

# MURFREESBORO FIRE & RESCUE DEPARTMENT

## MFSV FIRE INSPECTION

220 N. W. BROAD STREET

MURFREESBORO, TN. 37130

OFFICE: 615-893-1422 FAX: 615-848-3201

Inspection Type:  Annual  Follow-up  Complaint

Truck

Trailer

MFSV Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Owner Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner Email: \_\_\_\_\_

City Business License Number: \_\_\_\_\_

County Business License Number: \_\_\_\_\_

TN Department of Health License Number: \_\_\_\_\_

Pass  Fail Fire Extinguishers / ABC & K  
Last Inspection Date for Each: \_\_\_\_\_

Pass  Fail  N/A Kitchen Hood Suppression Bi-Annually Inspected & Tagged (if equipped)  
Last Inspection Date: \_\_\_\_\_

Pass  Fail Spill Kit

Pass  Fail  N/A Smoke / Heat Detectors – Operational

Pass  Fail  N/A LP Tanks- Mounted  Portable

Pass  Fail  N/A Extension Cords Not Being Used as Permanent Wiring, Outlet Covers Not Missing

Copies needed: Vehicle Registration, Driver's License, Proof of Insurance, State or County Health Dept License, ABC License if applicable, Tennessee business license, side-view photograph of MFSV.

APPROVED – NO VISIBLE HAZARDS  DENIED – CORRECTIONS NEEDED

Copy Received By: \_\_\_\_\_ Position: \_\_\_\_\_

FMO Representative: \_\_\_\_\_ Phone: (615) 849-2605 Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

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