



Municipal Hall
Community Development Department
10150 Bottom Wood Lake Road
Lake Country, BC V4V 2M1
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Short Term Rental / Bed and Breakfast
Self-Evaluation Safety Audit

Owner/Operator: \_\_\_\_\_

Emergency Contact name/phone: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- 1. Smoke Alarms tested & logged monthly (initial)
2. Fire Extinguisher Service (annual service by Certified Technician)
3. Fire Safety Plan posted (review and update annually)
4. Means of egress operable and unobstructed (bedroom doors & windows)
5. Carbon Monoxide Alarms tested annually (as per manufactures recommend)
6. Interior/Exterior passage ways maintained free and clear of obstructions
7. Any alterations/renovations proposed?
8. Any addition to building proposed?
9. Fire extinguishers checked monthly and logged
10. No. of sleeping units to be rented (must include floor plan)
11. No. of onsite parking spots (must include parking plan)
12. Provide proof this is your principle dwelling (ie copy of Claimed Home Owner Grant)

\*Note: Should have book with emergency contacts and what to do in case of emergency. Proper operation of fire extinguisher and an area in back of book for logging fire extinguisher checks and smoke alarm tests.

\*\*Note: The District of Lake Country and/or District of Lake Country Fire Department may conduct random inspections annually for safety compliance. I hereby attest that the above have been tested, inspected and maintained and submittal of this safety audit report checklist is assurance that the conditions have been met.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

