



**City of Alamogordo**  
**Alamogordo Fire Department**

619 Texas Avenue, Alamogordo, New Mexico 88310  
Administration 575-439-4119, Code Enforcement 575-439-3337



**FIRE INSPECTION FORM**

Inspection Date: \_\_\_\_\_

Re-Inspection Date: \_\_\_\_\_

Property Name: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Alamogordo, NM 88310

Emergency Contact Number: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**OCCUPANCY:** Occupancy Classification: \_\_\_\_\_  Mixed Occupancy

Building has address numbers visible from street: Yes  No

**EMERGENCY LIGHTING:** Yes  N/A

Back-up power: Battery  Generator

All operable: Yes  No

Tested Monthly: Yes  No

Records available: Yes  No

Properly Illuminate Egress Paths: Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXIT SIGNS:** Yes  N/A

In all areas required: Yes  No

Illuminated: Yes  No  N/A

Back-up power: Battery  Generator  None  Other

Records available: Yes  No

Readily visible: Yes  No

All operational: Yes  No

Tested monthly: Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIRE ALARM / SMOKE DETECTORS:** Yes  No

Location/main panel: \_\_\_\_\_; Annunciator panel: \_\_\_\_\_

Monitored: Yes  No

Date of last test: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIRE EXTINGUISHERS:**

Special type required: Yes  Type: K

All operational: Yes  No

Mounted properly: Yes  No

Within travel distance: Yes  No

Last annual inspection within 1 year: Yes  No

Checked monthly: Yes  No

Adequate number: Yes  No

Proper type of hazard protection: Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIRE PROTECTION SYSTEMS:** Yes  No

Type: Sprinkler  \*Hood System

Sprinkler heads at least 18" from storage: Yes  No

\*Does hood system meet UL300: Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ELECTRICAL WIRING:**

- Electrical wiring run in proper conduits: Yes  No
- Extension cords used as permanent power supply: Yes  No
- Appliances plugged into walls or surge protectors: Yes  No
- GFCI outlet/breaker installed within 6ft of water: Yes  No
- Electrical hazards requiring abatement: Yes  No
- Proper clearance around breaker boxes  
and properly protected: Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HAZARDOUS AREAS:** Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOUSEKEEPING:**

- All appliances free of excessive debris / grease: Yes  No
- Areas free of excessive combustibles: Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**MEANS OF EGRESS:**

- Readily visible: Yes  No
- Exits available: Yes  No  N/A
- Exit through stockroom or kitchen: Yes  No  N/A
- Adequate illumination: Yes  No  N/A
- All exit paths free of storage: Yes  No
- Are exit doors locked: Yes  No
- Panic/Fire exit hardware operable: Yes  No  N/A
- Doors open easily: Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OPERATING FEATURES:**

- Employees trained in fire exit procedures: Yes  No
- Evacuation plans posted: Yes  No  N/A
- Employees trained in fire extinguisher Use: Yes  No
- Records available of attendees: Yes  No
- Plans updated annually: Yes  No  N/A

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS:** 10 Day Notice  30 Day Notice  No Deficiencies:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Owner/Manager (Please Print)

Owner/Manager/Occupant (Signature)

Fire Inspector

Date