Short-Term Rental and Bed & Breakfast Accommodation
Self-Evaluated Safety Audit Attestation

Please complete each section and submit with your Business License Application/Renewal

Owner/Operator Name & Phone: _____

Emergency Contact Name & Phone: _____

Short-Term Rental Address: _____

	Yes	No	N/A
1. Smoke Alarms tested & logged monthly (as per National Fire Code)	☐	☐	
2. Fire Extinguisher installed and maintained (as per NFPA 10)	☐	☐	
3. Fire Safety Plan and Emergency Escape Plan completed (reviewed and updated annually)	☐	☐	
4. Means of egress unobstructed and operable (doors & windows)	☐	☐	
5. Carbon Monoxide Alarms tested & logged monthly (as per National Fire Code)	☐	☐	☐
6. Electrical installations used and maintained so as not to constitute a fire hazard	☐	☐	
7. Chimney cleaned annually & logged – if applicable	☐	☐	☐
8. Interior/Exterior passageways maintained free and clear of obstructions	☐	☐	

Note: The City of Whitehorse may conduct inspections to ensure compliance.

I hereby attest that the above items have been tested, inspected, and maintained as required by the Whitehorse Fire Department in relation to the operation of a short-term rental or bed and breakfast, and that submission of this safety audit checklist confirms compliance with those requirements.

Signature: _____ Date: _____

(Digital signatures accepted)