# Monthly Self Inspection Report For All Schools

**City of Myrtle Beach**  
**FIRE DEPARTMENT**  
**SOUTH CAROLINA**

**MYRTLE BEACH FIRE PREVENTION DIVISION**  
Annual Fire Inspection shall be conducted by the Myrtle Beach Fire Department

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>DATE</th>
<th>NUMBER OF EMPLOYEES</th>
<th>NUMBER OF CLASS ROOMS</th>
<th>CAPACITY OF SCHOOL</th>
<th>NUMBER ON ROLL</th>
</tr>
</thead>
</table>

1. ARE ALL EXIT DOORS WORKING PROPERLY?  
   - **YES**  
   - **NO**  
   
   ARE "EXIT" LIGHTS PROPERLY ILLUMINATED?  
   - **YES**  
   - **NO**  
   
   IF NOT, EXPLAIN  
   

2. ARE THERE BOLTS, CHAINS, HOOKS, ETC. ON ANY EXIT DOOR?  
   - **YES**  
   - **NO**  
   
   (a) IF SO, EXPLAIN  
   
   (b) WERE THEY REMOVED?  
   - **YES**  
   - **NO**  
   DATE REMOVED

3. ARE ANY HALLWAYS BLOCKED?  
   - **YES**  
   - **NO**

4. WHAT IS THE CONDITION OF THE KITCHEN HOOD SYSTEM(S)?

   (a) EXTINGUISHING SYS. CERT. DATE  
   (SHALL BE CERTIFIED/TAGGED EVERY 6 MOS)

5. IS THERE EXCESSIVE TRASH OR RUBBISH IN THE BUILDING?  
   - **YES**  
   - **NO**  
   
   (a) IF SO, WHERE?  
   
   (b) WAS IT REMOVED?

6. IS FIRE ALARM WORKING PROPERLY?  
   - **YES**  
   - **NO**  
   - **N/A**

7. IS A PLAN IN PLACE TO EVACUATE NON-AMBULATORY STUDENTS IN CASE OF FIRE?  
   - **YES**  
   - **NO**

8. DATE OF LAST FIRE DRILL  
   TIME
City of Myrtle Beach
SOUTH CAROLINA
FIRE DEPARTMENT

(9) ARE THE FIRE EXTINGUISHERS CURRENTLY TAGGED AND VISIBLE? YES NO

DATE TAGGED ____________________________

COMMENTS _________________________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Signature: ___________________________________________ Signature: ____________________________
PRINCIPAL PERSON CONDUCTING INSPECTION

1st WEEK OF EACH MONTH RETURN FORM TO:
Myrtle Beach Fire Department
Attn: Fire Prevention
921-B Oak Street
Myrtle Beach, SC  29577
FAX: (843) 918-1204