City of East Lansing
Fire Prevention Bureau
Inspection form – revised 1/16/20
Tents & Air-supported structures in excess of 200 sq. ft.
Canopies in excess of 400 sq. ft.

East Lansing Fire Department
1700 Abbot Rd.
East Lansing, MI 48823

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Reference material: **NFPA 1, 2000 Edition** **NFPA 101, 2000 Edition** **NFPA 102, 1995 Edition**

Location: _____Size of Tent: _____Capacity: _____

Vehicle Parking: *Minimum distantance for parking based on floor area*
Floor area: 0 to 5,000 sq. ft. – 30 ft. _____
5,001 to 15,000 sq. ft. – 40 ft. _____

Location from Property Line or Structure:
Shall not obstruct the sidewalk 44:4.53 _____
Floor area: 0 to 5,000 sq. ft. – 20 ft. required _____
5,001 to 15,000 sq. ft. – 30 ft. required _____
Unobstructed passageway of 12 ft. on all sides _____

Flame Retardant Treatment:
Date fabric last treated with retardant _____
Trade name or type of chemical used _____
Name of person or firm treating material _____
Name and address of owners of tent _____

Smoking and Open Flame:
"No smoking" signage _____
No open flame _____

Fire Extinguishers:
One – 2A10BC for 200 to 500 sq. ft. _____
Two - 2A10BC for 501 to 1,000 sq. ft. _____
One - 2A10BC for ea. Additional 2,000 sq. ft. _____

Exits:

Capacity	No. of Exits	Min. Width of ea. Exit	
Up to 199	2	6 ft.	_____
200-499	3	6 ft.	_____
500-999	4	8 ft.	_____
1000-1999	5	10 ft.	_____

Exit Signs:
Required when exit serves occupant load of 50 or more. _____
Shall be lighted with occupant load of over 100. _____
Two separate power sources for occupant loads over 300 _____

Aisles: Minimum of 44 inches progressively increased to width to provide not less than one foot of aisle width for each 50 persons served by such aisle. _____

Maximum Occupant Load:
Standing: one person per each 7 sq. ft. _____
Seated/tables & chairs: one person per each 15 sq. ft. _____

Maintenance of Exit Ways: Guy wires and support members shall not cross a means of egress at a height of less than 8 ft. _____

Heating & Cooking Equipment:
Installed as per NFPA codes _____
Required permits for setup and operation _____

Inspected by: _____ Date/Time: _____