



**New Hampshire Department of Safety
Division of Fire Safety | Office of the State Fire Marshal**

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Assembly Occupancy Self-Inspection Checklist

Business Name: _____

Address: _____

Town/City: _____ Phone: _____

Owner/Manager: _____ Phone: _____

Name of Person conducting inspection: _____

Date: _____ Time: _____

Occupant Load: ____ Is the occupant load posted? YES NO

Number of exits visible and available to patrons: _____

Exits are free of storage? YES NO

Are all doors clear, and not blocked? YES NO

Can all doors be opened easily from inside? YES NO

Are the aisles wide enough? YES NO

Are the aisles clear, and not blocked? YES NO

Are exit signs lit and visible? YES NO

Do all the emergency lights work? YES NO

Are all fire extinguishers visible and ready for use? YES NO

Are the fire alarm and fire sprinkler systems in service? YES NO