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FIRE CHIEF

Timothy V. Henry, Fire Deputy Chief
Community Risk Reduction and Support Services Command
(559) 621-4181 • FAX (559) 498-4323
Fresno Fire Department • 911 H Street • Fresno, CA 93721-3082

July 30, 2014

Dear Business Owner/Manager:

In an effort to better serve our community, the Fresno Fire Community Risk Reduction Division has implemented a one year pilot fire and life safety Self-Inspection Program (SIP). This program is designed for the general business that has a "low-hazard" potential for fire and life safety concerns as defined by the California Fire Code and adopted by the State of California. At this time, the program has no fees associated to the business.

The SIP will allow "low-hazard" businesses to be self-inspected by the business owner or manager on a 12-month inspection cycle. The intent of this program is to allow you to identify and eliminate common fire and life safety hazards. We encourage you to maintain a fire-safe environment for your employees and customers.

In order to make the pilot SIP successful, we have made it user-friendly. By following the simple instructions and using the self-inspection worksheet, you will be able to conduct a fire and life safety inspection of your building. If you have any questions or need help with your self-inspection, the Fire Department is available to answer questions by email at Fire-Prevention@fresno.gov. You may reach staff to assist you at (559) 621-4181.

Complete and return the attached form within the next 30 days (see attached directions). To ensure accuracy we will update your emergency contact information currently on file. By providing us with current confidential information, it will be made available to the 911 communication center so you can be notified in the event of an emergency at your business. This provides you with the earliest possible notification, assisting you in restoring your business operations as soon as possible.

Finally, it is our understanding that your insurance company conducts on-site inspections annually. Please submit a copy of those inspection records (particularly those related to fire and life safety) within 30 days, along with your self-inspection form.

With your support and cooperation, we can make a safer community for those that visit, live, or operate businesses in Fresno.

Sincerely,

Timothy V. Henry
Deputy Fire Chief

"To protect and put service above all else."



FRESNO FIRE DEPARTMENT SELF-INSPECTION PROGRAM (SIP)

HOW TO PERFORM YOUR SELF-INSPECTION

1. The person responsible for the business (i.e, owner, manager) must conduct the inspection.
2. The self-inspection form is designed to assist you in performing a fire and life safety inspection. Complete the form by checking the appropriate box.
3. With the form in hand, walk around and through your business until all statements on the form have been addresses.
4. If an item is non-compliant, either correct the problem before submitting the form or check the "no" box. Include what actions will be taken to correct the condition and the estimated date of completion in the comments section at the end of the form.
5. If you are not responsible for maintaining any of the items listed on the form (i.e., fire sprinkler system), list the name and contact information in the comments section at the end of the form.
6. Please note that the self-inspection form must be completed and returned to the Fire Department within 30 days of the date on the cover letter.
7. Return the completed form to:

By Mail: Fresno Fire Department
Self-Inspection Pilot Program
911 H Street
Fresno, CA 93721

OR

Scan and Email: Fire-Prevention@fresno.gov

OR

File On-Line at: www.fresno.gov/xxxxx

8. The Fresno Fire Department may make a random inspection of your business for the purpose of quality control.
9. If the self-inspection form is not returned, your business may be subject to an inspection conducted by the Fresno Fire Department with associated inspection fees.

If you have any questions about the one year pilot program, please contact the Fresno Fire Department at (559) 621-4181 or email us at Fire-Prevention@fresno.gov.



FRESNO FIRE DEPARTMENT SELF-INSPECTION PROGRAM (SIP)

EMERGENCY CONTACT INFORMATION FORM

Address of Business: _____

Apt/Suite Number: _____

Business Name: _____

Business Phone: _____

Owner/Corp. Name: _____

Owner/Corp. Phone: _____

Manager's Name: _____

Manager's Home Phone: _____

First Person to Notify in Emergencies: _____

Phone: _____

Second Person to Notify in Emergencies: _____

Phone: _____

Building Owner: _____

Phone: _____

Insurance Company/Agent Name: _____

Insurance Company/Agent Address: _____

Insurance Company/Agent Phone: _____



FRESNO FIRE DEPARTMENT SELF-INSPECTION PROGRAM (SIP)

SELF-INSPECTION CHECKLIST

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CONTACT NAME/PHONE NUMBER: _____

	Yes	No	Date Violation Corrected
Has a representative of your insurance company come to your business and conducted an on-site, fire and life safety inspection in the past 12 months? If yes, please include a copy of that inspection form when returning the self-inspection checklist.			
What is the current use of the building? Describe here:			
Have you made any additions/modifications to the structure or added racks for storage?			
Have all excessive amounts of combustible waste materials (empty cardboard boxes, trash, etc.) stored inside or outside of the building been removed?			
In buildings without a sprinkler system: Are materials stored a minimum of two feet below the ceiling?			
In buildings with a fire sprinkler system: Are materials stored a minimum of 18 inches from the bottom of the sprinkler head?			
Is the building address clearly visible and large enough to be seen from the street?			
If you have a lock box for Fire Department access on your building, have you recently changed the locks to the building? If yes, you will need to contact the Fire Department to have the new keys installed in the lock box.			
Do the electrical panels have 30 inches of clearance in front for easy access?			
Do all of the electrical junction boxes, outlets and switches have cover plates on them?			



FRESNO FIRE DEPARTMENT SELF-INSPECTION PROGRAM (SIP)

	Yes	No	Date Violation Corrected
Have all extension cords been removed?			
Do all the multi-plug power strips have surge protection built in and are they free from damage/splicing?			
Are all the multi-plug power strips plugged directly into a permanently installed outlet?			
<p>Has the commercial hood system been cleaned as required in the California Fire Code*?</p> <p><u>*High-volume cooking</u> (24hr cooking/charbroiling/wok cooking) – every 3 mos. <u>Low-volume cooking</u> (churches/seasonal business/senior centers) – every 12 mos. <u>Cooking w/solid fuels</u> (wood) – every month <u>All others</u> – every 6 mos.</p> <p>Date of cleaning:</p> <p>Cleaning company: <input type="checkbox"/> N/A</p>			
<p>Has the commercial hood extinguishing system been serviced in the past 12 months?</p> <p>Date of service:</p> <p>Servicing company: <input type="checkbox"/> N/A</p>			
Have all holes in the walls, ceilings, or doors been properly repaired?			
<p>In assembly occupancies: have all decorative materials (i.e. curtains) been flame retardant treated?</p> <p><input type="checkbox"/> N/A</p>			
<p>Has the fire sprinkler system been tested in the past 12 months?</p> <p>Date of test:</p> <p>Testing Company: <input type="checkbox"/> N/A</p>			



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	Yes	No	Date Violation Corrected
Have all painted, damaged, or obstructed sprinkler heads been repaired/replaced? <input type="checkbox"/> N/A			
Has the fire alarm system been tested in the past 12 months? Date of test: Testing company: <input type="checkbox"/> N/A			
Do your fire extinguishers have a minimum 2A:10B:C rating?			
Is there at least one fire extinguisher within 75 feet travel distance from all areas of the building?			
Have all fire extinguishers been serviced within the past 12 months? Date of service: Servicing company:			
Is there clear access to the fire sprinkler riser(s), fire hydrants, fire department connection (FDC), and all fire lanes? <input type="checkbox"/> N/A			
In assembly occupancies: Do you have the maximum occupancy clearly posted near the main entrance? <input type="checkbox"/> N/A			
Is there a clear and unobstructed path to all of the exits?			
Is all of the emergency lighting functioning properly?			
Are all of the exit doors unlocked and unobstructed when the building is occupied?			
Are all of the exit signs clearly visible and continuously lit?			
Are all of the compressed gas cylinders properly secured to prevent falling? <input type="checkbox"/> N/A			
Do you store or transport hazardous materials or flammable/combustible materials to/from this location?			
Is your business license posted in a clearly visible location?			



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Comments: _____

I certify under penalty of perjury that the responses given are true and correct.

Print Name

Signature

Date

Title