

Self-assessment form for fire safety in detached and other small houses

	Rescue departments in Finland			
N _{INGS}	Address of the property			
The building is in residential use				
ne bu	ilding is in residential use leisure use City/town			
	unoccupied/empty			
	business use Telephone number			
	(fill in the details to the "additional information" field below) Email address			Does not
Guide page n	Matter to be checked	To be fixed	In order/ fixed	concern building
2-3	There is at least one properly located smoke alarm for each 60 m ² on every floor			
2	Smoke alarms are tested regularly, batteries replaced when necessary, and smoke alarms at the end of their useful life are replaced			
4-6	Electrical appliances are used safely in accordance with instructions			
6	Sauna is used in accordance with fire safety regulations			
9	There is a safe exit route from every floor of the house			
9	Escape doors and windows are easy to open and equipped with fixed opening handles			
10	Equipment and chimneys on the roof are easily and safely accessible			
11	Fireplaces and smoke flues, which are currently being used, have been swept			
11	Safety distance from fireplace to flammable materials is sufficient			
12	Flammable liquids and gases are stored according to regulations			
12	Underground oil tanks located in groundwater area have been inspected within the set period of time			
12	Safety distance of waste containers and shelters from buildings is sufficient, or they have been separated by compartment walls as required			
12	Flammable material is not stored in the immediate vicinity of the building			
13	The house number sign is large enough and it can be seen from the street even in the dark			
13	Fire compartmentation of the boiler room is tight (fire-rated door, ducts)			
	Voluntary improvement of safety Fixed			
2-3	A smoke detector has been installed in all bedrooms and on routes leading outdoors	_		
7	Sufficient emergency supplies are being maintained in case of disruptions	_		
8	The house is equipped with first aid firefighting equipment	_		
Ad	ditional information (e.g. schedule for repairs of deficiencies detected)	_		
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To	be filled by the rescue authority: I hereby confirm that provided is true and	t the informa		•
	Need for a separate	correct:		
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Dat Res	cue			
	hority			

Signature and name in block letters