



Crawfordsville Fire Dept

Code Enforcement Division

100 South Water - Crawfordsville, IN 47933 - (765-362-1277)

Building Final Pre-Inspection

This worksheet is intended to assist the contractor in understanding specific expectations during the inspection process. CFD will keep this document as a part of the permanent project file and will use it to verify code compliance. The applicant (**Owner/Occupant**) needs to sign and date this document and is responsible for assuring the accuracy and consistency of the information provided herein. **Please submit this checklist prior to calling for the inspection. You may send it via e-mail (preferred) to bbechtel@crawfordsville-in.gov or via FAX to 765-364-5198.**

PROPERTY INFORMATION

Project Name:

Project Address:

Owner's Name:

Owner's Address:

Phone #:

Fax #:

Email:

SYSTEM DESIGNER/CONTRACTOR

Company Name:

Company Address:

Contact Name (Designer):

Phone #:

Fax #:

Email:

System designed by a NICET Level 3 or 4? Yes No

NICET Level 3 or Level 4 Name & Registration #:

System Designed by Registered Engineer? Yes No

Name of System Designed by Registered Engineer (*stamp included*):

BASIC INFORMATION

Yes No N/A

1. The installation of the sprinkler system has been tested and approved in accordance with NFPA 13 (2010 Edition). This shall include all required paperwork that is to be filled out by the installer.

Yes No N/A

2. The installation of the fire pump has been tested and approved in accordance with NFPA 20 (1999 Edition) Chapter 11. This shall include all required paperwork that is to be filled out by the installer.

Yes No N/A

3. The installation of the fire alarm system has been tested and approved in accordance with NFPA 72 (2002 Edition) 4.5.2.4.1. This shall include all required paperwork that is to be filled out by the installer.

Yes No N/A

4. The installation of the commercial kitchen hood exhaust and suppression system has been tested and approved with the fire department. This shall include all required paperwork that is to be filled out by the installer.

Yes No N/A

5. A copy of **all** Fire & Safety system Inspection/Service Reports **must** accompany this form. (i.e. Annual sprinkler, fire alarm and semi-annual kitchen hood system reports) **All applicable existing systems included.**

MEANS OF EGRESS

Yes No N/A

6. All exit signs have been installed and tested by shutting off the circuit to the device in the electrical panel. (IBC 1011.6.3).

Yes No N/A

7. All emergency egress lighting has been installed and tested by shutting off the circuit to the device in the electrical panel. (IBC 1006.3).

Yes No N/A

8. All egress doors and gates, (including hardware), function properly and are easily operable in accordance with IBC Section 1008.

Yes No N/A

9. Delayed egress systems have been tested and meet all of the 6 criteria set forth in (IBC 1008.1.9.7).

Yes No N/A

10. All egress door hardware installed and tested. Hardware and door function properly.

Yes No N/A

11. The occupant load for each room or space that is considered an Assembly occupancy is permanently displayed by the main exit or exit access door for the room per (IBC 1004.3).

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12. Handrails installed in required egress stairs in accordance with (IBC Section 1009).
GENERAL ITEMS	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13. Fire extinguishers are permanently mounted in accordance with (IFC 906.7).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	14. Fire extinguishers are affixed with a permanent tag in accordance with NFPA 10 (2002 Edition) 6.3.4.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	15. Address and suite numbers are permanently attached to the building in accordance with (IFC 505.1 and IBC 501.2).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	16. The Knox Box has been permanently installed in the location previously approved by the fire department and all keys and items available to be installed in the box at the time of inspection per (IFC 506.1).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	17. The attic access is installed per (IBC 1209.2). There is means on site to gain entry through the attic access opening.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	18. Rooms containing sprinkler risers equipment or any other permanent control equipment to be used by the fire department shall have permanent signs installed so they are readily visible per (IFC 509.1).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	19. Rooms or cabinets that contain compressed gases shall be labeled with a permanent sign that states " COMPRESSED GAS " in accordance with (IFC 2703.3.7).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	20. Rooms where hazardous materials are stored, dispensed, used or handled shall be labeled with a permanent NFPA 704 placard in accordance with (IFC 2703.3).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	21. Rooms that contain electrical control equipment and/or panel shall permanently marked with a sign stating " ELECTRICAL ROOM " per (IFC 605.3.1).
FIRE STOP SYSTEMS	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	22. "Head of Wall" Fire Stop System installed according to UL listings?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	23. "Wall to Wall" Fire Stop System installed according to UL listings?
PENETRATIONS (Rated Walls)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	24. Fire Resistive Wall "Through-Penetrations" installed according to ASTM E 814 or UL 1479, and in accordance with UL Listing(s)? (IBC 714.3.1)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25. Fire Resistive Wall "Membrane-Penetrations" installed in accordance with (IBC 714.3.1)
PENETRATIONS (Ceilings and Floors)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26. Fire Resistive "Horizontal assemblies" (Floor and/or Ceiling) Fire Stop System(s) installed according listings and (IBC 714.4)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	27. Light Fixtures enclosures installed with proper fire resistive "membrane penetrations" per (IBC 714.4.1.2)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	28. Non-Fire Resistive "Horizontal assemblies" (Floor and/or Ceiling) Fire Stop System(s) installed according to UL listings and (IBC 714.4.2)
HVAC Duct and Air Transfer Openings (Walls)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	29. Fire Dampers "installed" and "pre-tested" in Fire Resistive Walls in accordance with UL 555 and in accordance with (IBC Table 717.3.1) (if yes, answer next question below)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	30. Are they readily "accessible" for testing by fire inspectors with approved "access panels"?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	31. Are the dampers "labeled" in accordance with (IBC 717.4)
HVAC Duct and Air Transfer Openings (Ceilings and Floors)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	32. Ceiling Radiation Fire Dampers "installed" and "pre-tested" in accordance with UL 555c, IBC 716.6.2.1, and in accordance with IBC Table (716.3.1) (if yes, answer questions 33 & 34 below)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	33. Are they readily "accessible" for testing by fire inspectors?(IBC 717.4)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	34. Are the dampers "labeled" in accordance with (IBC 717.4)

Owner or General Contractor

I certify that the information provided in this document is true and accurate.

(Project Name & Address)

(Printed Name)

(Signature)

(Date)

(Company Name)

(Email and Phone Contact)