

Annual Facility Inspection Report General Building Inspection

Building Name:					
Building No.:		Building License Type:			
Region:		Inspected By:		Date:	
Inspection Area	No.	Items	OK	Not OK*	N/A
<i>Fire Systems</i>	1	Fire Alarm Panel			
	2	Batteries			
	3	Smoke Detectors			
	4	Heat Detectors			
	5	Smoke Doors			
	6	Automatic HVAC Shutdown			
	7	Smoke and Fire Dampers			
	8	Fire Department Tie-In			
	9	Sprinkler System			
	10	Post Indicator Valve			
	11	Combustibles/Flammables			
	12	Fire Extinguishers			
	13	Kitchen Hood Extinguisher System			
	14	Fire Documentation on file and current			
<i>Exits</i>	15	Exits (Not locked or blocked)			
	16	Door Closers (Work and not held open)			
	17	Exit Signs			
	18	Emergency Lights			
	19	Panic Hardware			
	20	Stairways			
	21	Fire Escapes			
	22	Handicap Ramp and Door			
<i>HVAC</i>	23	HVAC Systems Working Properly			
	24	Clean Filters			
	25	Clean Supply and Return Grilles			
	26	Condenser/Evaporator Coils Clean			
	27	Condensation Pans in good condition and draining			
	28	Exhaust Fans			
<i>Plumbing</i>	29	Backflow Preventers tested within last year			
	30	Sanitary Drains (Sinks, Tubs/Showers, & Commodes)			
	31	Hot Water Tanks and Mixing Valve			
	32	Plumbing Leaks			
	33	Handicap Facilities			

Inspection Area	No.	Items	OK	Not OK*	N/A
<i>Electrical</i>	34	Service/Ground Connections			
	35	Panel Boxes and Breakers (Directory up to date)			
	36	Extension Cords			
	37	Lights			
	38	Switches			
	39	Generators and Transfer Switches			
	40	Electrical Door Locks			
	41	Wiring			
	42	GFI Outlets (where needed and working properly)			
	43	Power Disconnects installed where needed			
	44	Monitoring and Security Systems			
<i>Appliances</i>	45	Ranges and Hoods (Filters Clean)			
	46	Clothes Washer Grounded			
	47	Clothes Dryer Grounded and Filter Clean			
	48	Refrigerator Working and Good Seals			
	49	Dishwasher			
	50	Garbage Disposal			
<i>Structure</i>	51	Roof/Windows/Screens			
	52	Doors/Ceilings/Walls/Floors			
<i>General</i>	53	Housekeeping/Sanitation Good			
	54	Pest Control (Roaches, Ants, Rodents)			
	55	Handicap Parking			
	56	Yard and Outside Buildings			

*NOTE: For all inspection items "Not OK" describe problems in REMARKS area below.

Hot Water Tank: _____ °F Room Temperature: _____ °F _____ °F

Bath Water: _____ °F Dishwasher - Wash Cycle: _____ °F Rinse Cycle: _____ °F

REMARKS: _____

