

# Report Form

# Quarterly Premises Inspection Report



**ASR**<sup>TM</sup>  
underwriting  
AGENCIES

Note: A negative answer may indicate an unsatisfactory condition, if that is the case, a recommendation should be submitted to correct the deficiency.

Name of Establishment			
Address			
State		Postcode	
Inspected By			
Date	/	/	

## A. Exits, Fire Drills & Evacuation

1. Do all exit doors	Open Outwardly?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
	Open Easily?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
	Appear in good working order?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
2. Have all doors that are not exits been properly identified?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
3. Are all the exit signs illuminated?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
4. Are all exit ways free of obstructions?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
5. Are emergency lights working properly?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
6. Is there a written fire evacuation plan?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
7. Has a fire exit drill been conducted:	In the last 6 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="text" value="/ /"/>
	In the last 12 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="text" value="/ /"/>
8. Are fire evacuation instructions posted at strategic locations?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
9. Is the fire department telephone number posted?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
10. Are the staff all instructed and trained in:	Fire notification procedures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
	Emergency Evacuation procedures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	

## B. Fire Detection & Alarms

1. Does the fire alarm panel appear operable?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
2. Do all fire detectors (smoke, heat, etc) appear operational?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
3. Do all manual alarm stations appear operational?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
4. Do all fire alarm bells appear operational?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
5. Has the fire alarm system been tested in the last 6 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="text" value="/ /"/>	
6. Has the fire alarm system been checked by a licensed contractor in the last 12 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Name of Contractor:	<input type="text"/>						Date:	<input type="text" value="/ /"/>
6. Do you keep records of:								
The fire alarm tests? If "yes", please indicate the date:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="text" value="/ /"/>	
Fire alarm maintenance checks? If "yes", please indicate the date:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="text" value="/ /"/>	
7. Are the existing records up-to date?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		

### C. Fire Extinguishers

1. Has the total no. of fire extinguishers changed since the last inspection? Yes  No  N/A

If "yes", indicate current no.

2. Are all fire extinguishers in their proper assigned location? Yes  No  N/A

3. Are all fire extinguishers accessible and clearly visible? Yes  No  N/A

4. Are the seals or tamper indicators on the extinguishers intact? Yes  No  N/A

5. Is the pressure gauge on the extinguishers in the normal range? Yes  No  N/A

6. Are the inspection tags current? Yes  No  N/A

7. Are the fire extinguishers: Inspected on a monthly basis?

If "yes", please indicate the date: Yes  No  N/A

Checked annually by a qualified outside contractor?

If "yes", please indicate the date: Yes  No  N/A

8. Are there any records kept of the monthly inspections? Yes  No  N/A

9. Have the staff been trained in the use of fire extinguishers? Yes  No  N/A

### D. Sprinkler Systems & Fire Hydrants

1. Is the main sprinkler control valve(s) Yes  No  N/A

Properly identified? Yes  No  N/A

Sealed, locked or alarmed? Yes  No  N/A

Easily accessible? Yes  No  N/A

Inspected monthly? *(to confirm is kept in open position)* Yes  No  N/A

2. Are the sprinkler alarms tested monthly? *If "yes", indicate the date* Yes  No  N/A

3. Is there a maintenance contract with a sprinkler contractor to inspect the system on an annual basis?

If "yes", please indicate the date: Yes  No  N/A

4. Is there any record of the last annual test kept on hand? Yes  No  N/A

5. Are there any sprinkler heads obstructed by storage and structures? (keep min. 18" clear space between sprinklers and top of storage) Yes  No  N/A

6. Are extra sprinkler heads and wrench readily available? Yes  No  N/A

7. Are outside fire hydrants: Accessible to the fire department? Yes  No  N/A

Do they appear to be in proper working condition? Yes  No  N/A

### E. Common Hazards

1. Is heating equipment cleaned and serviced annually by competent technicians? If "yes", please indicate the date: Yes  No  N/A

2. Is cooling equipment cleaned and serviced annually by competent technicians? If "yes", please indicate the last: Yes  No  N/A

3. Are electrical, transformer and mechanical equipment rooms:

Locked and restricted only to authorised service staff? Yes  No  N/A

Free of storage materials? Yes  No  N/A

Provided with easy access to equipment, *including main electrical panels?* Yes  No  N/A

4. Are electrical, transformer and mechanical equipment rooms designated as "no smoking"? Yes  No  N/A

5. Are fuses and wiring in a good state of repair? Yes  No  N/A

## E. Common Hazards

6. Are there proper covers on electrical boxes, outlets and switches? Yes  No  N/A
7. Are extension cords: Used as temporary supply only? Yes  No  N/A
- Used properly (*not nailed, stapled, run through walls or used with multiple plugs*)? Yes  No  N/A
- Provided with guards to prevent tripping, where necessary? Yes  No  N/A
8. Do electrical connections to cooking appliances and other equipment appear to be in good working condition? Yes  No  N/A
9. Is combustible trash: Collected daily or more often if needed? Yes  No  N/A
- Kept in non-combustible closed containers until picked up? Yes  No  N/A
10. Are storage rooms clean and orderly? Yes  No  N/A

## F. Kitchens

1. Is the cooking equipment: Electric?  Natural gas fired?  Propane/butane filed?
2. Is the main gas valve properly identified and accessible? Yes  No  N/A
3. Are filters, hoods and exhaust ducts over cooking equipment free of grease build up? Yes  No  N/A
4. Is the kitchen exhaust system inspected regularly for grease accumulation? Weekly? Yes  No  N/A
- Monthly? Yes  No  N/A
- Annually? Yes  No  N/A
- Indicate the date:
5. Are cooking appliances equipped with pilot lights to indicate their on/off condition? Yes  No  N/A
6. Is the on/off condition checked before the kitchen is closed for the day? Yes  No  N/A
7. Are the heat lamps in good condition? Yes  No  N/A
8. Are cooking equipment hoods and exhaust systems equipped with:
- Automatic fire suppression systems? Yes  No  N/A
- Manual activation devices? Yes  No  N/A
9. Does the fire suppression system appear in working order? Yes  No  N/A
10. Are automatic shut off devices, interlocked with the operation of the fire extinguishing system, provided for the fuel or power supply to the cooking appliances? Yes  No  N/A
11. Are the automatic extinguishing systems inspected semi-annually by a licensed contractor? If "yes", please indicate the date: Yes  No  N/A
12. Is there a contract with an outside contractor to clean hoods and exhaust ducts? Yes  No  N/A
- If "yes" please state: Frequency  Cleaned by whom  Date last cleaned
13. Are there "Type K" dry chemical fire extinguishers in the kitchen? Yes  No  N/A
14. Are they easily accessible, but near the range or oven? Yes  No  N/A
15. Have all the kitchen staff been trained in:
- The manual operation of the fixed extinguishing system(s)? Yes  No  N/A
- The operation of the portable fire extinguishers? Yes  No  N/A

## G. Flammable/Combustible Liquids & Compressed Gases

1. Are there any flammable or combustible liquids (solvents, paints, liquid fuels, etc) stored on the premises? Yes  No  N/A
2. Are the flammable and combustible liquids stored in:
- Approved safety cans or cabinets? Yes  No  N/A
- Dedicated storage room? Yes  No  N/A
3. Is the storage room kept clean, free of spills and rubbish? Yes  No  N/A
4. Is there any bottled gas kept on the premises? Yes  No  N/A
5. Are the gas containers secured in place with chains and bells? Yes  No  N/A
6. Are the unused gas containers stored with caps on? Yes  No  N/A
7. Are full compressed gas containers separated from empty ones? Yes  No  N/A

## H. Restaurant/Lounge

1. Are floors and carpets:
- In good repair/condition? Yes  No  N/A
- Free of tripping hazards such as torn carpet, loose or uneven floor tiles? Yes  No  N/A
2. Are differences infloor elevations highlighted? Yes  No  N/A
3. Are stairs:
- In good repair condition? Yes  No  N/A
- Free of loose treads, torn carpet, etc? Yes  No  N/A
- Well lit? Yes  No  N/A
4. Are handrails on stairs secure/provided? Yes  No  N/A  / /
5. Are "wet floor" signs available? Yes  No  N/A  / /
6. Is the use of candles on tables permitted? Yes  No  N/A
7. Are mats in place at entrance doors and drink stations? Yes  No  N/A
8. Are all lights operating properly? Yes  No  N/A
9. Are chairs and tables in good condition? Yes  No  N/A
10. Is smoking permitted? If "yes", what areas if not all of them? Yes  No  N/A
11. Is there a designated smoking area? Yes  No  N/A
12. Is there adequate ventilation (air extraction) in the designated smoking area? Yes  No  N/A
13. Are policies posted concerning:
- Dress Code? Yes  No  N/A
- Hours of operation? Yes  No  N/A
- Designated driver programme? Yes  No  N/A
- Underage patrons? Yes  No  N/A
- Dealing with difficult patrons? Yes  No  N/A
- Designated smoking area? Yes  No  N/A
14. Is there an incident reporting log kept? Yes  No  N/A
- Is it current? *(this may have been a condition of your insurance with Underwriters)* Yes  No  N/A

## F. Other Facilities

1. Are parking lots in good condition? Yes  No  N/A   
Free of pot holes? Yes  No  N/A   
Free of snow and/or ice? Yes  No  N/A   
Free of refuse? Yes  No  N/A
2. Are exterior lights working? Yes  No  N/A
3. Are sidewalks in good condition? Yes  No  N/A
4. Are snow and ice cleared daily? Yes  No  N/A
5. Are satellite TV dishes in good condition? Yes  No  N/A
6. Is rubbish stored in a metal receptacle with a self closing lid? Yes  No  N/A
7. Is rubbish removed on a regular basis? Yes  No  N/A
8. Are restrooms (toilets) inspected frequently for:
- Cleanliness? Yes  No  N/A   
Wet or slippery floors? Yes  No  N/A   
Blocked drains? Yes  No  N/A   
Condition of doors? Yes  No  N/A   
Condition of seals? Yes  No  N/A
9. Has the daily inspection log been completed for the month as required? Yes  No  N/A   
*(this may have been a condition of your insurance with Underwriters)*
10. Has the daily washroom (toilet) inspection log been completed for the month as required? Yes  No  N/A   
*(this may have been a condition of your insurance with Underwriters)*

## Monthly Alcohol Awareness Check List

- Do you ensure that all staff are on the alert for intoxicated persons? Yes  No  N/A
- Do you have signs that remind staff and patrons of responsible alcohol consumption? Yes  No  N/A
- Do you make sure that you do not serve visibly intoxicated patrons? Yes  No  N/A
- Do your staff promote soft drinks? Yes  No  N/A
- Do you make every endeavour to stop intoxicated people from gambling? Yes  No  N/A
- Do you make sure that intoxicated persons do not take part in sporting activities? Yes  No  N/A