Pre-Event Checklist for Crowd Managers

Name of Facility:			
Address:	City:		
Date:	Time of Inspection:	•	
Occupant Load:	Number of Crowd Managers on Duty: (List names, certification numbers on back of form, 1 for each 250 occupant load)	CITY OF Pringfie	ldF
	EXITS	YES	NO
Are all exit doors unlock	ked?		
Are all exit doors opera	tional?		
Are any exit doors chai			
Is there a clear path fro egress routes?	m the exit door to a public way, i.e. no storage or parking blocking	ng e	
Are all exit signs visible	and illuminated		
Is emergency lighting fu	unctional?		
Are all exit ways, aisles	, corridors, stairways, etc. clear of any obstructions?		
	FIRE ALARM SYSTEM		
	nspected by an approved contractor within the past year?		
	power? (Green light glowing)		
Does the system show	any trouble signals? (Yellow light glowing)		
Is the system in alarm?	(Red light glowing)		
	d be illuminated other than the power light; if other lights are realarm maintenance company.	9	
If the system has pull si	tations, are they unobstructed and available for use?		

Is the voice evacuation (if equipped) system available for emergency announcements?

Are there any issues with smoke detectors, heat detectors, etc.?

FIRE PROTECTION SYSTEMS					
Is the sprinkler control valve(s) open?					
Is the sprinkler valve accessible?					
Are there any issues with individual sprinklers (painted, obstructed, etc.)?					
Has the sprinkler system been inspected by a licensed contractor in the last 12 months?					
Has the kitchen hood system been inspected by a licensed contractor in the last 12 months?					
PORTABLE FIRE EXTINGUISHERS					
Are fire extinguishers available, visible, and ready to use?					
Have fire extinguishers been inspected by a licensed contractor in the last 12 months?					
SPECIAL CONDITIONS					
Have pyrotechnics use been approved by the fire marshal?					
Have any flame effects been approved by the fire marshal?					
Are all decorations flame resistant or treated with an approved flame retardant?					
Is inclement weather expected?					
NOTES AND COMMENTS					
NAME OF CROWD MANAGERS ON DUTY CERTIFICATION		DATE			
Name of person completing report (Print):					
Signature:					