

**VILLAGE OF RIDGEFIELD PARK
BUREAU OF FIRE PREVENTION
RESIDENTIAL SELF FIRE INSPECTION
WORKSHEET**

The Bureau of Fire Prevention would like to assist Village residents in keeping their homes safe from the peril of FIRE. Use this form to make your own inspection of your home. If you have any questions, you may call the Bureau at 201-440-5611, extension 113. The Bureau will take no action against fire code violations in one or two family owner occupied homes, but will assist you, at your request, in making your home safe.

1. Walk through your home, start on the outside and work in. Look carefully for possible hazards.
2. Answer all applicable questions on the worksheet.
3. When the inspection is completed, note deficiencies and correct as needed. Note the date of corrections.
4. Keep the completed worksheet for your records and reinspect at least twice per year.

Name _____ Address _____

Date of Inspection _____ Inspected by _____

EXTERIOR SURVEY:

1. Are the house numbers plainly visible from the street? Yes(☐) No(☐)
2. Are all exit doors free from obstruction? (Snow, storage etc.) Yes(☐) No(☐)
3. Are fire hydrants, in from of your home, free from obstruction and visible. Yes(☐) No(☐) N/A(☐)
4. Are outside lights free from animal nesting material? Yes(☐) No(☐)
5. Is combustible storage kept away from doors and windows? Yes(☐) No(☐)
6. Is firewood kept out of the garage and away from ignition sources? Yes(☐) No(☐) N/A(☐)
7. Is gasoline stored up off the floor in the garage and away from ignition sources? Yes(☐) No(☐) N/A(☐)

Correction Dates _____

2.

FIRE PROTECTION SYSTEMS AND EQUIPMENT

1. If you have a residential sprinkler system, has it been tested during this calender year? Yes() No() N/A()
2. Do you have smoke detections on every level and within 10' of every bedroom? Yes() No()
3. Do you test your detectors regularly and change the batteries when you change the clock? Yes() No()
4. Do you have carbon monoxide detectors within 10' of every bedroom? Yes() No()

Correction Dates _____

PLANNING

1. Have you developed a Home Fire Escape Plan for your family? Yes() No()
2. Do you practice the plan with your family? Yes() No()
3. Does your plan include a safe meeting place? Yes() No()
4. Have you tested your smoke detectors while family members are asleep to determine if they can hear the audible warning? Yes() No()
5. Have you replaced your smoke detectors after ten (10) years? Yes() No()

Correction Dates _____

INTERIOR SURVEY

1. Are all exits and exit pathways clear and unobstructed? Yes() No()
2. Is there a minimum of 36" clearance around all heating appliances and gas fired water heaters? Yes() No()
3. Has your gas or oil fired furnace been inspected by a qualified technician to prevent hazardous fumes by cracked heat exchangers or fittings? Yes() No()
4. Is all storage kept in a neat and orderly manner away from heat sources such as light fixtures, heating appliances, fireplaces, wood stoves and electrical supply panels? Yes() No()
5. Are electrical extension cords used to provide power to equipment? Yes() No()
(Extension cords are not permitted to be used as a replacement for permanent power supply. **Listed** multi-plug strip plates are permitted as a last resort)
6. Are appliance cords free from fraying, crimping and kept from under table or furniture legs and carpeting? Yes() No()

3.

7. Are there cover plates on **all** electrical light switches, outlets and the supply panel? Yes(☐) No(☐)
8. Has a licensed electrician certified that the fuse or circuit breaker sizes are correct for the service provided ? Yes(☐) No(☐)
9. Has your fireplace or wood stove chimney been cleaned within the past year? Yes(☐) No(☐)
10. Do you burn only seasoned dry wood in your fireplace or wood stove? Yes(☐) No(☐)
11. Do you keep a close eye on items cooking on your stove? Yes(☐) No(☐)
12. Do you wear loose fitting clothes while cooking? Yes(☐) No(☐)
13. Are seasonal decorations kept away from ignition sources like fireplaces, stoves or heating appliances? Yes(☐) No(☐)
14. Are smoking materials or candles extinguished before leaving the home or going to bed? Yes(☐) No(☐)
15. Do you and your family maintain good housekeeping throughout the home, including the basement and attic? Yes(☐) No(☐)

Correction Dates _____

This worksheet is provided to assist you in keeping you and your family safe from fire, It is by no means a complete list of safety requirements. Common sense should be used in determining the safety of your family.

**Douglas Hansen
Fire Marshal**