



COMMERCIAL / NON-RESIDENTIAL INSPECTION CHECKLIST
CITY OF SUMMIT
DEPARTMENT OF COMMUNITY SERVICES
512 Springfield Avenue
Summit, New Jersey 07901



| | |
|--|-----------------------------|
| Address: | Block: Lot: Zone: |
| Owner: | Realtor: |
| Owner Address: | Contact Phone: |
| | Inspection Date: |
| Sale: <input type="checkbox"/> Rental: <input type="checkbox"/> Compliance: <input type="checkbox"/> | Reinspection Date: |
| Inspector: | OK Date: |

NOTE: "Inspector check-off" is to be marked as the inspection is made. Mark the column *NP* for items "not provided", *NA* for items "not applicable", and with a check mark for those present. Check off the "Violations" column if there are any problems with the items. Explain violations as needed in "Remarks".

| Insp. Check-Off | Inspection Item: | Violation: |
|--------------------------|--|------------|
| 1) Interior Areas | | |
| <input type="checkbox"/> | a) Means of Egress – Primary | |
| | i) Location () | |
| | ii) Exit Sign () | |
| | iii) Emergency Lighting () | |
| | iv) Doors (Corridor, Stairwell, etc) () | |
| | v) Fire rated walls / ceilings () | |
| | vi) Tenant entry doors marked / numbered () | |
| <input type="checkbox"/> | b) Means of Egress - Secondary | |
| | i) Location () | |
| | ii) Exit Sign () | |
| | iii) Emergency Lighting () | |
| | iv) Doors (Corridor, Stairwell, etc.) () | |
| | v) Fire rated walls/ceilings () | |
| <input type="checkbox"/> | c) Bathroom and Lavatories | |
| | i) Barrier Free () | |
| | ii) Basins () | |
| | iii) Toilets () | |
| | iv) Urinals () | |
| | v) Ventilation () | |
| <input type="checkbox"/> | d) Storage Areas | |
| | i) Materials Stored: () | |
| | ii) Neat and Orderly () | |
| <input type="checkbox"/> | e) Elevators (Number:) | |
| | i) Floor levels Marked () | |
| | ii) Emergency Signs () | |
| | iii) Operates Normally () | |
| | iv) Last Test Date (/ /) () | |
| <input type="checkbox"/> | f) Fire Protection Elements | |
| | i) Sprinklers () | |
| | ii) Smoke Detectors (Type:) () | |
| | iii) Manual Alarm Systems () | |
| | iv) Monitored by: () () | |
| <input type="checkbox"/> | g) General Maintenance of Interior | |
| | i) Walls, Ceilings, Floors () | |
| | ii) Rodent / Insect Infestation () | |
| | iii) Electrical Service () | |
| | iv) Gas Service () | |
| | v) Water Service () | |
| | vi) Doors Identified (Mechanical, Storage, Janitor, Equipment, etc.) () | |
| <input type="checkbox"/> | h) Other Interior Items (Specify in Remarks) | |
| 2) Exterior Areas | | |
| <input type="checkbox"/> | a) Building | |
| | i) Roof () | |
| | ii) Walls () | |
| | iii) Windows () | |
| | iv) Doors () | |

[illegible]