



Dickinson Fire Department Fire Safety Self Inspection Form

The Dickinson Fire Department has developed and is implementing a fire safety self inspection program. The program is designed to fill the gap between routine inspections and gives the opportunity to conduct your own fire safety self inspection.

The Annual Fire Safety Self Inspection is due by August 1st. You may complete and submit the form in one of three (3) ways:

1. E-mailing to mark.selle@dickinsongov.com
2. Mailing to Dickinson Fire Department, 2475 State Avenue North, Dickinson, ND 58601
3. Faxing to 701-456-7781

All information submitted is confidential and for use by Dickinson Fire Department only.

Date of Inspection _____

Business Name _____

Business Address _____

Business Mailing Address _____

Business E-Mail Address _____

Key Holder Contact Name 1 _____ Day Telephone _____

After Hours Telephone _____ Cell Phone _____

E-Mail Address _____

Key Holder Contact Name 2 _____ Day Telephone _____

After Hours Telephone _____ Cell Phone _____

E-Mail Address _____



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		N/A	Yes	No
1.	Have you moved, added, or eliminated any walls within your business in the past 12 months? Describe work completed:			
2.	Have fire extinguisher(s) been inspected/serviced in the past 12 months? Month and Year of Inspection:			
3.	Mechanical rooms neat and orderly with no combustibile storage?			
4.	All storage is kept neat and orderly staying 24 inches below the ceiling in a non-sprinklered building or staying 18 inches below the sprinkler heads in a sprinklered building.			
5.	There is a 36 inch access to all electrical panels so they are easily accessible, with panel doors kept closed?			
6.	All circuit breakers are clearly labeled?			
7.	All electrical outlets, switches, and junction boxes have cover plates?			
8.	Power strips plug directly into wall outlet?			
9.	Extension cords being used for temporary use only?			
10.	All emergency lights and exit signs operate properly when tested?			
11.	Exit corridors and aisles are clear of storage and obstructions?			
12.	Exit doors are clear of obstructions and open easily?			
13.	Building address/unit number is clearly visible from the street and 4" in height?			
14.	Combustible storage outside the building is orderly and does not pose any threat to the building?			
15.	Have you changed or updated any keys for locks to entrances, mechanical rooms, electrical rooms, or padlocks that would be placed in the Knox Box/lock box?			
16.	Would you like information on the Knox Box Program?			

If you have any questions or comments, please enter or call 701-456-7820.

I certify that I have conducted the self inspection of this business and have answered the above questions truthfully to the best of my knowledge.

Name of Person Completing Inspection _____ Telephone _____