



MARTIN COUNTY FIRE RESCUE

Fire Prevention
800 SE Monterey Road
Stuart, FL 34994 * 772 288-5633
email to: FRD_BOSS@martin.fl.us



B.O.S.S. Business Occupant Safety Survey

Business Name: _____ Square Ft: _____
Business Address: _____ Phone: _____
Contact Name: _____ Email: _____

Circle Y (Yes) / N (No) on all questions below.

- **Egress – NFPA 1**

- Y / N Exits Clear (width of door)
- Y / N Exit signs working if lit, not covered
- Y / N Emergency Lights working – use test button
- Y / N Thumb latches or panic hardware on exit doors.

- **Fire Extinguishers – NFPA 10**

- Y / N Annually inspected and tagged
- Y / N Mounted – typically waist height

- **General Requirements – NFPA 1**

- Y / N Correct address posted front and back
- Y / N Flammable storage
- Y / N Housekeeping (General)
- Y / N Knox box (with current keys)

- **Fire Alarm System – NFPA 72 - If applicable**

- Y / N Current annual sticker on the system
- Y / N Report uploaded into Compliance Engine

- **Electrical – NFPA 70**

- Y / N Panel clearance of 36" inches
- Y / N No holes in Electrical panel – Filler Plate installed
- Y / N Wiring in conduit – especially when run into the ceiling
- Y / N No extension cords into extension cords
- Y / N Power strips and Surge protectors must be used per manufacturers specifications

- **Sprinkler System – NFPA 25 - If applicable**

- Y / N Riser (large red pipe) has a current annual tag. Should be green, red or yellow. Red can mean problems.
- Y / N Sprinklered buildings should maintain a 18" clearance down from the ceiling
- Y / N Escutcheon rings – metal around the sprinkler
- Y / N Fire Sprinkler Contractor uploaded into Compliance Engine

I request assistance from Fire Prevention to complete my first BOSS Survey: Y / N

You agree to indemnify and hold Martin County, its officers, officials, employees, departments and agents, harmless from any third-party claim or cause of action, including reasonable attorneys' fees and costs, arising, directly or indirectly, arising from any false information provided in the B.O.S.S.

A "No" response to any of these questions indicates the presence of a fire code violation. Once all hazards identified as having a "No" response are corrected, please sign, date, and return this form to us. Thank you for your cooperation.

Name Printed (Occupant)

Name Signed (Occupant)

Date

FRD# _____

This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 320-3131, the County Administration Office (772) 288-5400, Florida Relay 711, or by completing our accessibility feedback form at www.martin.fl.us/accessibility-feedback