

Inspection

OFFICE OF THE FIRE MARSHAL

The City of Traverse City
Fire Department



Station 01, 500 West Front Street, Traverse City MI 49684
(231) 922-4930 ext. 6

TOURIST HOME SELF INSPECTION FORM

DATE PERFORMED _____

PERSON INSPECTING _____

NAME OF HOME _____

ADDRESS _____

OWNER _____

PHONE NUMBER(S) _____

CHANGES TO FIRE DEPARTMENT APPARATUS ACCESS (is fences, gates, ect.) Yes ___

ADDRESS NUMBERS ON BUILDING ON STREET SIDE Yes _____ No _____

CHANGES TO EXIT NUMBER OR ARRANGEMENT? Yes _____ No _____

WINDOWS OPERABLE Yes _____ No _____

SMOKE ALARMS

EACH BEDROOM Yes _____ No _____

ON EVERY LEVEL Yes _____ No _____

IF BATTERY POWER, BATTERIES CHANGED WITHIN LAST YEAR? Yes _____

DATE OF MANUFACTURE OF ALARMS MONTH _____ YEAR _____ (O

CARBON MONOXIDE DETECTOR/ALARMS

ON EVERY LEVEL Yes _____ No _____

DATE OF MANUFACTURE: _____

FIRE ESCAPE PLANS POSTED: Yes _____ No _____

FIREWORK/NOISE ORDINANCES POSTED: Yes _____ No: _____