



**City of Ann Arbor Fire Department**

**Fire Prevention Bureau**

111 North Fifth Avenue  
Ann Arbor, Michigan 48104

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*Phone: 734.794.6979 Fax: 734.761.3592 Web site: [www.a2gov.org/fire](http://www.a2gov.org/fire)*

## **Hotel/Motel Guest Room Self-Inspection Pilot Program**

The Ann Arbor Fire Department (AAFD) Fire Prevention Bureau (FPB) is piloting an annual fire safety inspection program for occupancies that are classified as Residential Group R-1 and Group R-2 (excluding apartments) defined in the International Fire Code. Utilizing property staff to perform fire safety self-inspections, the pilot program accommodates property guests as well as provides convenience for property management. This program allows for all guest rooms to be checked for fire safety issues with no service disruptions and ensures 100% fire safety code compliance.

The AAFD annual fire safety inspection will include a randomly selected minimum of 5% of the total number of guest rooms. Depending on the severity and number of violations found in the random room inspections, this number may be increased at the fire inspector's discretion. The inspection fee will be based on the square footage that has been inspected by the fire inspector(s). For occupancies that choose full services of the AAFD FPB and not the self-inspection program, all units (rooms) of involved occupancy will be inspected by a fire inspector and the inspection fee will be based on the entire square footage including 100% of the guest rooms.

Thus, if a hotel/motel occupancy opts for the self-inspection program, complies with the checklist and corrects the deficiencies found, the fire inspector will complete their safety inspection by inspecting all common areas plus a minimum of 5% of randomly selected guest rooms. Occupancies participating in the guest room self-inspection program shall identify their selected self-inspection person (personnel) to the AAFD FPB, who will be orientated to the AAFD fire safety inspection program. A completed self-inspection form and an affidavit of verification, both provided by AAFD, will be signed by the inspecting representative and a senior or general manager. The occupancy will have 30 days to complete and submit the self-inspection documents of all remaining guest rooms to AAFD FPB. If the documentation is not received within the 30 days, the remaining inspection will be completed by FPB personnel and the occupancy will be charged accordingly to the current fire department square footage fee.

Hotel/Motel fire safety inspections will attempt to be completed within the months of December through March for the convenience of the businesses.



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Items for self-inspection for the manager or owner representative include:

- All exit signs must be in working order (on at all times and during power failures).
- All emergency lighting must be tested to confirm they are in working order.
- A 36" clearance is required around sprinkler heads
- Combustible storage must be 24" from the ceiling in areas without sprinkler heads
- Combustible storage must be 18" from the ceiling in areas where sprinkler heads are installed.
- Limit the use of extension cords and multi plug adaptors. Extension cords are for temporary use of a portable appliance and must be sufficient amperage for the usage.
- Outlet and light switches must be covered with a cover plate.
- Exits, stairways, and aisle ways must be kept clear of trip hazards and obstructions.
  - A minimum of twenty-eight (28) inch clearance must be maintained for all employee aisle ways.
  - A minimum of thirty six (36) inch clearance must be maintained for public aisle ways.
- Holes/breaches in the drywall must be fixed.
- Ceiling tiles for drop ceilings must be in place.



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## Guest Room Self-Inspection Program Affidavit

I, \_\_\_\_\_, attest that I have completed the hotel guest room fire safety self-inspection for \_\_\_\_\_ (number) guest rooms. Further, all deficiencies found have been corrected and initialed by a qualified person.

Property Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_