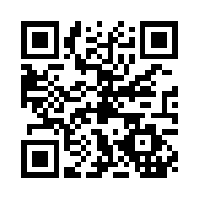
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Dear Business Owner/Manager,

Welcome to your Business Occupant Safety Survey “BOSS”! The purpose of this program is to give the business owner/manager an opportunity to self-identify potential hazards within your business and correct them to keep your business and patrons safe. If you choose to take advantage of the BOSS program, you will only have to pay an administrative fee of $22.00. If you elect not to use the program, the Redlands Fire Department will gladly conduct the fire prevention inspection for you at our regular inspection fee rate of $135.00.

The goal of this program is to partner with our business community to effectively ensure the safety of our businesses while containing cost and fostering a commerce friendly environment. We have found that if the business owner participates in the BOSS program, they become aware of potential fire hazards and correct them throughout the year. Simply use the attached form, look to see if your business is in violation of any of the California Fire Code standards, and then remove that hazard! All of the California Fire Code standards are numbered 1-14. If you have a question about any of the standards, you can go to our website at: <http://www.cityofredlands.org/Fire/FirePreventionDocs> for a complete explanation.

The BOSS program is a self-survey that is done every other year. If you have an **EVEN** numbered address, you may participate in the program on an **EVEN** year; if you have an **ODD** numbered address, you may participate in the program on an **ODD** year. For example, if your business address is 122 Main St., you may use the BOSS survey in 2016. If your business address is 123 Main St., you may use the BOSS survey in 2017. On the years where you don’t use the BOSS survey, the Fire Department will conduct a thorough fire inspection and educate the Business Owner/Manager on any potential fire code violations found.

Once you have completed the BOSS survey, sign and date the form, and using the enclosed self-addressed envelope, mail it back to our office. The Fire Department will bring a copy of the form on their scheduled inspection year, and show you what they are looking for to help you recognize and remove any potential hazards. You are also welcome to call the Fire Marshal’s office directly if you have any questions at (909) 798-7605.

Thank you for partnering with your Redlands Fire Department to make your business safe!

**BOSS INSPECTION CHECKLIST**

The following checklist is designed to help you recognize hazards during your Building Safety and Fire Education inspection. As you survey your business use this form to identify and correct hazards. Once you have completed the BOSS form mail it in to the Redlands Fire Department. A biennial inspection of your business will be performed by the Redlands Fire Department (Odd address numbers in odd years; even address numbers in even years)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ADDRESS** | **YES** | **NO** | **N/A** |
| 1 | Address/Suite numbers for the building are clearly visible from the street, a minimum of (4) four inches with a minimum stroke with of one (1) inch |  |  |  |
|  | **GENERAL HOUSEKEEPING** | **YES** | **NO** | **N/A** |
| 2 | Every building or portion of a building shall be maintained in a neat orderly manner, free from any condition that would create a fire or life hazard or a condition which would add to or contribute to the rapid spread of fire |  |  |  |
| 3 | Keep all storage at least 1 ½ feet below fire sprinkler heads. |  |  |  |
|  | **EXITING (EGRESS)** | **YES** | **NO** | **N/A** |
| 4 | Exit doors are visible and easily opened without the use of a key or special knowledge |  |  |  |
| 5 | Exit signs are above designated exits. |  |  |  |
| 6 | Aisle widths to the exits are clear of obstructions and are at least 3 feet wide. |  |  |  |
|  | **FIRE EXTINGUISHERS** | **YES** | **NO** | **N/A** |
| 7 | Fire extinguishers shall be serviced and tagged by a State Fire Marshal approved company. Fire extinguishers shall be serviced once a year and after each use. The date is punched into the tag at the date of service. |  |  |  |
| 8 | Fire extinguishers shall be mounted so the top of the extinguishers is between 3 ½ and 5 feet from the floor measured from the top of the extinguisher |  |  |  |
| 9 | Fire extinguishers shall not exceed 75 feet of travel distance and easily visible |  |  |  |
|  | **ELECTRICAL** | **YES** | **NO** | **N/A** |
| 10 | Provide clearance in front of the electrical panels at all times (Do NOT store items near panels) |  |  |  |
| 11 | Extension cords shall not be used in lieu of permanent wiring |  |  |  |
| 12 | Portable Electric Space heaters are not allowed to be within 10 feet of combustibles |  |  |  |
| 13 | Provide cover plates for all switch and electrical outlets |  |  |  |
| 14 | Combustible materials shall not be stored in boiler, water heaters, mechanical or electrical equipment rooms |  |  |  |

**A “NO” response to any of these questions indicates the presence of a fire code safety hazard. Once all hazards identified as having a “NO” response are corrected, please sign, date, and return this form. Thank you for your cooperation. Completion of this form does not eliminate all fire inspections conducted by the Redlands Fire Department.**

I certify that by signing my name below, I have conducted the BOSS Survey of the business listed on this form, and that I have answered the above questions truthfully and to the best of my knowledge.

I understand that my participation in the BOSS Survey is voluntary, and that if I do not feel comfortable doing the inspection myself, I may call the Redlands Fire Department to conduct the inspection for a $135.00 fee.

During this survey, I found all items in compliance with the above checklist and any deficiencies noted during my inspection have been corrected as of this date.

By signing this form, I hereby represent to the Redlands Fire Department that I have provided information for the completion of this business survey without intentionally or negligently making false statements or misrepresentations of any kind during the course of the survey. Further, I agree to be responsible for any damages or claims made against the Redlands Fire Department that arose from or were caused by my providing false or inaccurate information or making misrepresentations during the course of this survey.

PLEASE NOTE: Only a duly authorized owner, officer, manager, or representative of the company may sign this form.

**Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Owner/ Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date inspection completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAIL TO: REDLANDS FIRE DEPARTMENT**

**P.O. BOX 3005**

**REDLANDS, CA 92373**

**QUESTIONS? (909) 798-7605**