



GOOCHLAND COUNTY DEPARTMENT OF FIRE-RESCUE CERTIFICATE OF OCCUPANCY INSPECTION

DATE: _____

BUSINESS NAME: _____ BUSINESS TYPE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOOD SYSTEM	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
FIRE LANE SIGNS/PAVEMENT MARKINGS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
FIRE LANES CLEAR OF ANY OBSTRUCTIONS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
VEHICLE IMPACT PROTECTION	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
FDC MARKED WITH SIGNAGE (FDC & ADDRESS - RED WITH WHITE LETTERS/NUMBERS)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
FDC THREADS NATIONAL STANDARD	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
FDC PLACEMENT ACCEPTABLE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
STAND PIPES NATIONAL STANDARD	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
DEDICATED FIRE HYDRANT WITHIN 50' OF FDC	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
FIRE HYDRANT CONNECTIONS NATIONAL STANDARD	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
FIRE HYDRANTS PAINTED CORRECTLY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
FIRE HYDRANTS FLOWING WATER CORRECTLY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
UNOBSTRUCTED ACCESS TO ALL FIRE HYDRANTS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
FIRE HYDRANTS POINTED IN PROPER DIRECTION	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
UNOBSTRUCTED ACCESS TO PARKING LOT AND BUILDING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
EXIT DOORS FREE OF OBSTRUCTIONS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
ADDRESS POSTED ON STREET SIDE OF BUILDING (4" - 6" LETTERS)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
ADDRESS POSTED IN CONTRASTING COLORS AND VISIBLE FROM ROADWAY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
SUITE NUMBERS POSTED ON OR NEAR FRONT DOOR (4" LETTERS)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
ADDRESS/SUITE NUMBERS POSTED ON REAR DOOR (4" LETTERS)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
SPRINKLER ROOM/PUMP ROOM DOOR MARKED WITH SIGN (RED WITH WHITE LETTERS)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
FACP ROOM MARKED WITH SIGN (RED WITH WHITE LETTERS)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
MECHANICAL/ELECTRICAL ROOMS MARKED WITH SIGN (RED WITH WHITE LETTERS)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
FIRE DEPARTMENT LOCK BOX (SUPRA SAFE) INSTALLED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
IF YES, GIVE LOCATION: _____						
ABC/CLASS-K FIRE EXTINGUISHERS INSTALLED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
OCCUPANCY TYPE AND OCCUPANCY LOAD SIGN POSTED AT FRONT DOOR	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
DRY HORIZONTAL STANDPIPE (PROPER SIGNAGE)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

COMMENTS: _____