



Vacation Rental Inspections Checklist

All vacation rentals shall comply with chapters 4 “General”, 6 “Classification of Occupancy”, 7 “Means of Egress”, 9 “Building Service and Fire Protection Equipment”, 24 “One-and Two-Family Dwellings”, 30 “New Apartment Buildings” and 31 “Existing Apartment Buildings” of the 2018 NFPA 101 Life Safety Code, as most recently amended and edited, and as applicable.

Property Address: _____ Map and Lot: _____

Name of Property Owner(s): _____

Mailing Address: _____

Telephone Number(s) of Owners: _____

Property Contact Name: _____ Email: _____

Smoke Detection 24.3.4.1.1

Are there **HARD WIRED, INTERCONNECTED** smoke detectors located:

- _____ On every level of the dwelling
- _____ In the basement
- _____ In every bedroom
- _____ Outside of each sleeping area, in the immediate vicinity of the sleeping rooms
- _____ In high hazard areas such as boiler rooms, laundry rooms, and attached garage

Carbon Monoxide Detection 24.3.4.2

- _____ Installed in the area within the bedroom(s) or giving access to the bedroom(s)
- _____ On every level of the dwelling unit, including basements

Electrical – 2017 National Electrical Code

- _____ Are all the receptacles properly grounded and functioning?
- _____ Are all the panels clearly marked?
- _____ Are there ground fault circuit interrupter receptacles located in:
 - _____ in the bathrooms
 - _____ in the kitchens
 - _____ in the garage
 - _____ in the basement
 - _____ around the exterior of the building?
- _____ Is there any unnecessary use of extension cords?
- _____ Is all wiring secured with staples or running boards?

Fire Extinguisher – Is there a fire extinguisher:

_____ Mounted and visible to tenants?

Egress

_____ Do all rooms of occupancy meet the ceiling height requirement of 7'-6" for at least two thirds of the rooms' size? (Section 7.1.5)

_____ Do all egress doors have a clear width of 32" to facilitate egress? (Section 7.2.1.2.3)

_____ Are all floors level with minimum changes in elevation? (Section 7.1.6.2)

_____ Are all hallways at least 36" wide with minimum projections entering the space, including furniture and decorations? (Section 24.2.6)

_____ Are all stairs uniform in tread space and riser height? (Section 7.2.2)

_____ Are all locks on the doors in the egress passages easily unlocked without any undue hardship or tools? (Section 24.2.2.3.3)

_____ Do the one and two-family dwellings have a primary and secondary means of egress? (Section 4.5.3.1)

_____ Every bedroom shall have a window or door leading to the exterior with a clear opening of not less than 5.7 square feet, and with a width of not less than 20", and a height of not less than 24". The bottom of the opening shall be not more than 44" above the floor. (Section 24.2.2.3.3)

_____ No sleeping rooms or living areas shall be accessible only by a ladder, a stair ladder, an alternating tread device or folding stairs. (Section 24.2.5.6)

_____ Are there any third-floor bedrooms?

_____ Do they have fire escape stairs?

_____ Is there an attached garage?

_____ is it completely enclosed with fire grade sheetrock?

_____ is there a fire door leading into the structure?

General Housekeeping

_____ Are critical areas free of combustible materials and obstructions?

_____ Are the exit passages free of obstructions including furniture, bikes, decorations, etc?

_____ Has the renter been provided with important information such as contact telephone numbers?

_____ Does the renter have clear directions to the property?

_____ Is there appropriate signage with the approved E-911 address clearly visible?

Heat Sources

_____ Has the heating unit been tagged with a minimum annual service test and cleaning conducted by a licensed technician?

_____ Oil-Fired Unit

- _____ Does the unit have primary and secondary safety controls?
- _____ Is there a red emergency shut off switch located outside the area?
- _____ Is there a technician shut off switch located at the burner?
- _____ Is there a thermal coupling switch located over the heating unit?
- _____ Is there a low water cutoff located on the water-based unit?
- _____ Is the chimney connector sound and properly connected?
- _____ Is the unit placed on non-combustible flooring as required?
- _____ Is the oil-line protected from injury by non-metallic sheathing?
- _____ Is there a shut-off valve at the tank and beyond the filter for routing servicing for the filter?
- _____ Is the oil tank properly supported on cement flooring or a pad with legs no more than 12" off the floor and with flanged supports on each leg base?
- _____ Is the tank liquid tight?
- _____ Are the fill and vent tank connectors properly sized?
- _____ Is there a Power Venter?

_____ Propane Unit

- _____ Is the tank supported on a firm cement footing or level pad?
- _____ Is there appropriate fuel piping from the tank to the appliance?
- _____ If the appliance is listed for gas service, is the listing label visible on the unit with clearance to all combustibles per the listing of the unit?
- _____ Is the emergency shut off switch installed and clearly marked?
- _____ Is the blue emergency shut-off valve located within 6-feet?
- _____ Is there appropriate flue gas venting of the appliance?
- _____ Are propane gases vented to the same flue as a solid fuel burning device?
- _____ Are all direct venting appliances properly vented to the outside with relation to ground level and proper distances maintained from windows, doors, and mechanical devices which draw air into the building?
- _____ Are all primary safety controls installed per the product listing?

_____ **Solid Fuel Burning Device**

- _____ Will the renter be using the device? If not, is the device clearly marked not to use?
- _____ Is the appliance listed for solid fuel use?
- _____ Is there appropriate floor protection under the unit?
- _____ Is the proper chimney vent connector installed?
- _____ Does the unit have the appropriate clearance from combustibles?
- _____ are there appropriate heat shields as required?
- _____ Is the unit free from rust and corrosion?
- _____ Is the appliance properly connected to the appropriate chimney?
- _____ Is there proper clearance around the chimney for combustibles?
- _____ Has the chimney been cleaned as needed or on an annual basis?

Date of Inspection: _____

Pass **Fail**

Inspector Name: _____

Inspector Signature: _____

NOTES:

Fire Chief Signature: _____

Date: _____