

Niagara County Emergency Services

Training House at PSTF Checklist

MAZE/GENERAL SEARCH <input type="checkbox"/> Not used Pre-Check <input type="checkbox"/> Debris <input type="checkbox"/> Stairwell/Stairs <input type="checkbox"/> Tunnel <input type="checkbox"/> Hinged Partitions <input type="checkbox"/> Entanglement <input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Movable Wall Post-Check <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FORCIBLE ENTRY DOOR <input type="checkbox"/> Not used Pre-Check <input type="checkbox"/> Debris <input type="checkbox"/> Door Body <input type="checkbox"/> Door Frame <input type="checkbox"/> Door Hinges <input type="checkbox"/> Physical Damage Post-Check <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ROOF SIMULATOR <input type="checkbox"/> Not used Pre-Check <input type="checkbox"/> Debris <input type="checkbox"/> Shingles <input type="checkbox"/> Decking <input type="checkbox"/> Chute <input type="checkbox"/> Fascia Board <input type="checkbox"/> Ridge Board Post-Check <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BREACH SIMULATOR <input type="checkbox"/> Not used Pre-Check <input type="checkbox"/> Debris <input type="checkbox"/> Studs <input type="checkbox"/> Simulator Frame <input type="checkbox"/> Floors <input type="checkbox"/> Walls Post-Check <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FAST SIMULATOR - (2nd Floor) <input type="checkbox"/> Not used Pre-Check <input type="checkbox"/> Debris <input type="checkbox"/> Floor Joists <input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Movable Hole Cover Post-Check <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	GENERAL BUILDING CONDITION Pre-Check <input type="checkbox"/> Cleanliness <input type="checkbox"/> Overhead door <input type="checkbox"/> Front Man Door <input type="checkbox"/> Rear Man Door <input type="checkbox"/> Lights <input type="checkbox"/> Outlets <input type="checkbox"/> Structural damage Post-Check <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Legend

✓ = OK

N = Noteworthy

D = Requires Attention

Pre-Inspection

Officer in Charge: _____
Signature Date

Print : _____

Post-Inspection

Officer in Charge: _____
Signature Date

Print: _____

All Noteworthy and Requires Attention please describe in detail:

Fire Co./Dept. Name : _____

Staff Review: _____ Date: _____