

Town of Hull, Massachusetts

253 Atlantic Ave., Hull, MA 02045

ph: 781-925-2000

fx: 781-925-0224

ANNUAL CHECK LIST

HULL FIRE DEPARTMENT FIRE PREVENTION DIVISION INSPECTION FORM

Business Name: _____ Date: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

	N/A	YES	NO
Keys in Knox box			
1. Address on building, proper size 4" in height , and contrasting			
2. All required exit: doors clear and operational			
3. All illuminated exit signs operational			
4. All emergency lights operational			
5. All fire extinguishers have current inspection tags			
6. All electrical outlets have covers			
7. Electrical panel(s) accessible			
8. Electrical panel(s) labeled and knockouts closed			
9. Only approved extension cords in use			
10. Combustibles/flammables clear of ignition sources			
11. Smoke detectors operational and tested			
12. Fire alarm system operational and tested			
13. Sprinkler system operational, maintained and tested			
14. Exit stairways clear and maintained			
15. Self closing fire doors operational			
16. Cooking equipment located under hoods (NFPA96)			
17. Hood filters installed and clean (NFPA 96)			
18. Exhaust Hood and Ductwork Cleaned			
19. Hood ansul system inspected during the last 6 months			
20. Gas station dispensing hoses in good condition			
21. Housekeeping/waste accumulation acceptable			

NOTICE TO BUSINESS OWNER/MANAGER: This inspection was conducted in an effort to prevent the loss of life and property due to the ravages of fire. If any of the above items have been checked in the "NO" column, corrective action on your part is required prior to the scheduled re-inspection date. For further information, contact the Fire Prevention Division at 781-925-1350. Thank you for your cooperation.

Re-Inspection Date: _____

(Tenant Signature)

Company Officer: _____

Re-Inspection: Passed: _____ Failed: _____ Items: _____

Comments: _____

