



Swanton Fire and Rescue Division

432 Church Street, Swanton, Ohio 43558

Phone: (419) 825-1455

Fax: (419) 825-5258

FirePrevention@villageofswantonohio.us

Fire Safety Inspection Program Business Information

Please complete and return this form by either mailing it, dropping it off at the Swanton Fire and Rescue station, faxing it, or emailing a scanned copy to FirePrevention@villageofswantonohio.us. You can also request to complete an electronic version by emailing FirePrevention@villageofswantonohio.us.

Business and Owner Information

Business Name:	
Street Address:	
Owner Name:	Primary Phone:
	Mobile Phone:
Email Address:	

Occupant Information (attach additional pages, if necessary)

<u>Occupant #1</u>	
Name:	Primary Phone:
Email Address:	
<u>Occupant #2</u>	
Name:	Primary Phone:
Email Address:	
<u>Occupant #3</u>	
Name:	Primary Phone:
Email Address:	
<u>Occupant #4</u>	
Name:	Primary Phone:
Email Address:	

Keyholder Information

Name:	Primary Phone:
	Mobile Phone:
Email Address:	



Swanton Fire and Rescue Division

432 Church Street, Swanton, Ohio 43558

Phone: (419) 825-1455

Fax: (419) 825-5258

FirePrevention@villageofswantonohio.us

Primary Contact (if name and information is already listed above, provide name only)

Name:	Primary Phone:
	Mobile Phone:
Email Address:	

Emergency Contact

Name:	Primary Phone:
	Mobile Phone:
Email Address:	

Fire Prevention Systems

Do you have a Fire Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what kind: If possible, <u>attach a copy of the most recent in date service / test documentation</u> . If a copy is not available at this time, inspector will request to see it at the time of inspection.	
If yes, where is it located?	
If you have a Fire Alarm System, is it monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, by whom? Name: Primary Phone:	
Do you have a Suppression System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Sprinkler System	Kind:
<input type="checkbox"/> Hood Suppression System	Kind:
<input type="checkbox"/> Other System	Kind:
If possible, <u>attach a copy of the most recent in date service / test documentation</u> . If a copy is not available at this time, inspector will request to see it at the time of inspection.	
If you have a Suppression System, do you have a Fire Department connection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where is it located on the building?	
Do you have a Knox Box? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where is it located?	
If no, would you be interested in one? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure, need more information	
Do you have an Evacuation Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where is the posting location(s)?	



Swanton Fire and Rescue Division

432 Church Street, Swanton, Ohio 43558

Phone: (419) 825-1455

Fax: (419) 825-5258

FirePrevention@villageofswantonohio.us

Hazardous Materials

Do you have any Hazardous Materials in your building / business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please complete the following information for each different type of hazardous material (attach additional pages if necessary).		
Type	Location	How Much (rough estimate)

Please ensure you have a copy of your occupancy permit available. The inspector will request to see it during the fire safety inspection.

For questions, please contact Lieutenant Kate Cleland at the above address, phone, or email.