



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 _____

<input type="radio"/> Visual inspection	PASS/FAIL
<input type="radio"/> Pressure test (200 psi) minimum 2 hours	PASS/FAIL
<input type="radio"/> Dry system reaction time test (60 sec or less) ____ seconds	PASS/FAIL
<input type="radio"/> Underground flush test (Min____) free of debris (Y/N)	PASS/FAIL

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

<input type="radio"/> Pump engaged (Y/N)	PASS/FAIL
<input type="radio"/> Time to activation: _____ seconds	PASS/FAIL
<input type="radio"/> Pressure maintained: psi _____	PASS/FAIL

Alarm Test: Date ____/____/____ Inspector _____

<input type="radio"/> System type (Smoke) (Heat) (Sprinkler) (ALL)	
<input type="radio"/> Dispatch notified (Y/N)	
<input type="radio"/> 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: _____