



City of Paso Robles
Department of Emergency Services
SELF INSPECTION FORM

BUSINESS INFORMATION

Occupancy Name (Business Name): _____

Business License Number: _____ Square Footage of Business: _____

Street Number: _____ Street Name: _____ Apt./Room/Suite: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Automatic External Defibrillator (AED) present? Yes No

Provide at least one phone number:

Phone number: _____ Type: Select...
Ext. (if applicable)

Name of Person Performing Inspection: Last: _____ First: _____

Email Address: _____

EMERGENCY CONTACT NAMES & PHONE NUMBERS
(After-Hours Responsible Parties to be Contacted by Dispatch if Necessary)

Emergency Contact #1 Last Name: _____ First: _____

Select all that apply: Business Owner Property Owner Manager Responsible Party

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Provide at least one phone number:

Phone number: _____ Type: Select...
Ext. (if applicable)

Is Emergency Contact #1 a key holder? Yes No

Emergency Contact #2 Last Name: _____ First: _____

Select all that apply: Business Owner Property Owner Manager Responsible Party

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Provide at least one phone number:

Phone number: _____ Type: Select...
Ext. (if applicable)

Is Emergency Contact #2 a key holder? Yes No

SELF-INSPECTION LIST

Building Exterior

- Yes No N/A Address numbers are visible & easy to read from your fronting street.
- Yes No N/A All sides of the building are free from weeds, debris, and combustibles.
- Yes No N/A Access to fire lanes, hydrants, sprinkler system connections and control valves are marked, maintained, and unobstructed.
- Yes No N/A Exit doors from the exterior are functional and unobstructed.
- Yes No N/A The building has been re-keyed in the last 12 months.
- Yes No N/A The building has a Knox box.

Building Interior

- Yes No N/A Exits are clearly identified & exit signs are in the proper locations.
- Yes No N/A The entire width & height of all exit paths are free from any obstruction.
- Yes No N/A Exit doors open easily and without special knowledge of the locks/latches.
- Yes No N/A If exit signs are lighted, all of the bulbs are working.

Houskeeping / Electrical

- Yes No N/A Missing ceiling tiles and holes in walls or ceiling have been repaired.
- Yes No N/A No new walls have been added without the necessary permits.
- Yes No N/A There is a 30" clear area around electrical panel(s) so they are accessible.
- Yes No N/A All circuit breakers are clearly labeled to show what they control.
- Yes No N/A All electrical outlets, switches, and junction boxes have cover plates.
- Yes No N/A Extension cords are for temporary use only.
- Yes No N/A Cords do not pass under rugs, through walls, or across traffic paths.

Storage

- Yes No N/A All storage / housekeeping is neat & orderly.
- Yes No N/A Storage is piled no higher than 2 feet below the ceiling.
- Yes No N/A There are no flammable liquids stored, except in approved cabinets.
- Yes No N/A Flammable liquids and oily rags are stored in approved safety containers.
- Yes No N/A All combustibles are stored at least 3 ft away from heat sources/appliances.

Yes No N/A Gas cylinders chained to a supporting member or threaded cap attached properly.

Yes No N/A All appliance vents are in good repair & functioning properly.

Fire Extinguishers

Yes No N/A One minimum 2A:10BC extinguisher located for each 75' of travel within the business.

Yes No N/A Sign(s) posted indicating location of extinguisher when not readily visible.

Yes No N/A Extinguisher(s) mounted on the wall.

Yes No N/A Have the fire extinguisher(s) been serviced & tagged in the last 12 months?

Fire extinguisher service company: _____ Date of service: _____

Fire Protection Systems

Yes No N/A Does the building or suite have a fire sprinkler system?

When was the last 5 year certification completed? _____

Yes No N/A Sprinkler heads are free from decorations or other items interfering with proper activation.

Yes No N/A Damaged and/or painted sprinkler heads are replaced.

Yes No N/A Does the building or suite have a fire alarm system?

Yes No N/A Have the alarm system access codes been verified in the last 12 months?

Comments:

Electronic Signature Disclaimer:

By checking this box, typing your name in the Authorized Signature field below, and submitting this form electronically (via email), you certify that you have conducted the self-inspection of the business indicated on this Self Inspection Form and have answered the above questions truthfully and to the best of your knowledge. Furthermore, you understand your typed name will serve as your electronic signature in lieu of your physical signature by hand.

PLEASE NOTE: Only a duly authorized owner, officer, manager, or representative of the company may sign this form.

Form completed by:

Authorized Signature

Date