

Date: June 3, 2004

Dear Home Owner:

The Coldwater Fire Department has implemented a voluntary self-evaluation program for bi-annual fire and life safety survey inspections of residential homes in the City. The self-evaluation program is intended to permit a greater working relationship between homeowners and your local Fire Department. The program is intended to provide a means for education associated to potential fire risk in the home and lower fire loss in our community. The program is not intended to invade a homeowner's privacy. This program can be a valuable tool in minimizing your risk to fire. The information will be reviewed for analysis associated to the most common hazards found in our community and better aid our efforts in future public education programs relating to residential property. The information gathered through this program will be held in strict confidence and filed in our property files.

The homeowner should complete the attached self-inspection worksheet. The worksheet should be returned to the Coldwater Fire Department Fire Prevention Bureau within 30 days of receipt of this letter. We recommend conducting the inspection as soon as possible. Any needed corrections assuring compliance with applicable codes, standards or regulations can be made during this 30 day period and noted on the worksheet and returned by the appropriate due date.

If you would like to have a representative of the Fire Prevention Bureau conduct a voluntary fire safety inspection of your home, please contact the Coldwater Fire Department Fire Prevention Bureau at 278-4177, Monday through Friday between the hours of 8:00am and 5:00pm, and ask to speak with the Fire Marshal. You may also indicate this request on the returned worksheet in the appropriate space provided on the worksheet.

We hope this program will create a greater awareness by the homeowner to recognize their potential fire risk and take measures to reduce this risk through active participation with their local Fire Department.

Thank you for your cooperation.

In Fire Safety,

Paul L. Dove, CFPE / NCFI  
Fire Marshal, Coldwater Fire Department

*Pld/lt/residential/self-inspection/program/information/letter*

**CITY OF COLDWATER FIRE DEPARTMENT**  
**RESIDENTIAL SELF-INSPECTION PROGRAM**  
**WORKSHEET**

PLEASE FOLLOW DIRECTIONS 1-6 BELOW

1. Homeowner or Responsible Person should conduct the inspection and sign the form.
2. Please print and complete the requested information below.
3. Walk through your home. Start outside and work in. Look carefully for possible hazards. Answer all applicable questions on the worksheet.
4. When the inspection is completed, note deficiencies and correct as needed. Note the date of corrections.
5. Read and sign the declaration located at the end of this worksheet.
6. Please conduct the inspection within 30 days, correct the deficiencies and complete and return this worksheet to:

**Coldwater Fire Department**  
**Fire Prevention Bureau**  
**57 Division St.**  
**Coldwater, MI. 49036**

**RESIDENTIAL HOME INFORMATION:**

Homeowner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Home: (Ranch, 2-Story, Tri-Level, Wood Frame, Number of Bedrooms and Approximate Square Footage)

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ 24-hour Phone: \_\_\_\_\_

Seasonal Address: \_\_\_\_\_

Seasonal Phone Number: \_\_\_\_\_

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPORATE BOX

**EXTERIOR SURVEY**

- (1) Are the house numbers plainly visible from the street?  Yes  No
- (2) Are exit doors free from obstruction by (snow, storage or equipment etc.)?  Yes  No
- (3) Are fire hydrants located on the property free from obstruction and visible?  Yes  No  N/A
- (4) Are security lights free from animal nesting material?  Yes  No  N/A
- (5) Is combustible storage kept away from exit doors and windows?  Yes  No
- (6) Is firewood kept out of garage and away from ignition sources?  Yes  No  N/A
- (7) Are security bars around windows or doors? If so, can they be opened from the inside?  Yes  No  N/A
- (8) Is gasoline stored up off the floor in the garage and away from ignition sources?  Yes  No  N/A

**Deficiency Number(s):** \_\_\_\_\_  
**Correction Date(s):** \_\_\_\_\_

**FIRE PROTECTION SYSTEMS AND EQUIPMENT**

CHECK THE APPROPORATE AREA IF YOU HAVE THESE SYSTEMS:

- Exterior Fire Escape Ladder  Residential Automatic Fire Sprinkler System
- Monitored Fire Alarm & Detection System (Smoke Detection or Heat Detection)
- Functional Battery or Hard Wired Inner-Connected Smoke Detectors
- Carbon Monoxide Detector(s)

- (1) Has the fire protection system been inspected, serviced and annual maintenance performed by a licensed/qualified technician? {Monitored Detection and Sprinkler Systems Only}  Yes  No  N/A



*Interior Survey (Continued)*

- (8) Are there cover plates on all electrical light switches, outlets and supply panels?  
[ ] Yes [ ] No
- (9) Are the circuit breakers or fuses in your service panel of the proper sizes/capacity for the service provided?  
[ ] Yes [ ] No
- (10) Is the heating and air conditioning unit cleaned and new filters installed on a regular basis?  
[ ] Yes [ ] No
- (11) Has your fireplace chimney been cleaned within the last two years?  
[ ] Yes [ ] No [ ] N/A
- (12) Do you burn only seasoned dry wood in your fireplace or wood stove?  
[ ] Yes [ ] No [ ] N/A
- (13) Do you keep a close eye on materials cooking on the stove or in the oven?  
[ ] Yes [ ] No
- (14) Are bedroom doors closed while family members sleep?  
[ ] Yes [ ] No
- (15) Are seasonal decorations kept away from ignition sources like fireplaces, stoves or heating appliances?  
[ ] Yes [ ] No
- (16) Are listed cords for outside use used for exterior decorations and or lighting?  
[ ] Yes [ ] No [ ] N/A
- (17) Are smoking materials or candles extinguished before leaving the home or going to bed?  
[ ] Yes [ ] No [ ] N/A

**Deficiency Number(s):** \_\_\_\_\_

**Correction Date(s):** \_\_\_\_\_

Please consider this completed worksheet as an official safety inspection survey in compliance with codes and ordinances of the Coldwater Fire Department.

**Declaration:**

I hereby certify that the above information, to the best of my knowledge, is true and correct:

Name (Please Print) \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I wish to have the Coldwater Fire Department Fire Prevention Bureau schedule an inspection of this occupancy [  ].

**Comments:**

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Please return this worksheet to:

**Coldwater Fire Department  
Fire Prevention Bureau  
57 Division St.  
Coldwater, MI. 49036**

*Revised: 11/19/03*

*Pld/forms/residential/self-inspection/worksheet/03*