

September 2003

Dear El Centro Business Owner:

The El Centro Fire Department is committed to the continued fire safety of your business and your patrons. In order to help ensure a fire safe environment in your work place we would like you to complete the attached *Self Inspection Worksheet* and return it within 30 days in the envelope provided. By completing the worksheet you will gain an increased knowledge of fire safety and you will become more familiar with your surroundings from a fire safety point of view. Also, you will avoid the established inspection fees.

We have enclosed a packet that includes an instruction sheet, an emergency contact sheet, a self-inspection checklist, and a service delivery rating form.

If at any point during the inspection you do not understand a particular section, or are in need of assistance please feel free to contact us and we will be happy to assist you.

The El Centro Fire Department will be conducting random inspections of businesses participating in this program for quality assurance.

We would like to thank you for your cooperation in this matter.

Sincerely,

Kenneth Herbert, Acting Fire Marshal
El Centro Fire Department

**EL CENTRO FIRE DEPARTMENT
SELF-INSPECTION PROGRAM
INSTRUCTION SHEET**

WORKSHEET

1. Completed forms must be returned no later than 30 calendar days following postmark. **DO NOT RETURN FORMS UNTIL NECESSARY CORRECTIONS HAVE BEEN MADE.** Please contact the fire prevention office if you estimate it will take longer than 30 days to make necessary corrections.
2. Owner, manager or person in highest authority should conduct the inspection and sign the form.
3. Print or type your business name and address at the top of the form.
4. Read the directions at the top of the worksheet carefully.
5. With form in hand, walk through your business and answer each question.
6. **AFTER** you have answered all questions and made all necessary corrections, read the bottom of your worksheet, sign, date and print your name on the appropriate lines.
7. Make any comments you may have in the space provided.
8. If you wish assistance with this inspection or have any questions, check the box on the lower right-hand side of the worksheet or call the listed number.
9. Mail the **ORIGINAL** form with the "Business & Emergency Contact Sheet" to the address listed at the top of the inspection worksheet.

KEEP THE YELLOW COPY FOR YOUR RECORDS.

*Note: If a section does not apply to your business, write non-applicable on the line adjacent to the question.

BUSINESS & EMERGENCY CONTACT SHEET

1. This information is necessary in the event of an emergency after normal business hours. Your cooperation in this matter will assist us in providing a better level of service.
2. Please complete all sections of the form. Be sure to list the name, address and telephone number of the building owner.
3. Mail this form with the original Self-Inspection Worksheet.

YOUR COOPERATION IS APPRECIATED!

Business Name

Business Address

EL CENTRO FIRE DEPARTMENT – PREVENTION DIVISION
775 State St., El Centro, Ca 92243
Bus. (760) 337-4567 Fax (760) 337-4501

Fire Prevention Self-Inspection Worksheet

Date Returned

Directions

- 1. Complete the top of this form with you business name and address.
2. You have 30-days to complete the attached forms. Failure to do so will result in an inspection by the fire department.
3. Walk through your business with this form in hand. Answer all questions listed below.
4. When you have completed the inspection worksheet and all corrections have been made, read, sign and date the bottom of this form and return it, with the Business Emergency Contact Sheet along with the Service Delivery Rating form to the fire department.

1. Are circuit breakers taped in the "ON" position? YES NO
2. Are multi plug adapters (other than UL approved power strips) in use in the building? YES NO
3. Are extension cords used in place of permanent wiring? YES NO
4. Is electrical wiring frayed, worn or spliced? YES NO
5. Is your address visible from the street, on contrasting background, with numbers at least 3' in height? YES NO
6. Is driveway or alley around the building kept clear for fire apparatus use? YES NO
7. Is driveway or alley around building kept free from weeds and/or debris? YES NO
8. Are all trash containers located at least five feet away from building? YES NO
9. Are large capacity waste containers (dumpsters) kept in the closed position? YES NO
10. Is the fire department emergency number (911) handy on or near the telephone(s)? YES NO
11. Are gas valves and/or electrical panels kept clear and identified to show which valves and switches affect which area? YES NO
12. Are all faceplates in place on electrical outlets and switches? YES NO
13. Are combustibles (paper, rags, etc.) stored at least four feet from gas appliances (water, heaters)? YES NO
14. All piles of paper, trash, etc., kept picked up in and around the building? YES NO
15. Have all fire extinguishers been inspected and serviced in the last year by a company licensed by state? YES NO
Date Serviced: By (Company Name):
16. Is fire extinguisher mounted on wall (near exit) so that top of extinguisher isn't more than 5 ft. above floor? YES NO
17. Are all fire extinguishers visible and readily accessible for use (not blocked by storage etc.)? YES NO
18. Does business have current City of El Centro business license posted? YES NO
Expiration Date:

Your response to this self-inspection is required by law as set forth by Ordinance of the City of El Centro. Any person who willfully states as true any material matter herein, which he/she knows to be false, may be guilty of perjury.

DATED I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

RESPONSIBLE PARTY SIGNATURE

PRINT RESPONSIBLE PARTY NAME

Comments:

If you are in need of assistance while filling out this form please feel free to contact the fire prevention office and a staff member will be happy to assist you. You may reach us between the hours of 7:00 a.m and 5:00 p.m. by calling (760) 337-4567.

*EL CENTRO FIRE DEPARTMENT
BUSINESS AND EMERGENCY CONTACT INFORMATION*

CONFIDENTIAL

Date _____

Business Name: _____

Business Address: _____

Current Mailing Address if different:

Business Phone # _____ Bus. Owner & Home Phone: _____

Type of Business: _____

**OTHER EMERGENCY CONTACTS:
(LIST PEOPLE WHO HAVE KEYS TO THE BUSINESS.)**

<u>NAME</u>	<u>PHONE</u>	<u>CELL PHONE/PAGER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Please return packet to the following****

El Centro Fire Department
ATTN: Fire Prevention Division
775 State St.,
El Centro, CA 92243