



# WILMINGTON FIRE DEPARTMENT

Fire Marshal's Office  
 800 French Street, 3rd Floor  
 Wilmington, DE 19801  
 Office (302) 576-3120  
 Fax (302) 573-7701



<b>FM-200</b> <b>Educational</b>
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Business License     Yes     No

Officer	Company	Platoon	Date /	Time
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Business Name	Address	Phone
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Business Owner's Name	Address	Phone
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Property Owner/Management Company	Address	Phone
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Number of Stories	Size of Building	Occupant Load
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Emergency Contact 1	Emergency Contact 2
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Job Title	Job Title
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Emergency Phone 1	Emergency Phone 2
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List items from the reverse which require follow up by the F.M.O.

<b>21 MEANS OF EGRESS</b>		<b>26 FIXED EXTINGUISHING SYSTEM</b>	
A. NUMBER OF EXITS: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	A. STAFF TRAINED IN USE	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. DIRECTIONAL SIGNS WHERE NEEDED	<input type="checkbox"/> YES <input type="checkbox"/> NO	B. MANUAL RELEASE	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. EXITS MARKED AND LIGHTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	C. SERVICED SEMI-ANNUALLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. EXITS OBSTRUCTED OR LOCKED	<input type="checkbox"/> YES <input type="checkbox"/> NO	D. DATE OF LAST INSPECTION: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. DOORS OPEN WITH EGRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>27 PROPERTY STATUS</b>	
F. AISLES BLOCKED	<input type="checkbox"/> YES <input type="checkbox"/> NO	A. SMOKING RULES ENFORCED	<input type="checkbox"/> YES <input type="checkbox"/> NO
G. PANIC HARDWARE OPERABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	B. NO SMOKING SIGNS POSTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
H. EMERGENCY LIGHTING OPERABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	C. OCCUPANCY SIGN POSTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
I. FIRE DRILLS CONDUCTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	D. STRUCTURAL DEFECTS	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>22 FIRE ALARM AND SAFETY SYSTEMS</b>		E. STORAGE BENEATH STAIRS	<input type="checkbox"/> YES <input type="checkbox"/> NO
A. LOCAL ALARM	<input type="checkbox"/> YES <input type="checkbox"/> NO	F. ELEVATOR HAVE FIREFIGHTER SERVICE	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. CENTRAL STATION: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	G. DOORS MARKED AND LABELED	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. DATE OF LAST INSPECTION: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	H. UTILITY SHUT-OFFS MARKED	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. KEYS TO ALARM PANEL ACCESSIBLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	I. LIST HAZARDOUS COMMODITIES ON THE FRONT OF THIS FORM	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. STAIR PRESSURIZATION DATE OF LAST INSPECTION: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	J. VACANT – OPEN <b>GO TO PAGE 1 TO LIST</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. EMERGENCY GENERATOR DATE OF LAST INSPECTION: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	K. VACANT – SECURED <b>GO TO PAGE 1 TO LIST</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>23 SPRINKLER SYSTEM</b>		<b>28 HOUSEKEEPING</b>	
A. <input type="checkbox"/> WET <input type="checkbox"/> DRY	<input type="checkbox"/> YES <input type="checkbox"/> NO	A. COMBUSTIBLE MATERIAL STORED PROPERLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. VALVES ACCESSIBLE AND MARKED	<input type="checkbox"/> YES <input type="checkbox"/> NO	B. TRASH REMOVED DAILY	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. INTAKES MARKED AND CAPPED	<input type="checkbox"/> YES <input type="checkbox"/> NO	C. UTILITY AREAS NEAT AND ORDERLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. DATE OF LAST INSPECTION: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	D. PROPER CONTAINERS FOR WASTE	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. FIRE PUMP	<input type="checkbox"/> YES <input type="checkbox"/> NO	E. SUPPLIES STORED PROPERLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. DATE OF LAST INSPECTION: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	F. YARDS AND GROUNDS MAINTAINED	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>24 STANDPIPE SYSTEM</b>		G. GOOD HOUSEKEEPING PRACTICES	<input type="checkbox"/> YES <input type="checkbox"/> NO
A. <input type="checkbox"/> WET <input type="checkbox"/> DRY	<input type="checkbox"/> YES <input type="checkbox"/> NO	H. FLAMMABLE/COMBUSTIBLE LIQUIDS STORED PROPERLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. PRESSURE REDUCERS ON HOSE VALVES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>29 HEATING SYSTEM</b>	
C. INTAKES MARKED AND CAPPED	<input type="checkbox"/> YES <input type="checkbox"/> NO	A. PROPERLY MAINTAINED	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. HOSE VALVES ACCESSIBLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	B. EMERGENCY SHUT-OFF(S)	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. DATE OF LAST INSPECTION: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	C. AREA USED FOR STORAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>25 PORTABLE FIRE EXTINGUISHER</b>		D. SERVICED ANNUALLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
A. SUFFICIENT NUMBER OF EXTINGUISHERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	E. TYPE: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. PROPER TYPE OF EXTINGUISHERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>30 ELECTRICAL</b>	
C. LOCATED ALONG PATH OF EGRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	A. MAIN PANEL CLEAR AND UNOBSTRUCTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. VISIBLE AND ACCESSIBLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	B. SHUT-OFF(S) MARKED	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. STAFF TRAINED IN USE	<input type="checkbox"/> YES <input type="checkbox"/> NO	C. EXPOSED WIRING	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. DATE OF LAST INSPECTION: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	D. ELECTRICAL INSPECTION STICKER	<input type="checkbox"/> YES <input type="checkbox"/> NO
		E. MISUSE OF EXTENSION CORDS	<input type="checkbox"/> YES <input type="checkbox"/> NO
		PERMITS REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO PERMITS POSTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	