

## Town of Norfolk Office of the Fire Marshal

19 Maple Avenue • Norfolk, CT 06058 Phone (860) 542-6072 Fax (860) 542-5876 EMAIL: firemarshal@norfolkct.org

Date of inspection:		Time:		Place inspected:		
Occupancy Type:	_ New	Existing	Class:	Address:		
Property Manager/Owner/Representative:				Phone:		
Statutes were obse	rved if no	ted below. If v Thirty (30) da	violatior ys of the	icut Fire and Life Safety Code and series of the series of	that corrective action be	
1. LIFE SAFETY SYSTEMS				1. FIRE SAFETY SYSTEMS		
<ul> <li>a Fire Alarm System</li> <li>b Sprinkler System</li> <li>c Emergency Power/G</li> <li>d Emergency Lighting</li> <li>e Exit Sign</li> <li>f Egress Paths Clear</li> </ul>	Ar Ar enerator (t 30 30 Ai	ests)  Day Test A  Day Test  sle Width	ction Annual	a Fire Doors Self/Auto C b Hood Systems Cleaned c Annual System Tagged d Class K Extinguisher (within e Portable Fire Extinguisher f Clearance around: Heat g Storage Excessive Comb	InspectedDateDate a 30 ft of hood system) a 30 Day Visual Annual and Devices Electrical Panels	
3. GENERAL/MISCEL a HOUSEKEEPING b Exterior egress paths c Smoking receptacles d Proper use of Open e. OTHER:	s clear away from Flame Devi	egress path ces (where appr		3. ELECTRICAL  a Electrical Panels marked in i b All electrical boxes/switches c Extension cords for tempora d Portable space heaters C	covered ry use only code Allowed Properly used	
				REINSPECTION DUE:		
Report Received By: Fire			_ Fire M	farshal/Deputy:	Date:	