



Certificate of Occupancy Inspection Form

Building Inspections
100 E Ave C
Killeen, TX 76541
Office (254) 501-7762
Fax (254) 501-6302

Date	Business Name	Address	
Telephone	Use	Business Owner	New / Change of Use / Change of Name

EXTERIOR PROPERTY:

	PASS	FAIL	NA
Landscaping	___	___	___
Screening Device	___	___	___
Irrigation	___	___	___
Other violations or comments (written below)	___	___	___

ELECTRICAL

	PASS	FAIL	NA
No extension cords	___	___	___
Cover plates on all boxes / outlets / switches	___	___	___
All exposed wiring must be in conduit	___	___	___
Provide working clearance at panels	___	___	___
No open spaces in panels	___	___	___
Circuit breakers are labeled	___	___	___

BUILDING EXTERIOR

	PASS	FAIL	NA
Address (Front, Rear, Electrical Panel)	___	___	___
Permanent Signage permitted	___	___	___
Temporary Signage permitted	___	___	___
Illegal Signage	___	___	___

PLUMBING

	PASS	FAIL	NA
Hose bib vacuum breakers	___	___	___
Air Gap	___	___	___
Tempered Water(Kit sink, lav, Idry, tub/shower)	___	___	___
Water heater safety	___	___	___
Water Hammer Protection	___	___	___
Gas Piping	___	___	___

EXITS

	PASS	FAIL	NA
Doors open w/o key or special effort	___	___	___
Occupant load posted (Assembly Occupancies)	___	___	___
No smoking signs posted	___	___	___
Exit is clear of all obstructions	___	___	___
Emergency egress illumination	___	___	___
Exit signs	___	___	___
Panic hardware	___	___	___

MECHANICAL

	PASS	FAIL	NA
Hood system operational	___	___	___
Cooking, Hood, ducts, and filters are clean	___	___	___
Type I Hood (Grease)	___	___	___
Type II Hood (Smoke)	___	___	___
Restroom exhaust fan	___	___	___

PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>	RE-CHECK NEEDED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Comments:

I have been informed of the above life safety items and will take steps to immediately correct these deficiencies.

Owner, manager, or agent for owner/manager

Re-inspection Date: _____ (10 Days)

Inspected by: _____ Date Inspection Passed: _____