



Address of the property

Postal Code

City/town

Telephone number

Email address

The building is

in residential use

leisure use

unoccupied/empty

business use

(fill in the details to the "additional information" field below)

Guide page no.	Matter to be checked	To be fixed	In order/ fixed	Does not 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 | | | |

Additional information (e.g. schedule for repairs of deficiencies detected)

Deficiencies detected during self-assessment will be fixed by (ddmmyy)

Further information on a separate paper/file

To be filled by the rescue authority:

The form was examined on

Date

Rescue authority

Need for a separate fire inspection

Yes

No

I hereby confirm that the information I have provided is true and correct:

Date

Signature and name in block letters