



Self-Evaluation Safety Audit Attestation

Please initial each section applicable to your Short Term Rental Accommodation and return to the City of West Kelowna Business Licensing Department:

Owner/Operator Name: _____ Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____ Email: _____

- 1. Permanent civic address numbers posted and visible from the street _____ (initial)
- 2. A building permit was obtained and completed for the building/suite containing the rental accommodation. Permit number: _____
- 3. 110v interconnected smoke alarms have been installed and located per 2018 BC Building Code subsection 9.10.19 within each bedroom and one outside in the hallway or area outside the bedrooms on the same storey _____
- 4. All smoke alarms have not reached expiration date and are fully operational _____
- 5. Carbon Monoxide Alarms have been installed per the 2018 BC Building Code Article 9.32.4.2. within 5m of all bedroom doors _____
- 6. Carbon Monoxide Alarms tested annually (as per manufactures recommend) _____
- 7. Smoke Alarms tested & logged monthly (As per BC Fire Code) _____
- 8. Fire Extinguisher having a minimum 2A10BC rating has been installed on each floor level. (must be wall mounted) The extinguisher must be serviced annually by a qualified technician _____
- 9. Emergency procedures and escape maps posted in each guest room.(See attached sample) _____
- 10. Means of egress (doors & hallways) operable and unobstructed _____
- 11. Electrical panels, furnace, hot water tank and other appliances are clear of combustibles (Min. 1m clearance required) _____
- 12. Bedroom window is operable and has a clear opening of 0.35m² (3.8SF) with no dimension less than 380mm (15") _____
- 13. No flammable or combustible liquids stored within the dwelling in quantities greater than 5 litres total _____
- 14. No propane cylinders are stored within the dwelling _____

Note: The City and/or West Kelowna Fire Department may conduct random inspections annually for safety compliance.

I hereby attest that the above have been tested, inspected and maintained as required by the City of West Kelowna's Business Licence and Regulation Bylaw No. 0087 and submittal of this safety audit report checklist is assurance that the conditions are consistent with those set out within City of West Kelowna Business Licence and Regulation Bylaw No. 0087.

Owner/Operator Signature: _____ Date: _____