



VILLAGE OF TIVOLI
HISTORIC WATTS DEPEYSTER HALL
PO Box 397 ~ TIVOLI, NY 12583-0397

BUILDING & ZONING DEPARTMENT
EMAIL: BIZEO@TIVOLINY.ORG
OFFICE: 845.757.2021 ~ FAX: 845.757.5416

FEE: _____
PAID: _____

FIRE SAFETY AND PROPERTY MAINTENANCE INSPECTIONS

Address: _____
Operator/Mgr.: _____
Type of Business: _____

Name: _____
Phone: _____
Occupancy Classification: _____

Inspection	Fail	Pass	N/A
911 address on front of building _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All exterior property areas and premises shall be maintained in a clean, safe, and sanitary condition _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A record of annual inspection and testing of the fire alarm _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All emergency lights shall be operable _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All exit signs required to be illuminated shall be _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All exits and exit access shall not be blocked or limited in width and shall operate properly _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All portable fire extinguishers shall have inspection tags within last 12 months _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A record of annual inspection and testing for cooking fire suppression _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A record of annual inspection and cleaning for cooking exhaust hoods _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A record of annual inspection and testing of the sprinkler system _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All identification signs for sprinkler equipment _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An annual inspection and testing of all cross-connection control (RPZ, DCV) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A record of biannual inspection and testing of all elevators (QEI) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All electrical equipment, wiring and appliances shall be property installed, maintained in a safe and approved manner _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage shall be maintained 2 feet or more below the ceiling in non-sprinkler areas of buildings _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage shall be maintained a minimum of 18 inches below sprinkler head deflectors _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage of all flammable liquids shall be in approved containers _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisle width minimum 36" _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General housekeeping throughout interior of building _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupancy Posting Displayed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Floor Plan _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knox Box _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Code Enforcement Officer: _____ Received by: _____

Date: _____ Email: _____