



City of Upland

Building and Safety Division | 460 N Euclid Ave. Upland, CA 91786

BUSINESS LICENSING SITE INSPECTION CHECKLIST

Date: _____ Business Lic. Name and #: _____

Address: _____ Unit: _____ Zip: _____

Owner Name: _____ Owner Tel: _____ Email: _____

24 Hour Emergency Contact Name: _____ Tel: _____

<p>1. Is all construction and remodeling at the business complete and approved by the City of Upland Building Division?</p>	YES	NO	N/A	<p>9. Are gas shut off valves clear of weeds, trash, storage, etc., and are they visible and accessible?</p>	YES	NO	N/A
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		
<p>2. Is your address visible on the outside of the building/space, including the suite number, with contrasting background and numbers at least 4 inches in height?</p>	YES	NO	N/A	<p>10. Is your heating/air conditioning unit cleaned and new filters installed on a regular basis?</p>	YES	NO	N/A
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		
<p>3. Are electrical outlets within 6 feet of a sink or water GFCI-protected?</p>	YES	NO	N/A	<p>11. Are equipment/mechanical rooms free of combustible storage?</p>	YES	NO	N/A
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		
<p>4. Are all electrical breaker panels accessible (30" in width, 36" Clear space front and above) and labeled to show which area is affected by each circuit breaker?</p>	YES	NO	N/A	<p>12. Are piles of paper, trash, etc., in and around your building/space, picked up and disposed of regularly?</p>	YES	NO	N/A
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		
<p>5. Are circuit breakers clear of any tape, string or wire that would affect their operation? Do empty breaker spaces have KNOCKOUT FILLER PLATES?</p>	YES	NO	N/A	<p>13. Do you have a fire extinguisher in your business? The minimum required is a 2A10BC (refer to label on extinguisher).</p>	YES	NO	N/A
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		
<p>6. Is the cover on the electrical panel and face plates installed on all electrical outlets and switches?</p>	YES	NO	N/A	<p>14. Have all fire extinguishers been inspected, tagged and serviced within the last year by a fire extinguisher company licensed by the State Fire Marshal?</p>	YES	NO	N/A
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		
<p>7. Are extension cords being used for more than portable appliances? Do they run through walls, ceilings, floors, under doors or floor coverings? Are they affixed to the building/space?</p>	YES	NO	N/A	<p>15. Is a fire extinguisher mounted or secured on a wall (preferably near an exit) so that the top of the extinguisher is not more than 5 ft. above the floor?</p>	YES	NO	N/A
	<i>If YES, date corrected</i>				<i>If NO, date corrected</i>		
<p>8. Is the building/space electrical in good condition? Inspect broken switches and outlets, unsupported light fixtures.</p>	YES	NO	N/A	<p>16. Are all fire extinguishers visible and readily accessible for use (not blocked by storage, etc.)? <i>Located no more than 75 feet of travel from anywhere in Business.</i></p>	YES	NO	N/A
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		



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17. Are exit(s) clearly marked with lighted exit signs? Are back-up batteries working?	YES	NO	N/A	24. Does the Storage exceed 12 feet in height? <i>Storage exceeding 12 feet in height requires a High-piled Storage Permit from the San Bernardino County Fire Department.</i>	YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		
18. Are all exit aisles, hallways, doorways, stairways, landings, corridors and walkways clear of any obstructions?	YES	NO	N/A	25. Is the storage at least 24 inches below the ceiling in buildings without fire sprinklers? In buildings with fire sprinklers, is the storage at least 18 inches below the fire sprinkler head?	YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		
19. Does the main entry door to the business have a keyed deadbolt on the interior side of the door with signage attached that reads: "THIS DOOR TO REMAIN UNLOCKED WHEN THIS SPACE IS OCCUPIED"?	YES	NO	N/A	26. Are any fire sprinkler heads painted?	YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		
20. Are handrails installed on all stairways? Are the handrails in good condition?	YES	NO	N/A	27. Are ALL fire sprinkler escutcheons (trim rings) in place?	YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		
21. For Assembly Uses, is the Occupancy Capacity sign properly displayed and is correct for the current business use?	YES	NO	N/A	28. Are there any holes in the ceiling or walls? <i>Holes in ceilings and walls will compromise the fire safety construction for the building. Please contact the Building Safety Division for guidance on the repair of holes.</i>	YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		
22. Is the building/space accessible from the entry door to the service counter and through aisles, hallway and door openings, dressing rooms and extending to an accessible bathroom?	YES	NO	N/A		YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		
23. Are bathrooms in good working condition compliance with ADA requirements?	YES	NO	N/A		YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If <u>YES</u>, date corrected</i>				<i>If NO, date corrected</i>		
.	YES	NO	N/A		YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If NO, date corrected</i>				<i>If NO, date corrected</i>		