

Date: _____

Tax Map No: _____

STR No: _____

Short Term Rental Fire Inspection Check List NYS Residential and Maintenance Code Inspection

Please note that the following checklists indicate only the most common violations found and that the lists do not represent the entire Code.

Owners Name: _____

Address of Inspection: _____

Fire Extinguishers

1. Visible and readily accessible _____
2. Meet standards _____
3. Not more than 48" above floor level _____
4. Valid Inspection Tags _____

Smoke and Carbon Monoxide Alarms

1. Smoke detectors installed inside and outside every sleeping room _____
2. Smoke detectors installed in every room that is in the path of egress and on each level, including basements _____
3. Carbon Monoxide on each level and outside of each sleeping room _____
(not required)

Electrical System

1. Cover plates on all electrical receptacles _____
2. Circuits properly labeled on all panels _____
3. Cleared access in front of each electrical panel _____

Emergency Exits

1. All means of exiting building are appropriately lit on the exterior _____
2. All emergency lighting units functioning _____
3. Exits signs are well illuminated and well situated _____

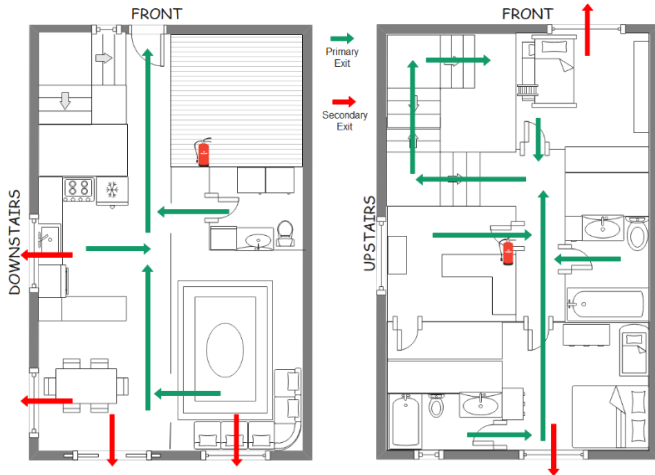
Maintenance of Building Areas

1. Combustible materials stored securely and orderly _____
2. Exits free of obstructions _____
3. Gas or charcoal grills shall be kept at least 10' from combustible construction _____
4. All handrails installed for stairways where required _____
5. No holes in walls, ceilings and doors to maintain fire resistance rating _____

Fire Safety Plan posted on each floor adjacent to the main egress path and contain the following:

1. Emergency response phone number and proper address
2. Emergency contact for local representative and owner
3. Floor plans identifying the location of the exists, Primary evacuation routes, secondary evacuation routes and portable fire extinguishers for each level.

Example:



Pools, Spas and Hot Tubs (NYS Residential Bldg. Code Section R326)

Property Maintenance

1. Exterior clean, safe, and sanitary [] Yes [] No
2. Grass maintained under 10" [] Yes [] No
3. Signs of rodents or other infestations [] Yes [] No
4. Address properly affixed [] Yes [] No

Other

Inspection Results

Date of Inspection: _____ Time: _____ am/pm
 Re-Inspection Date: _____ Time: _____ am/pm

Notes: _____

[] Pass [] Fail Inspectors' Signature _____