PETAL FIRE DEPARTMENT
HOME FIRE SAFETY SURVEY
102 Fairchild Dr,
Petal, MS 39465
(601)705-0908

_____ Telephone (____) ____-_____
Name of Occupant

_____
Address

	Yes	NO
1. Is there a visible address?		
2. Are there open electrical boxes?		
3. Are extension cords used?		
4. Are they the approved types?		
5. Does permanent wiring appear to be good conditions?		
6. Is interior electrical panel accessible?		
7. Are there any combustible liquids present?		
8. Are operable smoke detectors present?		
9. If no, notification of ordinances explained.		
10. Are there fire extinguishers in the home?		
11. Are windows operational?		
12. Are there adequate exits. (Two exits preferred)		
13. Housekeeping (weeds, trash combustible items)		
14. Are burglar bars present? If yes, are they of the approved type.		

Recommendations:_____
_____
_____
_____
_____

This survey is provided by the Petal Fire Department as a courtesy inspection. Recommendations and/or corrections shall be the responsibility of the property owner. I understand that the Petal Fire Department assumes no liability for the property and/or corrections.

_____
Owner/Occupant