

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 ongoing 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

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**<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The inspector(s) explained why they were there and what they were going to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The inspector(s) was(were) familiar with his/her job and fire code requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The inspector(s) did a good job explaining any deficiencies that were found and why they needed to be corrected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The inspection report was easy to read and understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The information provided was accurate and complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The timeframe given to correct any violations found was adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Requests for additional information were answered quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The person(s) conducting the inspection was(were) courteous throughout the inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The inspector(s) conducting the inspection was(were) professional in his/her/their conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The inspectors(s) conducting the inspection was(were) professional in his/her/their appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Questions	Unacceptable	Below Average	Average	Above Average	Outstanding
12. Overall satisfaction with the fire inspection service provided by the fire department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions for fire responses only	Yes	No	Don't Know
13. Could we have done more to help you? <i>If "Yes", please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Would you like to receive information about fire prevention and fire safety for your business? <i>If "Yes", provide your contact information below. For survey anonymity, simply call my office.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Optional information:

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