Life Safety Inspection Report

Occupant:	**Crystal Lake Fire Rescue Department**
Address:	**Fire Prevention Bureau**
City/Zip Code:	100 W. Woodstock St.
Telephone:	Crystal Lake Illinois 60014
Owner:	Phone: (815) 356-3640
Alarm Position (#):_____ ☐ Detection ☐ Suppression	FAX: (815) 477-2568

☐ No Violations Noted

☐ Violations of the City of Crystal Lake Ordinances or Adopted Codes at the above premises are hereby called to your attention. The conditions found and corrections to be made are marked with an (X) or noted in the remarks section below.

Re-Inspection Date

_____/_____/_____

1. Alarm System	**4. Heat Producing Appliances**	**9. Exits Lights (Combination Lights)**	**14. Elec. / Phone / Mech. Rms.**
A. Annual Certified Test Required	A. Storage of Combustibles within 3'	A. Additional Lights Required	A. Combustible Storage Prohibited
B. Alarm Panel Inaccessible	C. Repair required	B. Service Required	B. Requires Self Closing Door
C. Pull Station Inaccessible	**5. Housekeeping / Storage**	C. Obstructed	**15. Extinguishers**
D. System Service Required	A. Building Interior	**10. Emergency Lights**	A. Annual Service Required
E. Lock -Out Circuit Panel Required	B. Yard & Exterior	A. Additional Lights Requried	B. Not Mounted Properly
2. Sprinkler/Standpipe System	C. Excessive Combustibles	B. Service Required	C. More Units / Coverage Needed
A. Annual Certified Test Required	D. Storage 24" below Ceiling Required	C. Obstructed	D. Blocked
B. 18" Clearance Below Head Deflector	**6. Flammables/Chemicals**	**11. Exits / Aisles / Doors**	**16. Elevators**
C. Riser Controls Blocked	A. Improper Storage	A. Blocked	A. Emergency Key/Phone
D. FDC Blocked/Service	B. Need Cabinet/Container	B. Need Repair	B. Combustible Storage in Service Room
E. O.S.&Y. Valves Closed	C. Improper Dispensing	C. Require Self Closing Door	C. Instructions/Certificate
F. Annual Pump Test Required	D. Too Close To Open Flame source	D. Unapproved Door/Locks	D. Fire Service Test
G. RPZ/DDC Certification	E. Exceeds Limits	**12. Stairs**	**17. FD Rapid Entry Knox Box**
H. Signs/Gauges Required	F. MSDS Sheets Posted	A. Blocked	A. Need Building/Occupant Keys
I. Spare Heads/Wrench Required	**7. Compressed Gas Cylinders**	B. Require Self Closing Door	B. Need Knox Box
J. Standpipe Handles Missing	A. Tanks Not Secured	C. Improper Storage	**18. Additional Items**
K. Zone Map Requried near system	B. Improper Storage	**13. Electricity**	A. Building Address/Front/Rear
L. Other _____	**8. Outside**	A. Electrical Panel Blocked	B. Occupancy Load Posted
3. Hood & Duct Systems	A. Fire Lane Blocked/Posted	B. Open Electrical Curciuts or Blanks	C. Ceiling Tiles Required
A. Semi-Annual Inspection Required	B. Hydrants	C. Remove Improper Electric Service	D. Separation Fire Stopping Required
B. Cleaning Required	C. Gas Meter / Protection	D. Panel Not Marked	E. No Smoking Signs
C. Service Needed	D. Dumpster / 5 Feet From Structure	E. G.F.I. Outlet Required	F. Fire Doors

Item	Description/Location	Item	Description/Location

The following is based upon a fire safety inspection of the premises you own or occupy. The Fire Prevention Code specifies that this notice shall be served upon the occupant because remedy may be done by the owner or tenant. This notice tells you where hazardous conditions are located. Violations are found in above check boxes and corrections maybe found below. Reinspections will not be made in less than 12 days unless expressly written. Removing the hazards will put you in compliance with fire rules, regulations, codes and laws. **IMMEDIATE ACTION IS REQUIRED.**

REMARKS:

☐ See Additional Comments

Inspected By:	Date:
Reinspected By:	Date:
☐ Violations Corrected	Date:
☐ Bureau Follow-Up Requested	Date:
Reinspected By:	Date:
Received By:	Date:
Signature:	Date:

Mailed To: Date:

NOTE: Appeal for the above notice may be made in writing to:

Fire Prevention Bureau Chief
100 W. Woodstock St.
Crystal Lake, Illinois 60014