

---

# 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. 3

---

## VACATION HOME RENTAL 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 \_\_\_\_\_ No \_\_\_\_\_

ADDRESS NUMBERS ON BUILDING ON STREET SIDE Yes \_\_\_\_\_ No \_\_\_\_\_

CHANGES TO EXIT NUMBER OR ARRANGEMENT? Yes \_\_\_\_\_ No \_\_\_\_\_

WINDOWS STILL OPERABLE Yes \_\_\_\_\_ No \_\_\_\_\_

### SMOKE ALARMS

EACH GUEST ROOM Yes \_\_\_\_\_ No \_\_\_\_\_ EACH BEDROOM Yes \_\_\_\_\_ No \_\_\_\_\_

ON EVERY LEVEL Yes \_\_\_\_\_ No \_\_\_\_\_

IF BATTERY POWER, BATTERIES CHANGED WITHIN LAST YEAR? Yes \_\_\_\_\_ No \_\_\_\_\_

DATE OF MANUFACTURE OF ALARMS MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ (OLDEST DATE)

### CARBON MONOXIDE DETECTOR/ALARMS

EACH GUEST ROOM Yes \_\_\_\_\_ No \_\_\_\_\_ EACH BEDROOM Yes \_\_\_\_\_ No \_\_\_\_\_

ON EVERY LEVEL Yes \_\_\_\_\_ No \_\_\_\_\_

PORTABLE FIRE EXTINGUISHER SERVICE DATE MONTH \_\_\_\_\_ YEAR \_\_\_\_\_