

City of Cincinnati

# Fire Department Inspection Form

\_\_\_\_\_ Co. No. \_\_\_\_\_

District \_\_\_\_\_

Insp Addr \_\_\_\_\_ Structure \_\_\_\_\_ Floor \_\_\_\_\_ Unit \_\_\_\_\_

Occupant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Responsible Party \_\_\_\_\_ Address \_\_\_\_\_

Construction \_\_\_\_\_ Roof \_\_\_\_\_ Stories \_\_\_\_\_ No. of Tenants \_\_\_\_\_

Occupancy Type \_\_\_\_\_ Location \_\_\_\_\_

**TYPE OF INSPECTION**

- Regular Inspection
- Complaint Inspection
- Special Inspection

**RIGHT TO KNOW**

- |           |                          |                          |                          |
|-----------|--------------------------|--------------------------|--------------------------|
| Reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Labeling  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Location  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**FIRE HAZARDS**

**OK DEF NA**

- |                       |                          |                          |                          |                       |                          |                          |                          |
|-----------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|
| Chemicals/Explosives  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heating Systems       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chimneys/Vents        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Housekeeping/ Rubbish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gas Appliances        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flammable/Combustible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**FIRE PROTECTION**

**OK DEF NA**

- |                   |                          |                          |                          |                     |                          |                          |                          |
|-------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|--------------------------|
| Alarm Systems     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Doors/Windows  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extinguishers     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Openings/Walls      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke Detectors   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Aisles              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Ext Equip | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exit Doors          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sprinklers        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exit Signs/Lighting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standpipes        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Escapes        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test Records      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evacuation Plan     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                   |                          |                          |                          | Posting Signs       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SCOPE OF INSPECTION**

Date Inspected _____ Time _____	
Status	Violation <input type="checkbox"/> Approved <input type="checkbox"/>
Inspector _____	
Compliance Due Date _____	
Date Reinsp _____ Time _____	
Status	Violation <input type="checkbox"/> Approved <input type="checkbox"/>
Inspector _____	
Compliance Due Date _____	
<b>Officer</b>	
Date Reinsp _____ Time _____	
Status	Violation <input type="checkbox"/> Approved <input type="checkbox"/>
Inspector _____	
Compliance Due Date _____	
<b>Fire Prevention Bureau</b>	
Date Inspected _____ Time _____	
Status	Violation <input type="checkbox"/> Approved <input type="checkbox"/>
Inspector _____	
Compliance Due Date _____	
<b>PreProsecution</b>	
Letter Mailed Date	Receipt _____
PrePros Hearing Date _____	
Compliance Due Date _____	
<b>Criminal Prosecution</b>	
Criminal Prosecution Filing Date _____	
Criminal Re-inspection _____	
<b>Inspection Returned to Fire Company</b> _____	

**PERMITS REQUIRED (NEW PERMITS ONLY)**

**VIOLATIONS**

On orders of the Fire Chief, you are hereby required to correct these conditions on or before \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Co. No. \_\_\_\_\_