



FIRE DEPARTMENT

(530) 822-4686 | 824 CLARK AVENUE, YUBA CITY, CALIFORNIA 95991 | WWW.YUBACITY.NET

Dear Business Owner/Manager:

The Yuba City Fire Department has initiated a Business Self-Inspection program. This program is free of charge and is designed for the general business that has a low-hazard potential for fires and life safety concerns. Your business has been selected as a low hazard, and one deemed to be included in our self-inspection program.

The self-inspection program will allow these "low-hazard" businesses to be inspected by YOU, the owner or manager, on a 24-month inspection cycle. We hope that by allowing you to identify and eliminate common fire hazards, we will encourage you to continue to maintain a fire-safe environment for your business WITHOUT a visit from the Fire Department every 24 months.

In order to make our self-inspection program successful, we want to make it as user-friendly as possible. By following the simple instructions and using the self-inspection worksheet, you will be able to conduct a fire safety inspection of your building at your convenience. As always, if you have any questions or need help with your self-inspection, the Fire Department is available to answer questions. You may reach Fire Prevention staff at (530) 822-4614 or (530) 822-4714. If needed, we will be happy to come to your business and assist you.

With your support and cooperation, we can make Yuba City a safer community for all of us, with less interruption and inconvenience for everyone.

Thank you,

Jesse M. Frias

Fire Marshal



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HOW TO PERFORM YOUR SELF-INSPECTION

1. The person who is responsible for the business should conduct the inspection within 2 weeks of receiving this notice.
2. Fill out the "Self-Inspection Contact Information Form".
3. Review the "Self-inspection worksheet" before starting. This way you'll know what to look for in advance.
4. With your "Self-inspection worksheet" in hand, walk around and through your building until all statements on your worksheet have been checked "yes" or "no".

NOTE: if some areas on the worksheet do not apply to your building, such as "fire sprinkler systems" or "fire-alarm/detector systems," simply check "N/A" next to those items and move to the next section.

5. If any of the items on your worksheet have "no" as the answer, be sure to correct them within 2 weeks.
6. The Fire Department may make a random re-inspection of your business to ensure quality assurance. **BE SURE TO RETAIN A COPY OF YOUR COMPLETED SELF-INSPECTION FORM.**
7. **Mail the original COMPLETED Self-Inspection Form and Self-Inspection Contact Information Form to:**

Yuba City Fire Department
824 Clark Avenue
Yuba City, CA 95991

Once again, if you have any questions or would like assistance with your self-inspection, please contact Fire Marshal Jesse M. Frias at (530) 822-4614 or jfrias@yubacity.net.

Thank you for doing your part to make your business as safe as possible!

Yuba City Fire Department

824 Clark Avenue, Yuba City, CA 95991

Phone: (530) 822-4686 Fax: (530) 822-7561

SELF-INSPECTION CONTACT INFORMATION FORM

Business Information

Occupancy Name (Business Name): _____

Business Address: _____ Suite: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____

Name of Person Performing Inspection (please print): _____

Phone # _____

Emergency Contact Names & Phone Numbers (After-hours Responsible Parties to be contacted by Dispatch if necessary)

Emergency Contact #1 Name: _____

Select all the options that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Business Owner | <input type="checkbox"/> Property Owner | <input type="checkbox"/> Contact |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Responsible Party | <input type="checkbox"/> Resident/Occupant |

Home Number: () _____

Cell Number: () _____

Work Number: () _____

Provide at least one phone number

Other: () _____

Is Emergency Contact #1 a key holder? Yes No

Emergency Contact Names & Phone Numbers (After-hours Responsible Parties to be contacted by Dispatch if necessary)

Emergency Contact #2 Name: _____

Select all the options that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Business Owner | <input type="checkbox"/> Property Owner | <input type="checkbox"/> Contact |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Responsible Party | <input type="checkbox"/> Resident/Occupant |

Home Number: () _____

Cell Number: () _____

Work Number: () _____

Provide at least one phone number

Other: () _____

Is Emergency Contact #2 a key holder? Yes No



Yuba City Fire Department
824 Clark Avenue
Yuba City, CA 95991
(530) 822-4686 FAX (530) 822-7561

SELF-INSPECTION WORKSHEET FOR BUSINESSES

- | Y | N | N/A | <u>BUILDING EXTERIOR</u> |
|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Address numbers are visible and easy to read from your fronting street (contrasting colors are best). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All sides of the building are free from weeds, trash debris, or combustible storage. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you have a dumpster, it is at least 5 feet away from combustible walls, windows and building overhangs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All vents of heat-producing appliances (heaters, water heaters, clothes dryers, etc.) are in good repair and functioning properly. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If there is a Knox Box on premises (not required) are there updated keys to YOUR business inside. |
| <u>BUILDING INTERIOR</u> | | | |
| EXIT PATHS are from <u>any point</u> in the building to the public way. | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All exit doors open easily without special knowledge of the latching devices that may interfere with someone getting out. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The entire width and height of all exit paths are free from any obstruction (see definition above). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exit signs are in the proper locations and clearly identify all exits. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If exit signs are lighted, all of the bulbs are working. |
| <u>CORRIDORS are part of your exiting system and include exterior exit balconies and stairs.</u> | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are no obstructions to the corridor's full width and height, such as storage or office machines. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors opening into the corridors that are equipped with self-closures are fire doors. All fire doors are kept in the closed position free from obstructions that would block them open. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Aisles are at least 44" wide in merchandise areas and 24" wide in storage areas without obstruction. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All stairs are clear of obstructions and no combustibles are stored beneath. |
| <u>ROOMS, SPACES and WALLS</u> | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All breaches, missing ceiling tile/holes in the walls or ceiling that could allow fire into the hidden spaces have been repaired or replaced. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No new walls have been added, without the necessary permits, which would interfere with exiting, fire alarms or sprinkler coverage. |
| <u>ELECTRICAL</u> | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is a 30" clear area all around your electrical panel(s) so they are easily accessible, with door kept closed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All circuit breakers are labeled, in English, to show what they control. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All electrical outlets, switches and junction boxes have cover plates. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extension cords are for temporary use only. (Used for short periods and then removed). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are no multiple plug adapters in use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extension cords are replaced with power strips and do not pass under rugs, through walls or across traffic paths. All parts of any cord must be visible so that wear or bad spots can be noticed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All circuit breakers are free of tape or any other obstructions that may prevent them from functioning properly. |

- | Y | N | N/A | <u>STORAGE/HOUSEKEEPING</u> |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All storage/housekeeping is neat and orderly. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is no storage in equipment rooms, mechanical rooms, and electrical rooms or under open stairways. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage is piled no higher than 2 feet below the ceiling and never more than 12 feet high. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are no flammable liquids stored, except in approved cabinets. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No more than 10 gallons of flammable liquid is stored in approved safety cans. |

FIRE EXTINGUISHERS

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A 2A10BC minimum-rated fire extinguisher, which has been serviced and tagged within the last 12 months by a licensed fire extinguisher service company, is provided within 75' of all areas. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All fire extinguishers are wall-mounted in plain sight, no higher than 60" to the top of the extinguisher. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All fire extinguisher gauges register in the green. |

GAS

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All water heaters have a pressure-relief valve. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All natural-gas appliances have individual gas shut-off valves. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All combustibles are stored at least 3 feet away from gas appliances (water heater, furnace, etc.). |

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>FIRE ALARM/DETECTION SYSTEMS</u> are installed in some businesses & recommended in all. If you have one: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The system power light is illuminated. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No alarm or system trouble lights are lit. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Call your alarm company to check that the remote reporting function is working: DO NOT ACTIVATE THE SYSTEM TO FIND OUT. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | System has been serviced by a licensed contractor within the last 12 months. |

FIRE SPRINKLER SYSTEMS require special treatment. If your building has one:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The sprinkler system has been serviced by a licensed contractor in the last 5 years. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | You have received documentation from him/her verifying test. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | System has been inspected in the last 12 months by a qualified person. |

Any person who willfully states as true any material matter herein, which he/she knows to be false, may be guilty of perjury. FAILURE TO RETURN THIS FORM AND CORRECT DEFICIENCIES WITHIN 30 DAYS WILL RESULT IN AN INSPECTION BY THE FIRE DEPARTMENT.

I declare under penalty of perjury that the foregoing is true and correct:

Signature

Date

Printed Name

Contact Phone #