

**BRISTOL BOROUGH**

**Department of License & Inspections**

**250 Pond Street, Bristol, Pa 19007**

**Phone 215-788-3828**

**Fax 215-788-5366**

***Tri-annual Commercial/ Industrial Inspection Registration***

**APPLICATION MUST BE FILLED OUT COMPLETELY**

SQUARE FOOTAGE: \_\_\_\_\_ FEE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ E-MAIL \_\_\_\_\_

INTENDED USE OF PROPERTY: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_

BUSINESS MANAGER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

ALARM COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

BOARD OF HEALTH #: \_\_\_\_\_

RESTAURANT LIQUOR LICENSE # \_\_\_\_\_

**EMERGENCY INFORMATION (PLACE NAMES IN PRIORITY ORDER OTHER THAN MANAGER'S NAME)**

NAME: \_\_\_\_\_ HOME/CELL PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ HOME/CELL PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ HOME/CELL PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_ HOME/CELL PHONE #: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

**\* REVIEW THE SECOND PAGE OF THIS APPLICATION AND FILL OUT ACCORDINGLY. PLEASE HAND THE COMPLETED FORM TO THE INSPECTOR ON YOUR SCHEDULED INSPECTION DATE.**

**OFFICE USE ONLY.**

Faxed to Bucks County Department of Emergency Communications/ 911 Center: \_\_\_\_\_

Date

**GENERAL FIRE PRECAUTIONS**

YES NO N/A

1. Is general storage orderly?
2. Are combustible waste materials disposed of properly?
3. Are electrical panels unobstructed?
4. Are all electrical cords in good shape?
5. Are extension cords used for temporary or portable equipment ONLY?
6. Are electrical cover plates on all switches, plugs, and junction boxes?
7. Are posted addresses numbers facing the street and at least 4 inches in height?
8. Are there any missing ceiling tiles that may promote and spread a fire?
9. Are fire lanes unobstructed?
10. Is the yard around your business free of overgrowth or debris?

**MAINTANCE OF EXIT WAYS**

11. Are exits clear and unobstructed?
12. Are exit doors unlocked?
13. Are stairway doors closed?
14. Are exit signs posted over all exit doors and exit ways?
15. Are exit signs properly illuminated by an internal or external source?
16. Are emergency lights functioning?
17. Are door closing devices functioning?
18. Are the exits ADA compliant?
19. Is exit discharge area clear?

**FIRE SAFETY EDUCATION**

20. Is written fire evacuation plan provided?
21. Do employees have knowledge of:
- a. Extinguishers type and use?
- b. Evacuation procedures?
- c. Fire systems? (alarm, sprinkler, hose)
- d. Hazardous materials? (MSDS, handling, storage, etc.)

**FIRE PROTECTION EQUIPMENT**

22. Are fire extinguishers provided/accessible?
23. Are fire extinguishers tagged and maintained properly?
- Date: \_\_\_/\_\_\_/\_\_\_

YES NO N/A

24. Is hood system protecting commercial cooking equipment tagged semi-annually by a licensed contractor?
- Date: \_\_\_/\_\_\_/\_\_\_
25. Is commercial cooking equipment, hood and ducts free of accumulated grease?
26. Is the building fully sprinkled?
27. Is the sprinkler system inspected and tested?
- Date tested: \_\_\_/\_\_\_/\_\_\_
28. Is Standpipe System tested and inspected?
- Date tested: \_\_\_/\_\_\_/\_\_\_
29. Is fire pump tested annually?
- Date tested: \_\_\_/\_\_\_/\_\_\_
30. Is emergency generator properly maintained?

**FIRE ALARM SYSTEM**

31. Is the building equipped with a fire alarm?
32. Is fire alarm system inspected by a licensed fire alarm contractor?
- Date tested: \_\_\_/\_\_\_/\_\_\_
33. Are smoke detectors operable? (Please test)
34. Fire Alarm System Type?
- a. Automatic
- b. Manual
- c. Local
- d. Central

**SPECIAL PROBLEMS**

35. Are flammable and combustible liquids stored properly?
- .... Quantity \_\_\_\_\_
- (Attach a detailed Inventory)
36. Are hazardous chemicals properly stored?
- (Does chemical require MSDS?)
- ....Quantity stored \_\_\_\_\_
- ....Usage \_\_\_\_\_
- (Attach a detailed inventory of stored items)
37. Do you have a tagged special fire extinguisher system for hazardous operations?
- Date tested: \_\_\_/\_\_\_/\_\_\_

**COMMENTS:**

Name of Person Completing Form ( <i>please print</i> )	Signature:	Date:
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**BRISTOL BOROUGH**  
**Bucks County, Pennsylvania**

**250 Pond Street**  
**Bristol, PA 19007**  
**(215) 785-4501**  
**Fax: (215) 788-5366**

**Business Establishment Inspection Fee Schedule**

Up to 5000 sq. feet	\$100.00
5,001 to 20,000 sq. feet	\$200.00
20,001 to 35,000 sq. feet	\$250.00
35,001 to 50,000 sq. feet	\$300.00
50,001 to 75,000 sq. feet	\$350.00
75,001 to 100,000 sq. feet	\$400.00
100,001 to 125,000 sq. feet	\$450.00
125,001 to 150,000 sq. feet	\$500.00
150,001 to 175,000 sq. feet	\$550.00
175,001 to 200,000 sq. feet	\$600.00
200,001 to 225,000sq. feet	\$650.00
225,001 to 250,000 sq. feet	\$700.00
250,001 to 275,000 sq. feet	\$750.00
275,001 to 300,000 sq. feet	\$800.00
300,001 sq. feet and over	\$900.00

**Hotels/Motels and Inns**

\$25.00 each individual unit

**Other Fees**

First re-inspection – no charge

2<sup>nd</sup> and subsequent re-inspections -\$50 per visit