

CRR APARTMENT, HOTEL AND MOTEL REPORTING FORM

(This document is to be completed and reported by the property owner or by property management. It shall be received by the first of every quarter, beginning the 1st day of September, 2023. Reference the 2022 Municipal Ordinance Chapter 22, Section 109.3 for legal required reporting.)

Business Nan	ne:			
Business Own	ner or Agen	t:		
Business Add	lress:			
Phone:				
Stand-Alone	Smoke Alar	m inspection report attached	Yes	N/A
Fire Extinguisher inspection report attachedYes			Yes	No
If not explain	:			
Clothes dryer	vet cleanin	g inspection report attached	Yes	No
If not explain	:			
		Exit signs inspected for operation		
Yes	No	Date of Inspection:		

Fire Alarm System
Contractor
Date performed
Fire Sprinkler System (Quarterly and Annual reporting required)
Contractor
Date performed
Fire Pump (Weekly, Monthly, Quarterly and Annual reporting required)
Contractor
Dates performed
Fire Hood Suppression (Semi-annual and Annual reporting required)
Contractor
Date performed
Emergency Responder Radio Communication System
Contractor
Date performed
Fire Hydrant
Contractor
Data performed

Annual Fire Contractor Inspections:

Stand-Alone Smoke Alarm Reporting					
Business Name					
Building 1/A					
Unit Number	Date Inspected	Pass	Fail	Emplyee Name	
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Clothes Dryer Vent Cleaning Report					
Business Name					
Building Name					
Dryer Number	Date Inspected	Pass	Fail	Emplyee Name	
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Fire Extinguisher Reporting					
Business Name					
Building 1/A					
Location/Unit #	Date Inspected	Pass	Fail	Emplyee Name	
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Additional Stand Alone Smoke Alarm Report					
Business Name					
Building					
Unit Number	Date Inspected	Pass	Fail	Emplyee Name	
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