



**FIRE SAFETY SERVICE**  
**Municipality of Shawville/Clarendon**

General Information			
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	Other <input type="checkbox"/>	
Family Name:	First Name:	Telephone:	
Address:	App. #	Postal code:	

<b>Type of Building:</b>	Single family home <input type="checkbox"/>	Apartment Building <input type="checkbox"/>	Duplex, Triplex <input type="checkbox"/>
Number of floors _____ (Including Basement)		Number of Apartments _____	

Smoke Alarms (obligation)						
	Basement		Main Floor		Upstairs	
	Yes	No	Yes	No	Yes	No
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date of expiration (mm/dd/yyyy)</b>						
Electric operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connected to a central dispatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the smoke alarm is on the ceiling, it needs to be at least 6" from the wall. If the smoke alarm is on the wall, it needs to be at least 6" from the ceiling, but no more than 12". Each floor is required to have at least one smoke alarm.						

Carbon Monoxide Alarm (optional)		
	<b>Yes</b>	<b>No</b>
Carbon monoxide alarm	<input type="checkbox"/>	<input type="checkbox"/>
Connected to a central dispatch	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate location	<input type="checkbox"/>	<input type="checkbox"/>
Where is it located?		

Heating (optional)						
Primary Heating:	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Oil <input type="checkbox"/>	Bi-energy <input type="checkbox"/>	Other _____	
Secondary Heating:	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Oil <input type="checkbox"/>	Fireplace <input type="checkbox"/>	Wood stove <input type="checkbox"/>	Other _____
Last time the chimney was cleaned? (mm/dd/yyyy)						
Outdoor fireplace:	Yes <input type="checkbox"/>			No <input type="checkbox"/>		

Electrical Panel				
Size of panel	60 AMP <input type="checkbox"/>	100 AMP <input type="checkbox"/>	125 AMP <input type="checkbox"/>	200 AMP <input type="checkbox"/>
Are the breakers/fuses labeled?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	Some <input type="checkbox"/>

Other (optional)							
	Yes	No					
Fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	Type ABC <input type="checkbox"/>	Type CO2 <input type="checkbox"/>	Size: _____ lbs		
Propane and or BBQ inside the building	<input type="checkbox"/>	<input type="checkbox"/>	Ex.: cook stove, fireplace				
Other propane (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	Quantity _____ Sector _____				
1	2	3	x20lb <input type="checkbox"/>	x100lb <input type="checkbox"/>	x200lb <input type="checkbox"/>	x400lb <input type="checkbox"/>	Other <input type="checkbox"/>
Location of propane tanks? ex.: East, West, North, South, Side of building							
Evacuation plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can you get out the bedroom windows	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is the rendez-vous point known by all the residents?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		

\_\_\_\_\_  
Homeowner/Tenant Signature

\_\_\_\_\_  
Date