid joists



Large home, second furnace



Occupant making sure his furnace is clean



Type of window, proper size?



Type of window?



Awning, proper size?



Electrical



Fire place, how often is it cleaned?



Looks like its used often



Kitchen range & hood, appliances



Extinguisher charged?



Smoke Alarm working?



HOME FIRE INSPECTION

DATE: _____

HOUSE No: _____

HOME OWNER: _____

ADDRESS: _____

TYPE OF HOUSE: _____

NUMBER OF OCCUPANTS: _____

**KNOW
WHAT TO DO
IN CASE OF
FIRE IN
YOUR HOME**

**Plan your escape
route from your
room or home**

**Know how to
Report
A fire**

With your consent, the undersigned member of the Fort McKay First Nation Fire Department will complete a fire prevention inspection of your home. Your co-operation in eliminating or correcting the common hazards which has been checked below, will make your home a safe place in which to live and help us reduce the loss of life and property by fire. The Inspector has been instructed to explain each of the fire hazards found in your home and you are asked to phone the Fire Department should you need advice or assistance.

- ☐ Rubbish not properly disposed of.
- ☐ Flammable liquids not properly stored.
- ☐ Combustibles too close to heat.
- ☐ Unsafe wiring.

- ☐ Roofing in danger of sparks.
- ☐ Tall grass too near the buildings.
- ☐ Accumulations of paper, furniture.
- ☐ No smoke detectors.
- ☐ No fire extinguishers.

- ☐ Oil rags not properly stored.
- ☐ Stoves not properly installed.
- ☐ Fuse box over fused.
- ☐ Extension cord wiring excessive, defective.

- ☐ Garage, sheds in bad order.
- ☐ Paints not properly stored.
- ☐ Unvented hot water tanks.
- ☐ Smoke detectors not tested regularly.
- ☐ Fire extinguisher not tested

RECOMMENDATIONS: _____

Inspector: _____

Occupant: _____

FIREHALL PH: _____

FIRECELL PH: _____

Fire Prevention Inspection Report

Inspection

1st ☒ 2nd ☐ Final ☐

FILE #

ADDRESS		POSTAL CODE		DATE	
BUSINESS NAME				PHONE	
PERSON CONTACTED			POSITION		
EMERGENCY CONTACTS	1.	PHONE	2.	PHONE	
OCCUPANCY TYPE	YEAR OF CONSTRUCTION	OCCUPIED SPACE 30 suites		M ²	NO. OF STORIES 3
BUILDING OWNER					PHONE
OWNERS ADDRESS		SUITE/UNIT		POSTAL CODE	

NOTICE TO OWNER/OCCUPANT

	Yes	No	N/A	R		Yes	No	N/A	R
1. Means of egress are unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Sprinkler system has been tested. (annual) # Systems _____ Date: _____ Wet _____ Dry _____ Full _____ Partial _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Exit doors are equipped with approved exit hardware and opens freely and fully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. The sprinkler control valve is easily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All Exit and Emergency lights are visible, illuminated and work properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Sprinklers are free from dirt, grease, paint, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Doors in fire separations are kept closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. The fire alarm system has been tested. (annual) Date: _____ Type: _____ # Systems _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Key lock box has required keys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Combustibles are stored in a safe manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Exhaust systems appear to be free of lint and/or grease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Compressed gas cylinders are stored in a safe manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Special fire suppression systems have been inspected. Date: _____ Types: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Electrical wiring and equipment are properly protected, terminated and covered to prevent arcing or shorting.* (all equipment appears to be clean and in good repair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fire extinguishers are properly tagged and serviced. (annual) Date of inspection: _____ # of Extinguishers _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. All appliances appear to be clean and in good repair. *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Standpipe system appears in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Telephone emergency # is posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Standpipe hose has been tested. Date: _____ # Hoses: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Building address is visible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Fire department connections appear to be in good order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. A comprehensive and complete Fire Safety Plan is in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3.1-1, Maintenance

6.3.1-2, Inspection and Testing 2) Fire Alarm and Detection Systems components

shall be accessible for purposes of Inspection or Maintenance

Functional Statement: F-80, F-81, F-82, Minimize Risk of Inadequate Performance

Safety: OSI.4, limit the probability of system failures

Health: OPI.4 limit the probability of Fire Safety System failures

Inspection Summary:

This inspection assumes no responsibility for the facility. The owner or authorized agent shall be responsible for carrying out the provisions of the Alberta Fire Code. A re-inspection may be required.

Thank you for your cooperation.

Inspected by: _____ SCO#: _____ Phone: _____ Signature: _____