



RESTAURANT SUPPLEMENT

I. GENERAL INFORMATION

Eff Date ___/___/___ Inspection Contact _____ Phone () _____

Name _____

Location Address _____ State _____ Zip _____

Operation (check one):

- Family Style
- Fine Dining
- Fast Food
- Buffet Style
- Bar/Tavern
- Nightclub(type) _____

Business Structure (check one):

- Franchise? Y N
- Corporation
- Partnership
- Sole Proprietor
- Estate or Trust
- Other

Property Mgmt. Experience:

- ❖ Restaurant Management Experience: _____ years
- ❖ Years Managing This Location: _____

CONSTRUCTION

- Frame / Brick Veneer
- Joisted Masonry
- Non Combustible
- Masonry Non Comb
- Modified Fire Res
- Fire Resistive
- Mixed (describe _____)

Values Bldg \$ _____ BPP \$ _____ BI/EE \$ _____

- ❖ Gross annual receipts: Food \$ _____ Alcohol \$ _____
- ❖ Year built..... _____
- ❖ Type of wiring (copper/aluminum/other): _____
- ❖ Square footage: _____ Sq. Ft.
- ❖ Number of stories: _____ Stories
- ❖ Maximum seating capacity _____ people
- ❖ Live Entertainment/ Dancing?.....Yes _____ No _____
- ❖ Any firework type displays allowed?
- ❖ Single or Multi-tenant building (check one)
 - Individual/Stand alone Multi-tenant/Shopping Plaza
 - Merc/Habitational Multi-tenant/Offices

PROTECTION

- Smoke Alarms
 - Hardwired
 - Battery
- Sprinkler System
 - 100% Sprinklered
 - Partial system
 - Ansul system
- Fire Alarm System
 - Central Station
 - Local Alarm
 - Pull Stations
- Fire Extinguishers
- Standpipes
- Gated Community
- Watchman/Guard

ISO Prot Cl: _____

Distance to Fire Dept. _____ miles

ANSUL SYSTEM / KITCHEN OPERATION

- ❖ UL-300 Approved Ansul System? Yes _____ No _____
- ❖ Automatic Fuel Shut Off? Yes _____ No _____
- ❖ Can system be activated manually? Yes _____ No _____
- ❖ Exhaust Cleaning Service Contract? Yes _____ No _____
- ❖ Exhaust/Hoods/Ducts on at least @ semi-annual cleaning & maintenance contract? Yes _____ No _____
- ❖ Frequency of Filter Cleaning? _____
- ❖ Are grease drip pans/trays emptied daily? Yes _____ No _____
- ❖ Extinguishing Agent: Wet Chemical; Dry Chemical; Dual Agent
- ❖ Brand name of AES (Automatic Extinguishing System) _____
- ❖ Number of Deep Fat Fryers _____
- ❖ Do fryers have high temperature cut off? Yes _____ NO _____

Updates	Year	Complete Renovation or Partial?	
<input type="checkbox"/> Wiring	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> Roofing	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> Plumbing	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> HVAC	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> Other	_____		

Have there ever been any prior water damage or mold related incidents? TM Yes, or TM No

Details (attach separate sheet if additional space needed): _____
