



PH. (843) 918-1192

FAX (843) 918-1204

City of Myrtle Beach
SOUTH CAROLINA
FIRE DEPARTMENT

MYRTLE BEACH FIRE PREVENTION DIVISION
Monthly Self Inspection Report For All Schools

(Annual Fire Inspection shall be conducted by the Myrtle Beach Fire Department)

NAME OF SCHOOL _____ DATE _____

NUMBER OF EMPLOYEES _____ NUMBER OF CLASS ROOMS _____

CAPACITY OF SCHOOL _____ NUMBER ON ROLL _____

(1) ARE ALL EXIT DOORS WORKING PROPERLY? YES NO

ARE "EXIT" LIGHTS PROPERLY ILLUMINATED? YES NO

IF NOT, EXPLAIN _____

(2) ARE THERE BOLTS, CHAINS, HOOKS, ETC. ON ANY EXIT DOOR? YES NO

(a) IF SO, EXPLAIN _____

(b) WERE THEY REMOVED? YES NO DATE REMOVED _____

(3) ARE ANY HALLWAYS BLOCKED? YES NO

(4) WHAT IS THE CONDITION OF THE KITCHEN HOOD SYSTEM(S) _____

(a) EXTINGUISHING SYS. CERT. DATE _____ (SHALL BE CERTIFIED/TAGGED EVERY 6 MOS)

(5) IS THERE EXCESSIVE TRASH OR RUBBISH IN THE BUILDING? YES NO

(a) IF SO, WHERE? _____

(b) WAS IT REMOVED? _____

(6) IS FIRE ALARM WORKING PROPERLY? YES NO N/A

(7) IS A PLAN IN PLACE TO EVACUATE NON-AMBULATORY STUDENTS IN CASE OF FIRE? YES NO

(8) DATE OF LAST FIRE DRILL _____ TIME _____



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(9) ARE THE FIRE EXTINGUISHERS CURRENTLY TAGGED AND VISIBLE? YES NO

DATE TAGGED _____

COMMENTS _____

Signature: _____
PRINCIPAL

Signature: _____
PERSON CONDUCTING INSPECTION

1st WEEK OF EACH MONTH RETURN FORM TO:
Myrtle Beach Fire Department
Attn: Fire Prevention
921-B Oak Street
Myrtle Beach, SC 29577
FAX: (843) 918-1204