

FIRE DEPARTMENT

South Hadley Fire District #1, Massachusetts

144 Newton Street, South Hadley, Ma 01075
 Phone: (413) 532-5343 • Fax: (413) 533-



HOME SAFETY INSPECTION REPORT

ADDRESS: _____

LAST BUILDING PERMIT: _____

LIFE SAFETY SYSTEMS

| | PASS | FAIL | N/A |
|-----------------------------|------|------|-----|
| Smoke Detectors..... | [] | [] | [] |
| Carbon Monoxide Alarms..... | [] | [] | [] |
| Heat Detectors..... | [] | [] | [] |
| House Number..... | [] | [] | [] |

LIQUID PROPANE (LP) GAS EQUIPMENT

| | PASS | FAIL | N/A |
|---|------|------|-----|
| Fire Department Permit on file and displayed..... | [] | [] | [] |
| Proper clearance from building and property line..... | [] | [] | [] |
| Proper clearance from building openings..... | [] | [] | [] |
| Proper clearance from ignition sources, direct vent appliances, and air intakes..... | [] | [] | [] |
| Proper protection of tanks, fitting housings, housing cover, etc. from vehicular traffic..... | [] | [] | [] |
| Tanks properly labeled..... | [] | [] | [] |

OIL HEATING EQUIPMENT

| | PASS | FAIL | N/A |
|---|------|------|-----|
| Fire Department Permit on file and displayed..... | [] | [] | [] |
| Emergency shutoff switch outside burner room and plainly visible..... | [] | [] | [] |
| Separate circuit breaker clearly labeled for oil burner and/or hot water heater..... | [] | [] | [] |
| Service switch within 3 ft. of oil burner and/or hot water heater..... | [] | [] | [] |
| Hand operated thermal valves located near each burner and supply tank..... | [] | [] | [] |
| Furnace, smoke pipe, and flue appear to be in good condition..... | [] | [] | [] |
| No oil leaks at the tank and/or burner..... | [] | [] | [] |
| Proper covers and clearances for vent and fill pipes..... | [] | [] | [] |
| Proper protection of tanks, fitting housings, housing cover, etc. from vehicular traffic..... | [] | [] | [] |

ELECTRICAL SERVICE PANEL

| | PASS | FAIL | N/A |
|--|------|------|-----|
| Panel properly secured to wall..... | [] | [] | [] |
| All breaker spaces filed or covered..... | [] | [] | [] |
| Area around panel is clear..... | [] | [] | [] |

Year Built: _____ Siding Type: _____ Roofing Type: _____

Closest Hydrant: _____ Knox Box Location: _____

[] Electric Heat [] Natural Gas [] Wood / Pellet Stove [] Fireplace
 [] Attached Garage [] Detached Garage [] Storage Shed / Barn [] _____

Comments: _____

INSPECTED BY: _____

DATE INSPECTED: _____