# SELF INSPECTION WORKSHEET

<table>
<thead>
<tr>
<th>Name of Business_____________________________________________</th>
<th>Date of Inspection_______________</th>
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<tbody>
<tr>
<td>Address_____________________________________________</td>
<td>Bldg. ID/Unit #_______________________________</td>
</tr>
<tr>
<td>Business Owner___________________________________</td>
<td>Phone Number ________________________________</td>
</tr>
<tr>
<td>Building Owner__________________________</td>
<td>Phone Number ________________________________</td>
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INSTRUCTIONS: Please circle “Yes” or “No” to each question or circle “NA” if the question does “Not Apply”. All no answers indicate unsatisfactory conditions requiring correction, and a comment on each such item should be made on reverse side showing action taken to correct. When this worksheet is complete and all corrections are made, please sign and date bottom of worksheet and return to the Myrtle Beach Fire Department (Address listed above). If you wish assistance, please call the Fire Marshal at (843) 918-1109.

## A. MEANS OF EGRESS

1. Are exitways and doors easily recognizable, unobstructed and unlocked when the building is occupied?  
   - YES  
   - NO  
   - NA

2. Are all exit signs illuminated and emergency lighting systems working properly?  
   - YES  
   - NO  
   - NA

3. Are all fire doors in good repair, kept unblocked, and do they close and latch?  
   - YES  
   - NO  
   - NA

4. Does panic hardware operate properly?  
   - YES  
   - NO  
   - NA

## B. BUILDING MAINTENANCE

1. Are all holes in floors, walls, and ceilings patched with the same material the floor, wall, or ceiling is constructed of?  
   - YES  
   - NO  
   - NA

2. Are holes surrounding items that penetrate floors, walls, and ceilings sealed with non-combustible material to prevent the passage of fire and smoke?  
   - YES  
   - NO  
   - NA

3. Are ceiling tiles in place and in good condition?  
   - YES  
   - NO  
   - NA

## C. MECHANICAL EQUIPMENT

1. Is the heating system in good working order and free of lint and dust accumulation?  
   - YES  
   - NO  
   - NA

2. Are all liquid fueled appliances vented to the outside?  
   - YES  
   - NO  
   - NA

3. Is adequate clearance provided around all heat producing appliances and appliance flues or vents to prevent ignition of combustible materials?  
   - YES  
   - NO  
   - NA

## D. ELECTRICAL EQUIPMENT

1. Is there 36” clearance in front of all electrical panels, are all circuits labeled and all breakers free of tape or other devices that keep breakers from operating?  
   - YES  
   - NO  
   - NA

2. Are all spaces in the electrical panel filled with breakers or filler blanks?  
   - YES  
   - NO  
   - NA

3. Are all covers for electrical junction boxes, outlets, and switch boxes in place?  
   - YES  
   - NO  
   - NA

4. Are all splices in electrical wiring made inside a covered junction box?  
   - YES  
   - NO  
   - NA

5. Are extension cords plugged directly into wall outlets and not into other cords?  
   - YES  
   - NO  
   - NA

6. Are extension cords used with portable appliances only and is the cord current capacity equal to or greater than the rated capacity of the appliance?  
   - YES  
   - NO  
   - NA
7. If located in pedestrian travel areas, are appliance cords protected by rigid cord covers? YES NO NA

E. FIRE PROTECTION SYSTEMS

1. Is the fire alarm system control panel in the “Normal” operation mode with only an AC power light illuminated, has the system been tested and certified by a SC licensed alarm company in the past 12 months? (Attach a copy of the certification) YES NO NA

2. Are all control valves for the sprinkler or standpipe system in the open position, has the system been inspected and certified by a SC licensed sprinkler company in the past 12 months? (Attach a copy of the certification) YES NO NA

3. Is the fire department connection for your sprinkler or standpipe system accessible and properly identified? YES NO NA

4. Is the kitchen hood and exhaust duct free from grease build up? YES NO NA

5. Are all cooking appliances protected by an extinguishing system nozzle? YES NO NA

6. Has the hood extinguishing system been inspected and tested in the past 6 months? (Attach a copy of the service report) YES NO NA

7. Are smoke detectors provided in every room where people sleep? Are they checked regularly and maintained in an operable condition? YES NO NA

8. Are portable fire extinguishers properly mounted, accessible, and inspected by a SC licensed extinguisher company in the past 12 months? Date of inspection_____________ YES NO NA

9. Are all employees familiar with the use of portable fire extinguishers? YES NO NA

F. HOUSEKEEPING

1. Are enclosed stairways and areas under open stairs kept free of all storage? YES NO NA

2. Are combustible and flammable liquids stored in approved safety containers or approved flammable liquid cabinets? YES NO NA

3. Are quantities of combustible and flammable liquids limited to only what it needed to operate your business or maintain your equipment? YES NO NA

4. Are solid chemicals stored on shelves above liquid chemicals? YES NO NA

5. Are lint traps on clothes dryers cleaned daily to avoid build up of combustible lint? YES NO NA

6. Is there 18” clearance between the top of merchandise or storage and sprinkler heads? YES NO NA

G. MISCELLANEOUS

1. If you have a generator to provide emergency power to your building, has it been serviced and tested by a qualified service representative in the past 12 months? (Attach a copy of the service report) YES NO NA

2. Are all compressed gas cylinders secured to prevent falling? YES NO NA

3. Is your business address posted on the building so it is visible and legible from the street? YES NO NA

4. If located in a strip shopping center or mall, is your business name, street address, or unit number displayed on the outside of the rear door(s)? YES NO NA
H. ACTION TAKEN TO CORRECT VIOLATIONS

Who can we call after hours in case of emergency?

Name____________________________________  Phone #_____________________

Name____________________________________  Phone #_____________________

Name of Inspector____________________________________             _____

(Please print name)                                                                             (Signature)

Keep white copy and return yellow copy to the fire department

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