

**CERTIFICATE
OF
FIRE CLEARANCE**

UTAH DEPARTMENT OF HEALTH
Bureau of Health Facility Licensing
And Certification
PO Box 144103
Salt Lake City, Utah 84114-4103
(801) 273-2994 FAX (801) 274-0658

GENERAL	YES	NO	N/A	REMARKS
1. Proper Exits/Stairways/Aisles				
2. Fire Resistive Construction				
3. Smoking Control				
4. Address on Building				
5. Fire Department Access				
6. Evacuation Plan/Training				
7. Certificate of Occupancy (Bldg. Official)				
8. Hydrant Location				
ELECTRICAL				
9. Proper Wiring; Extension Cords				
10. Elec. Shutoff Accessible/Room Labeled				
HOUSEKEEPING				
11. Good Housekeeping				
12. Proper Storage of Haz. Liquids & Gases				
HVAC SYSTEMS				
13. Gas Devices Vented/Adequate Comb. Air				
14. Combustibles Remote From Open Flame				
15. Boiler/Appliance Safety				
16. Smoke/Control Systems				
PORTABLE EXTINGUISHERS				
17. Current & Tagged				
18. Placement and Type				
EXTINGUISHING/ALARM SYSTEMS				
19. Fire Extinguishing System				
20. Valves (OS&Y-PIV) FDC Location				
21. Fire Alarm System				
22. Hood Systems				
23. OTHER:				

I, the undersigned, am in receipt of a copy of this inspection and am aware of the penalties for non-compliance of any orders or local agencies having program authority listed hereon.

Additional fire regulations may be enforced by Federal, state

This facility meets a reasonable level of fire and life safety.

YES _____ NO _____

FOLLOW-UP _____

FIRE OFFICIAL/TITLE

DATE

OWNER/MANAGER