



**Boston Fire Department  
Fire Prevention Division  
1010 Massachusetts Avenue – 4<sup>th</sup> Floor  
Boston, MA 02118  
Tel: 617-343-3772 Fax: 617-343-2197**

<i>For BFD Internal Use Only:</i>	
Payment Received Date:	_____
Payment Number:	_____
Customer ID:	_____
Permit Number:	_____

**Place of Assembly Inspection Report**

**Completed Permit to be:** \_\_\_\_\_ Mailed \_\_\_\_\_ E-mailed \_\_\_\_\_ Picked up \_\_\_\_\_

*(To be completed by applicant)*

Inspection Type:  Initial  Annual  Other \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Dist. \_\_\_\_\_

Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

General Manager: \_\_\_\_\_ Manager on Duty: \_\_\_\_\_

Mailing address for the permit: \_\_\_\_\_

*(For BFD use only:)*

**Permits and Plans**

ISD Certificate of Inspection Posted  Yes  No Capacity: \_\_\_\_\_

Place of Assembly Permit Posted  Yes  No Capacity: \_\_\_\_\_

Flammability Permits  Yes  No  N/A Type:  Decorations  Furnishings  Interior  Finish

Egress Plan on Site  Yes  No Layout of Furniture Consistent  Yes  No Evacuation Training  Yes  No

**Inspection**

Apparatus Access Unobstructed  Yes  No Sprinkler Heads 18" From Storage  Yes  No  N/A

F.D. Connection Visible and Capped  Yes  No  N/A Fire Escapes Clear and Operable  Yes  No  N/A

Emergency Lighting Operates  Yes  No Door Self Closers Operate Correctly  Yes  No

Exit Signs Visible & Lit  Yes  No Panic Hardware Operates Correctly  Yes  No  N/A

Good General Housekeeping  Yes  No Exit Doors Swing Outward  Yes  No

Stairwells Clear/No Storage  Yes  No Unmirrored Exits  Yes  No

Proper Flammable/Combustible Storage  Yes  No Exits Unobstructed, Lead to Public Way  Yes  No

Proper Stairwell Signage  Yes  No  N/A

**Systems**

Date Alarm System Inspected \_\_\_\_\_ Panel Normal  Yes  No  N/A

Date Sprinklers Inspected \_\_\_\_\_ Valves Open  Yes  No  N/A

Date Last Pump Flow Test \_\_\_\_\_ Pump Ready  Yes  No  N/A

Pump Flows 150%  Yes  No  N/A Date Extinguishers Serviced \_\_\_\_\_

Date Hood System Cleaned \_\_\_\_\_ Date Ansul System Inspected \_\_\_\_\_

Abatement Issued  Yes  No Abatement Numbers \_\_\_\_\_

GF 65 Issued  Yes  No If GF65 issued, why? \_\_\_\_\_

Comments: \_\_\_\_\_

Owners Representative Signature \_\_\_\_\_ Inspectors Initial \_\_\_\_\_