



SPECIALTY PROPERTY 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/Habitationl [] 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 ___

Table with 3 columns: Updates, Year, Complete Renovation or Partial?
Rows include Wiring, Roofing, Plumbing, HVAC, Other.

Have there ever been any prior water damage or mold related incidents? Yes, or No
Details (attach separate sheet if additional space needed): _____