



Emanuel County Board of Commissioners
 P.O. Box 767
 Swainsboro, Georgia 30401
 Phone: 478-237-3881

Alcohol Licensing Fire Inspection

Inspected By: _____ Date: _____

Contact: _____

Occupant: _____

Address: _____

Number: _____

ITEM	YES	NO	CORRECTIVE ACTION/DATE
1. MEANS OF EGRESS			
A. Space within an exit closure shall not be used for any purpose that interferes with egress. (LSC 7.2.2.5.3)			
B. Exit pathways must be unobstructed. (LSC 7.1.10.1)			
C. Exit doors must have appropriate hardware and latch properly. (LSC 7.2.1.5)			
D. Exits must be clearly signed and illuminated and emergency lighting operates properly. (LSC 7.2.2.5.5.11, 7.8, 7.9, 7.10)			
E. An evacuation plan must be clearly posted in all rooms. (LSC 7.10)			

ITEM	YES	NO	CORRECTIVE ACTION/DATE
2. FIRE EXTINGUISHERS (NFPA 10)			
A. Must be accessible.			
B. Must be properly charged.			
C. Serviced within last 12 months.			
D. Extinguisher shall not exceed 40 pounds.			
E. Installed so the top of the extinguisher is not more than 4 feet, 6 inches above the floor.			

ITEM	YES	NO	CORRECTIVE ACTION/DATE
3. ELECTRICAL			
A. An area of 30" in width, 36" in depth, and 78" in height shall be maintained in front of all electrical panels. (IFC 605.3)			
B. Electrical outlet covers are in place and there is no exposed wiring. (IFC 605.6)			
C. Extension cords or flexible cords shall not be used for permanent wiring. (IFC 605.5)			
D. Portable electrical heaters are prohibited. (SFMO 120-3-3, IFC 605.10)			

E. No power outlet overloading or power strips connected to other power strips. (SFMO 120-3-3, IFC 605.4.2)			
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ITEM	YES	NO	CORRECTIVE ACTION/DATE
4. MISCELLANEOUS			
A. Alarm systems are working properly. (NFPA 72 14.2)			
B. Smoke detection is present and in accordance with designated occupancy. (LSC)			
C. Hood suppression systems are serviced within 12 months. (LSC)			
D. Hood cleaning within 6 months and hood systems are free of excessive grease build-up. (LSC)			

ITEM	YES	NO	CORRECTIVE ACTION/DATE
5. ARE THERE ITEMS CARRIED OVER FROM PREVIOUS REPORTS?			

OVERALL EVALUATION

SATISFACTORY	
UNSATISFACTORY	

NOTES: _____

Fire Inspector Name: _____

Fire Inspector Signature: _____

Building Inspector Name: _____

Building Inspector Signature: _____

PREPARED ONLY