



**Community Development Department
Building Division**

1600 First Street
Napa, CA 94559
Office: (707)-257-9540
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**Napa Fire Department
Fire Prevention Division**

1600 First Street
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Office: (707)-257-9590
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**Fire & Life Safety Self-Inspection
for Vacation Rentals and Hosted Accommodations**

Address: _____ Inspection Date: _____ Inspection Time: _____

This form provides an opportunity for the rental operator to perform a building and fire-safety "self-inspection" of their premises. The items listed below represent some of the common fire and life safety issues normally found in rental occupancies. This self-inspection form will enable you to identify and correct common safety issues. Not all items listed may apply to every property; therefore, utilize their intent with an eye towards fire-safety at your location.

Should you have any questions or concerns contact the Fire Prevention Division or Building Division.

Outside of the Building:

- | | YES | NO |
|--|------------|-----------|
| Are address numbers positioned to be plainly visible and legible from the street? | [] | [] |
| Are all sides of the building free of weeds, trash, debris or combustible rubbish? | [] | [] |
| Is a metal can with a tight-fitting lid provided for ash and/or coal disposal? | [] | [] |
| If available, are BBQ's and open fires operated in an approved appliance or enclosure? | [] | [] |

Smoke Alarms:

- | | | |
|---|-----|-----|
| Are smoke alarms mounted in all sleeping units, hallways leading to sleeping units and on each floor? | [] | [] |
| Have the smoke alarms been tested and batteries replaced? | [] | [] |

Carbon Monoxide Alarms:

- | | | |
|---|-----|-----|
| Are carbon monoxide alarms installed? Have they been tested and batteries replaced? See note for specific requirements. | [] | [] |
|---|-----|-----|

Portable Fire Extinguishers:

- | | | |
|---|-----|-----|
| Is there a 2A-10B:C rated fire extinguisher provided for each level? | [] | [] |
| Are required extinguishers mounted, clearly visible and readily accessible? | [] | [] |
| Has a licensed contractor serviced the extinguisher(s) in the past 12-months? | [] | [] |

Electrical:

- | | | |
|---|-----|-----|
| Extension cords shall not run through walls, ceilings, floors or under doors? (If yes, remove) | [] | [] |
| Are only fused multi-plug adapters/power strips in use? Are they plugged directly into an outlet? | [] | [] |
| Do all electrical outlets have covers? Is wiring exposed or damaged? (If yes, then repair) | [] | [] |
| Is the electrical breaker panel labeled for distribution to appliances and circuits? | [] | [] |
| Are all electrical panel circuits not in use protected by a cover/blank? (No open slots). | [] | [] |

Plumbing:

- | | | |
|---|-----|-----|
| Is the water heater strapped? | [] | [] |
| Is temperature pressure relief valve piping discharging properly? | [] | [] |
| Is flue vent properly attached? | [] | [] |

Mechanical:

- | | | |
|-----------------------------|-----|-----|
| Is heater working properly? | [] | [] |
|-----------------------------|-----|-----|

Storage:

- | | | |
|---|-----|-----|
| Is all storage neat and orderly? | [] | [] |
| Is clearance maintained between ignition sources and combustible materials? | [] | [] |

Housekeeping:

- | | | |
|--|-----|-----|
| Are there holes or penetrations in the garage firewall? (If yes, repair) | [] | [] |
|--|-----|-----|

Exiting:

- | | | |
|---|-----|-----|
| Are all exit ways and doors free of obstructions or storage? | [] | [] |
| Are double keyed dead bolt locks installed on exit doors? (If yes, then remove) | [] | [] |

Emergency Planning:

- | | | |
|---|-----|-----|
| Have you created an emergency packet that included emergency numbers, evacuation map and directions in case of emergencies? | [] | [] |
|---|-----|-----|

“FIRE SAFETY IS EVERYONE’S BUSINESS”

