



Somers Fire & Rescue Department
Captain Joe Scruggs, Fire Inspector
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(262) 620-3285

OCCUPANCY INSPECTION FORM

Business Name _____

Building Address _____

Owner Name _____ Phone: _____

Contractor Name _____

Contact _____ Phone _____

Sprinkler Test: Type (WET/DRY) Date ___/___/___ Inspector _____

- Visual inspection PASS/FAIL
- Pressure test (200 psi) minimum 2 hours PASS/FAIL
- Dry system reaction time test (60 sec or less) _____seconds PASS/FAIL
- Underground flush test (Min____) free of debris (Y/N) PASS/FAIL

Fire Pump Test: Date ___/___/___ Inspector _____

- Pump engaged (Y/N) PASS/FAIL
- Time to activation: _____seconds PASS/FAIL
- Pressure maintained: psi _____ PASS/FAIL

Alarm Test: Date ___/___/___ Inspector _____

- System type (Smoke) (Heat) (Sprinkler) (ALL)
- Dispatch notified (Y/N)
- Time from activation till dispatch notified (90 sec max) _____seconds PASS/FAIL

Building Inspection: Date ___/___/___

Inspector _____

- All exits clear PASS/FAIL
- All exits clearly marked, exit lights present and working PASS/FAIL
- Emergency lighting present and working PASS/FAIL
- Fire extinguishers (min 2A 10BC every 75ft) PASS/FAIL
- Hood system PASS/FAIL

Notes:

Signatures:

Inspector: _____

Contractor: _____

Owner: _____