Annual Health/Life Safety Certificate & Plan Checklist

(Please write in the date of when the inspection was performed in the blank provided)

__________  Pest management Program *(form sent to IDPH every 5 years)*

__________  Inspection of sprinkler system *(done by entity licensed by State Fire Marshall, annually)*

__________  Elevator inspection *(Fire Marshall, annually)*

__________  Boiler inspection *(Fire Marshall, every 2 years)*

__________  Bleacher Inspection *(inside and outside, annually)*

__________  Kitchen Ansul System Inspection *(every 6 months)*

__________  Fire Alarm System *(trained inspector, annually)*

(Have available)  Safety Reference Plans *(site plans, schematic floor plans, utility information, attic plan, etc.)*

(Have available)  Log of emergency lighting tests conducted throughout the year

(Have available)  Documentation on Stage Curtains Flame Proofing

(Have available)  Stage curtain flame-proof certificate

_________________________________________  ________________________________
Date/Signature  Title of Position