



# Portland Fire Department Monthly School Inspection

Name:	Address:
Principal: <u>NANSEN</u>	Emergency contact # :

Date inspected: <u>3-14-11</u>	Inspector: <u>CASS</u>
Time in:	Time out:

Fire Drills Conducted    Yes     No     Date of last drill: NOV.

**EXITS:**

	Pass	Fail	Notes:
Exit / Escapes clear of obstructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Exit signs & Emer lights properly lit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Fire Alarm System**

Panel clear, accessible, operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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**Fire Extinguishers**

Extinguishers full & tagged annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Extinguishers accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Heating System**

Boiler room clear of all combustibles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Boiler room properly rated/protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Electrical system**

Extension cord use vs. permanent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electrical panels clear & accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electrical circuits clearly identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Sprinkler System**

Sprinkler heads >18" of clearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sprinkler Rm & FDC labeled & clear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Spare heads & wrench supplied	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sprinkler system tagged insp. date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**House Keeping**

Furnishings & decorations flame rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Art work displayed < 20% wall area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housekeeping organized for safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Additional Safety Concerns:**