**Fire Code Compliance Inspection Quality Assurance Survey**

Dear Valued Business Owner:

I wish to thank you for your investment in our community by locating your business in our city. In our on-going efforts to provide for a fire safety community, the fire department conducts fire code compliance inspections annually of all commercial, institutional, and industrial occupancies in the city. These inspections contribute to the overall reduction in community risk for all residents, business owners, and visitors, and help protect our tax base.

As part of our quality assurance program, we ask a representative sample of business owners to complete a voluntary survey regarding their experience with the fire inspection to assist us in evaluating our service. Your responses are completely anonymous unless you choose to provide your identity. You may also drop this form by the fire station, or FAX it to my office at XXX-XXX-XXXX.

Thank you for taking the time to complete this survey.

Smoky Sparks, Fire Chief

(XXX) XXX-XXXX – office

**FOLD FOLD**

Place stamp here

Smoky Sparks, Fire Chief

<Anytown> Fire Department

1234 Main Street

<Anytown>, TN XXXXX-XXXX

**FOLD FOLD**

**<Anytown> Fire Department**

**After-Inspection Survey**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Based upon your interactions with the <Anytown> Fire Department during your most recent fire safety code inspection, please answer the following questions on a scale of 1 to 5, with 1 being Strongly Disagree, and 5 being Strongly Agree.*** | | | | | | | |
| **Questions** | 1 | 2 | 3 | 4 | 5 | N/A |
| 1. When they arrived, the inspector(s) made a clear and courteous introduction | □ | □ | □ | □ | □ | □ |
| 1. The inspector(s) explained why they were there and what they were going to do | □ | □ | □ | □ | □ | □ |
| 1. The inspector(s) was(were) familiar with his/her job and fire code requirements | □ | □ | □ | □ | □ | □ |
| 1. The inspector(s) did a good job explaining any deficiencies that were found and why they needed to be corrected | □ | □ | □ | □ | □ | □ |
| 1. The inspection report was easy to read and understand | □ | □ | □ | □ | □ | □ |
| 1. The information provided was accurate and complete | □ | □ | □ | □ | □ | □ |
| 1. The timeframe given to correct any violations found was adequate | □ | □ | □ | □ | □ | □ |
| 1. Requests for additional information were answered quickly | □ | □ | □ | □ | □ | □ |
| 1. The person(s) conducting the inspection was(were) courteous throughout the inspection | □ | □ | □ | □ | □ | □ |
| 1. The inspector(s) conducting the inspection was(were) professional in his/her/their conduct | □ | □ | □ | □ | □ | □ |
| 1. The inspectors(s) conducting the inspection was(were) professional in his/her/their appearance | □ | □ | □ | □ | □ | □ |

***Please answer the following questions on scale of unacceptable to excellent.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions** | Unacceptable | Below Average | Average | Above Average | Outstanding |
| 1. Overall satisfaction with the fire inspection service provided by the fire department | □ | □ | □ | □ | □ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions for fire responses only** | Yes | No | Don’t Know |
| Could we have done more to help you? *If “Yes”, please explain below.* | □ | □ | □ |
| Would you like to receive information about fire prevention and fire safety for your business? | □ | □ | □ |
| *If “Yes”, provide your contact information below. For survey anonymity, simply call my office.* | | | |

***Comments:***

|  |
| --- |
|  |

***Optional information:***

| Name: | Phone number: | E-mail: |
| --- | --- | --- |
| Address: |  |  |
| Best time to contact you (if you wish to be contacted): | | |