



Case Number: _____ Date: _____

Business/Tenant Name: _____

The required documents shall be submitted to Gwinnett County Fire Marshal's Office.

Required	Received	
<input type="checkbox"/>	<input type="checkbox"/>	Business Information Form
<input type="checkbox"/>	<input type="checkbox"/>	Fire Self Inspection Checklist
<input type="checkbox"/>	<input type="checkbox"/>	Fire Safety and Evacuation Plan
<input type="checkbox"/>	<input type="checkbox"/>	Fire Drill Documentation
<input type="checkbox"/>	<input type="checkbox"/>	Annual Fire Hydrant Inspection, Testing, and Maintenance (ITM) Report
<input type="checkbox"/>	<input type="checkbox"/>	Annual Fire Sprinkler Inspection, Testing, and Maintenance (ITM) Report
<input type="checkbox"/>	<input type="checkbox"/>	Annual Fire Alarm Inspection, Testing, and Maintenance (ITM) Report
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Annual ITM for Emergency Lighting and Exit Signs
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Annual Maintenance for Portable Fire Extinguishers
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Commercial Kitchen Hood Cleaning
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Semi-Annual ITM of Kitchen Hood Suppression System
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Required ITM of Special Hazard Systems
<input type="checkbox"/>	<input type="checkbox"/>	Commodity Affidavit
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Inventory
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Deficiencies shall be corrected immediately. An updated deficiency-free report, or other approved documentation, demonstrating deficiencies have been corrected, shall be submitted to the Fire Marshal's Office.