



Manheim Township Fire Rescue
1840 Municipal Drive
Lancaster, Pennsylvania 17601

FACILITY PROFILE & INSPECTION QUESTIONNAIRE 2026

Instructions: Please complete the below information to be the best of your ability. When completed, email this document to fireinspections@manheimtownship.org. If you are unable to submit this form electronically, please complete, print and mail to the address above to the attention of the Fire Marshal.

GENERAL SITE-SPECIFIC INFORMATION

Today's Date:			
Facility Name:			
Street Number:		Suite No:	
City:		Zip Code:	
Business Phone:		Business Email	
Facility Contact Name:		Contact Email Address:	
Building Size in Square Feet:			

***Note – Please provide copies of floor plans along with this form to aid in inspection preparedness.**

24-HOUR EMERGENCY CONTACT – PRIMARY CONTACT

Contact Name		Title	
Email Address:		24 hr Phone No:	

24-HOUR EMERGENCY CONTACT – SECONDARY CONTACT

Contact Name		Title	
Email Address:		24 hr Phone No:	

PROPERTY MANAGEMENT (PM) COMPANY INFORMATION (IF APPLICABLE)

Property Manager Name:		Email Address:	
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FIRE PROTECTION SYSTEMS

Is your facility equipped with a monitored fire detection system? _____ If yes, please forward a copy of the latest annual inspection report.
Is your facility equipped with a fire sprinkler system? _____ If yes, please forward a copy of the latest annual inspection report.

MAILING / BILLING ADDRESS

Name:		Attn:	
Street /PO Box Number:		Other:	
City / State:		Zip Code:	

INSPECTION SCHEDULING - Please provide 3 preferred dates and times to conduct the inspection. Inspections are conducted Monday through Thursday. See disclaimer below.

	Preferred Inspection Date	Preferred Inspection Time
1		
2		
3		

Scheduling Disclaimer – The MTFR Office of the Fire Marshal (FM) will attempt to accommodate preferred inspection dates and times, however, conflicts may affect FM scheduling availability. The FM will work with you on an amicable date and time. The FM may need to cancel an inspection at a moments notice due to emergent circumstances.