

FIRE AND LIFE SAFETY CHECK LIST

MOTION PICTURE STUDIO AND LOCATION FILMING

Name of Production _____

Studio Address/Location Address _____

Contact Person _____ Production Phone # _____

Date _____ Start Time _____ Ending Time _____

Special Effects Permit Issued by F. P. _____ Pyrotechnician's Name _____

License # _____ Class _____

INTERIOR OF STAGE OR LOCATION INTERIORS

			<u>COMMENTS</u>
EXITS:	<input type="checkbox"/> Clear	<input type="checkbox"/> Corrections Made	_____
EXIT PASSAGEWAYS:	<input type="checkbox"/> Clear	<input type="checkbox"/> Corrections Made	_____
EXIT SIGNS:	<input type="checkbox"/> Posted	<input type="checkbox"/> Corrections Made	_____
	<input type="checkbox"/> Illuminated		_____
SMOKING:	<input type="checkbox"/> Observed	<input type="checkbox"/> Corrections Made	_____
NO SMOKING SIGNS:	<input type="checkbox"/> Posted	<input type="checkbox"/> Corrections Made	_____
FIRE EXTINGUISHERS:	<input type="checkbox"/> Available	<input type="checkbox"/> Corrections Made	_____
	<input type="checkbox"/> Accessible		_____
FLAMMABLE LIQUIDS/ COMPRESSED GASES:	<input type="checkbox"/> Properly Stored	<input type="checkbox"/> Corrections Made	_____
VEHICLE ON STAGE:	<input type="checkbox"/> Approved	<input type="checkbox"/> Corrections Made	_____
ELECTRICAL PANEL:	<input type="checkbox"/> Accessible	<input type="checkbox"/> Corrections Made	_____
SPRINKLER RISER/HEADS:	<input type="checkbox"/> Clear	<input type="checkbox"/> Corrections Made	_____
HOUSEKEEPING:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Corrections Made	_____

EXTERIOR INSPECTION

FIRE LANE ACCESS:	<input type="checkbox"/> Clear	<input type="checkbox"/> Corrections Made	_____
ILLEGAL PARKING:	<input type="checkbox"/> No Violations	<input type="checkbox"/> Corrections Made	_____

OTHER FIRE VIOLATIONS: _____

REASON FOR F.S.O: _____

OWNER/RESPONSIBLE PARTY NOTIFIED:

NAME _____

TITLE _____

PHONE NO. _____

OFFICER REPORTING *ID#*

DATE