

**Borough of Bristol**

**Licenses & Inspections**

**TRI-ANNUAL BUSINESS INSPECTION REGISTRATION**

250 Pond Street, Bristol, PA 19007

(215) 785-4501

Fax: (215) 788-5366

**SQUARE FOOTAGE:** \_\_\_\_\_

**FEE:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS FAX:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**PRINCIPAL USE OF PROPERTY:** \_\_\_\_\_

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

**HOURS OF OPERATION:** \_\_\_\_\_ **NO. OF EMPLOYEES** \_\_\_\_\_

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

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

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

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

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

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

**HOME ADDRESS:** \_\_\_\_\_

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

**OTHER EMERGENCY INFORMATION THAT SHOULD BE ON FILE PLEASE USE OTHER SIDE.**

**COPIES TO POLICE DEPT/ FIRE DEPT/ COUNTY DISPATCHER**

**Bristol Borough**  
**Bucks County, Pennsylvania**

250 Pond St.  
Bristol, Pa 19007  
(215)785-4501

**EMERGENCY CONTACT INFORMATION**

**BUSINESS NAME:** \_\_\_\_\_  
**BUSINESS ADDRESS:** \_\_\_\_\_  
**CITY/STATE/ZIP:** \_\_\_\_\_  
**PHONE #:** \_\_\_\_\_  
**FAX #:** \_\_\_\_\_

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

**BUSINESS MANAGERS NAME:** \_\_\_\_\_  
**BUSINESS MANAGERS HOME PHONE:** \_\_\_\_\_  
**HOURS OF OPERATION:** \_\_\_\_\_

\*\*\*\*\*

**ALARM COMPANY NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

\*\*\*\*\*

**EMERGENCY INFORMATION: (PLACE NAMES IN PRIORITY ORDER OTHER THEN MANAGER'S)**

**NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

\*\*\*\*\*

**PROPERTY OWNERS NAME:** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

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

**\*\*OTHER EMERGENCY INFORMATION THAT SHOULD BE ON FILE, PLEASE USE OTHER SIDE\*\***

**COPIES TO:** POLICE DEPARTMENT, FIRE DEPARTMENT,  
COUNTY DISPATCH

Borough of Bristol  
 Department of Licenses & Inspections  
 Business Establishment Check List  
 250 Pond Street, Bristol, PA 19007  
 Office: (215)785-4501 Fax (215) 788-5366

**Business Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Business Phone Number:** \_\_\_\_\_  
**Property Owner:** \_\_\_\_\_  
**Property Owner Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Property Owner Phone Number:** \_\_\_\_\_  
**Emergency Contact Information:** \_\_\_\_\_  
 \_\_\_\_\_

**Use Group:** \_\_\_\_\_  
**Square Footage:** \_\_\_\_\_  
**Special Hazards:** \_\_\_\_\_  
 \_\_\_\_\_

**Note:** The Business Establishment Inspection is based on a general inspection of the visible parts of the property.

	Pass	Fail	N/A
<b>Adequate Means of Egress</b> IFC 1003 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Operable Emergency Lighting</b> IFC 1006 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Required Exit Signs</b> IFC 1011 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fire Safety &amp; Evacuation Plan</b> IFC 404 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>General House Keeping</b> IFC 315 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Electrical Hazards</b> IPMC 604.3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Operable Windows and Doors</b> IPMC 304.13 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fire Alarm &amp; Detection Systems</b> IFC 907 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Portable Fire Extinguishers</b> IFC 906 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fire Department Connections</b> IFC 912 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fire Suppression Systems &amp; Commercial Kitchen Hoods</b> IFC 904 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Automatic Sprinkler Systems</b> IFC 903 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pass	Fail	N/A
<b>Standpipe Systems</b> IFC 905 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mechanical Equipment Hazards</b> IPMC 603.1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Obstruction of FDC</b> IFC 505.5.4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Plumbing System Hazards</b> IPMC 504.3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Unsafe Equipment</b> IPMC 108.1.2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency Escape Openings</b> IPMC 702.4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Combustible Clearance</b> IPMC 603.3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chimneys &amp; Towers</b> IPMC 304.11 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exterior Structure</b> IPMC 304 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interior Structure</b> IPMC 305.1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overgrown Vegetation</b> IPMC 302.4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Accumulation of Rubbish &amp; Garbage</b> IPMC 307.1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following inspection has been conducted to address health and safety issues as well as to promote fire prevention. The following deficiencies listed above require your immediate attention and shall promptly be addressed and or repaired. The Borough of Bristol would like to thank you for your cooperation and making Bristol Borough a safer place to conduct business.

Inspector Signature \_\_\_\_\_

Date \_\_\_\_\_