Boston Fire Department Place of Assembly Inspection Report

Inspection Type: Initial Annual [Other		Date:	Time			
Business Name:							
Address:			<u>Zip:</u>	Dist			
Owner:	Telephone #:						
General Manager:	Ma	nager on Duty:					
Mailing address for the permit:							
Permits and Plans							
ISD Certificate of Inspection Posted Y	es 🗌 No 🗍 💮 Ca	apacity:					
Place of Assembly Permit Posted Y	es ☐ No ☐ C	apacity:		Permit Number:			
Flammability Permits Yes				s 🔲 Interior Finish 🗌			
Egress Plan on Site: Yes No Layor	ut of Furniture Con	nsistent: Yes 🗌 N	o 🗌 Evacuatio	on Training Yes 🗌 No 🗌			
Inspection							
Apparatus Access Unobstructed	Yes ☐ No ☐	Sprinkler Head	s 18" From Sto	rage Yes 🗌 No 🗌 N/A 🗍			
F.D. Connection Visible and Capped	Yes 🗌 No 🗌 N/A	A ☐ Su	fficient Ashtray	s Provided Yes 🗌 No 🗌			
Fire Escapes Clear and Operable	Yes □ No □ N/A	A ☐ Em	ergency Lightir	ng Operates Yes No			
Door Self Closers Operate Correctly	Yes ☐ No ☐		Exit Signs \	Visible & Lit Yes ☐ No ☐			
Panic Hardware Operates Correctly	Yes 🗌 No 🗌 N/A	A ☐ Go	od General Ho	usekeeping Yes 🗌 No 🗌			
Exit Doors Swing Outward	Yes ☐ No ☐	S	tairwells Clear	/No Storage Yes No			
Unmirrored Exits	Yes 🗌 No 🗌	Proper Flammat	ole/ Combustibl	e Storage Yes 🗌 No 🗌			
Exits Unobstructed, Lead to Public Way	Yes 🗌 No 🗌	Prope	er Stairwell Sigi	nage Yes 🗌 No 🗌 N/A 🗌			
Systems							
Date Alarm System Inspected	Panel Norma	al Yes 🗌 No 🛭] N/A □				
Date Sprinklers Inspected	_ Valves Oper	n Yes 🗌 No 🛭] N/A []				
Date Last Pump Flow Test	_						
Pump Ready Yes \square No \square N/A \square Pump	Flows 150% Yes	□ No □ N/A □					
Date Extinguishers Serviced							
Date Hood System Cleaned							
Date Ansul System Inspected							
Abatement Issued Yes 🗌 No 🗌	Abatement	t Numbers					
GF 65 Issued Yes No	If yes, why?						
Comments:							

Inspectors Initial

Owners Representative Signature _____ Ins
**The permit must be posted on the premises when it is received **