



# FIRE CODES & PLANNING



## Marijuana Facility Fire Inspection Checklist

| BUSINESS/FACILITY INFORMATION |                               |                                     |                              |                                  |                                       |
|-------------------------------|-------------------------------|-------------------------------------|------------------------------|----------------------------------|---------------------------------------|
| BUSINESS NAME:                |                               |                                     |                              |                                  |                                       |
| BUSINESS ADDRESS:             |                               |                                     |                              |                                  |                                       |
| BUSINESS PHONE NUMBER:        |                               |                                     | EMAIL:                       |                                  |                                       |
| CONTACT NAME:                 |                               |                                     | PHONE:                       |                                  |                                       |
| TYPE OF FACILITY:             | Grow <input type="checkbox"/> | Dispensary <input type="checkbox"/> | MIP <input type="checkbox"/> | Medical <input type="checkbox"/> | Recreational <input type="checkbox"/> |
| OCCUPANCY CLASSIFICATION:     | B <input type="checkbox"/>    | M <input type="checkbox"/>          | F-1 <input type="checkbox"/> | F-2 <input type="checkbox"/>     |                                       |
| NUMBER OF REQUIRED EXITS:     |                               |                                     |                              |                                  |                                       |

| SAFETY INFORMATION         |  |  |  |
|----------------------------|--|--|--|
| STATE/CITY LICENSE NUMBER: |  |  |  |

| OUTSIDE ITEMS                                       | YES | NO | N/A | LOCATION |
|---|-----|----|-----|----------|
| Address numbers correct and visible from the street |     |    |     |          |
| Knox equipment – padlock or knox box                |     |    |     |          |
| NFPA Placards                                       |     |    |     |          |
| Exits discharge to public way                       |     |    |     |          |
| FDC Access  |     |    |     |          |
| FDC Readily Visible                                 |     |    |     |          |
| Fire lane signs                                     |     |    |     |          |
| Ballard Protection                                  |     |    |     |          |
| SPRINKLER SYSTEM/FIRE ALARM                         | YES | NO | N/A | LOCATION |
| System required (F-1, over 12, 000 sf)              |     |    |     |          |
| Sprinkler inspection current                        |     |    |     |          |
| Deficiencies corrected                              |     |    |     |          |
| Wrench and spare heads available                    |     |    |     |          |
| Riser room readily available – no storage           |     |    |     |          |
| FACP readily accessible – no storage                |     |    |     |          |
| Normal condition – no faults, troubles, alarms      |     |    |     |          |
| Alarm system inspection current                     |     |    |     |          |
| 18” clearance between storage and sprinkler heads   |     |    |     |          |
| Ceiling tiles in place                              |     |    |     |          |
| EXTINGUISHERS                                       | YES | NO | N/A | LOCATION |
| Minimum 2A, IOBC                                    |     |    |     |          |
| Visible and readily accessible                      |     |    |     |          |
| Current inspection                                  |     |    |     |          |
| Properly mounted                                    |     |    |     |          |
| Within 75 feet                                      |     |    |     |          |
| ELECTRICAL  | YES | NO | N/A | LOCATION |
| Grow lights listed                                  |     |    |     |          |
| Outlets, j-boxes, panels, wiring NFPA 70 compliant  |     |    |     |          |
| Extension cords being used for temporary use only   |     |    |     |          |
| Equipment (pumps, ovens, freezers) listed           |     |    |     |          |

|   |            |           |            |                 |
|---|------------|-----------|------------|-----------------|
| Spacer(s) in electrical panel                                       |            |           |            |                 |
| Panel access unobstructed   |            |           |            |                 |
| Power strips directly connected to outlet                           |            |           |            |                 |
| No spliced or frayed cords/wires                                    |            |           |            |                 |
| <b>GENERAL STORAGE</b>  | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>LOCATION</b> |
| Means of egress unobstructed  |            |           |            |                 |
| In electrical, mechanical, equipment rooms – no combustible storage |            |           |            |                 |
| Storage orderly, stable, away from heat sources                     |            |           |            |                 |
| Storage outside – not within 10’ of lot lines                       |            |           |            |                 |
| Under stairs – no combustible storage                               |            |           |            |                 |
| <b>EXITS</b>  | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>LOCATION</b> |
| Bolt locks/security bars in accordance with IFC                     |            |           |            |                 |
| Single motion egress  |            |           |            |                 |
| Double keyed indicating lock on front door(s)                       |            |           |            |                 |
| “This Door to Remain Unlocked” sign                                 |            |           |            |                 |
| Emergency lights operational  |            |           |            |                 |
| Internally illuminated exit signs maintained                        |            |           |            |                 |
| Security grille secured (no more than 50% of exits)                 |            |           |            |                 |
| Exit doors open easily  |            |           |            |                 |
| Free of obstructions  |            |           |            |                 |
| <b>INSPECTION RESULTS / COMMENTS</b>                                | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>LOCATION</b> |
| Inspection Completed Successfully – no follow-up scheduled          |            |           |            |                 |
| Follow-up Inspection – 7 days or less                               |            |           |            |                 |
| Follow-up Inspection – 30 days or less                              |            |           |            |                 |

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**Printed Name and Signature of Business Owner, Manager or Responsible Party** **Title** **Date**  
*(Printed Name and Signature Required)*

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**Name of Inspector** **Title** **Date**

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