



# **APARTMENT FIRE & LIFE SAFETY** RESIDENT SPACE INSPECTION

Unit: \_\_\_\_\_ Annual ☐ Semi-Annual ☐ Quarterly ☐

**General:**

	YES	NO	N/A
Unit addressing is clearly identifiable			
Unit is free and clear of excessive collection of personal items			

**Kitchen:**

	YES	NO	N/A
Stove and oven are kept clean and free of grease			
Paper towels, hand towels, and other clutter is clear of the cooking surface			
Cooking area is free from burn marks /charring resulting in unattended cooking			

**Living Areas:**

	YES	NO	N/A
Baseboard, wall, and portable heaters are allowed at least 18 inches of clearance			
Fireplace is equipped with a safety screen			
If used: chimney/flu safety inspection and cleaning have been performed			
Matches and lighters are kept out of reach of children			
Candles are in non-combustible, non-tip holders and are allowed clearance			
Smoking materials are disposed of properly			
Walls and ceiling are free from large holes - which could spread smoke and fire			
General housekeeping is maintained			
Bathroom fan in good working condition & dust free			
Electrical outlets are in good condition and not overloaded			

**Sleeping Area:**

	YES	NO	N/A
Area surrounding beds are free from evidence of smoker's carelessness			
Baseboard, wall, and portable heaters are allowed at least 18" of clearance			
Electrical outlets are in good condtion and not overloaded			

**Smoke and Carbon Monoxide Alarms:**

	YES	NO	N/A
Smoke alarm is present and in appropriately mounted location			
Smoke alarm, when tested, alerts positively			
Smoke alarm device appears to be free from tampering or damage			
Carbon monoxide (CO) alarm is present and working (if required)			

**Sprinkler System**

	YES	NO	N/A
Sprinkler heads are free from hanging items			

**Patio, decking, balcony and surrounding area:**

	YES	NO	N/A
Barbeque ashes are properly disposed of in a metal container			
Area is clear of rubbish, flammable liquids, and flammable hazards			
Smoking materials are being properly disposed of in appropriate containers			

**Comments:**

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\_\_\_\_\_  
\_\_\_\_\_

Performed by \_\_\_\_\_

Date performed \_\_\_\_\_