



CITY OF MANCHESTER, TENNESSEE

DEPARTMENT OF HEALTH AND CODE

200 W. Fort Street
Manchester, TN 37355
931-723-1464
Fax: 931-728-8296

FIRE SAFETY INSPECTION FORM

Name: _____ Date: _____

Address: _____ CBL #: _____

- Checkboxes for: Sprinkler System, Alarm System, Annual Inspection Date, Heads/Wrench, Smoke Detectors, Stand Pipe, Fire Extinguishers, Storage, Emergency Lighting, Electrical Box, Exits Marked, Absorbent Materials, Hood System, Access to Property, Receptacles, MSDS to Date, Extension Cords, Fire Drill Training, NFPA 704 Required (Signs), Fire Hydrant

Type of Inspection

- Checkboxes for: Fire Prevention, Complaint, Certificate of Occupancy, Acceptance Test

Inspection: [] Passed [] Failed

Rechecked: _____

[] Passed [] Failed

Recommendation Given to: _____

Remarks: _____

Recommendations Complied With: _____

Inspector _____

Cert #: _____