



Somers Fire & Rescue Department  
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## **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:

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Signatures:

Inspector: \_\_\_\_\_

Contractor: \_\_\_\_\_

Owner: \_\_\_\_\_