

SEMINOLE COUNTY OMMA INSPECTION FORM

FACILITY NAME & ADDRESS: _____ **Phone #** _____

_____ **Initial Inspection** _____ **Date** _____ **Re-Inspection** _____

Type of inspection _____ **GROWER** _____ **PROCESSING** _____ **DISPENSARY**

EXITS

Free from Obstructions _____ Yes _____ No _____ N/A
 Exit Signs Illuminated _____ Yes _____ No _____ N/A
 Exits and Corridors Properly Lighted _____ Yes _____ No _____ N/A

ELECTRICAL

Proper Clearance of Electrical Panel _____ Yes _____ No _____ N/A
 Electrical Receptacles Covered _____ Yes _____ No _____ N/A
 Proper usage of Extension Cords/Multi Plug Adapters _____ Yes _____ No _____ N/A

FIRE EXTINGUISHERS

Current Inspection of Extinguishers (within 12 months) _____ Yes _____ No _____ N/A
 Proper Installation _____ Yes _____ No _____ N/A

FIRE ALARM SYSTEMS

Current Inspection (within 12 months) _____ Yes _____ No _____ N/A

SPRINKLER SYSTEMS

Current Inspection (within 12 months) _____ Yes _____ No _____ N/A

SUPPRESSION HOOD SYSTEM

Current Inspection (within 6 months) _____ Yes _____ No _____ N/A
 Class K Extinguisher (within 12 months) _____ Yes _____ No _____ N/A

OTHER _____

Facility is in compliance _____ **Yes** _____ **No**

Notes/Deficiencies _____

Inspectors Signature _____ **Business Owner/Managers Signature**