



**CITY OF MYRTLE BEACH FIRE DEPARTMENT  
FIRE PREVENTION DIVISION  
Bus 918-1192 Fax 918-1204**

**SELF-INSPECTION REPORT  
for  
LOCAL FIRE ALARM SYSTEM**

**Business Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Building ID:** \_\_\_\_\_

This inspection checklist is intended to be used ONLY as a guide to inspect local fire alarm systems without a control panel or remote annunciator panel. The completed and signed Self Inspection Checklist is designed to be used in lieu of a state licensed alarm company’s annual certification inspection. An annual inspection of the fire alarm system is a minimum requirement. The system must be monitored throughout the year to ensure proper operation. *Exposure to the elements causes the fire alarm devices to corrode which adversely affects their operation. Therefore, all defects found should be corrected immediately.*

Applying the following questions as you conduct your inspection will help determine the condition of your fire alarm system.

- Does each manual pull box when pulled, cause the alarm to sound? Yes[ ] No[ ]
- Does the alarm silence when each pull box is reset? Yes[ ] No[ ]
- Are all horns in place and operating? Yes[ ] No[ ]
- Is the volume of each horn sufficient to awake someone who is sleeping? Yes[ ] No[ ]
- Do all staff personnel know the location of the electrical circuit breaker that controls the fire alarm system? Yes[ ] No[ ]
- Is the circuit breaker clearly identified? Yes[ ] No[ ]

Please sign and return this report to \_\_\_\_\_ on or before \_\_\_\_\_.

I, \_\_\_\_\_ certify that the fire alarm system for the above business has been  
(Person who inspected the system)  
inspected and all necessary repairs have been completed. As of \_\_\_\_\_ the system is fully operational.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)