



Short Term Rental Accommodation
Self-Evaluation Safety Audit Attestation

Please initial each section applicable to your short-term rental
and return to City of Kelowna Licensing Branch:

Email this form with your application to: shorttermrentalapplication@kelowna.ca
or mail to: 1435 Water St, Kelowna, B.C.

Owner/Operator: _____

Emergency Contact name/phone: _____

Address: _____

Phone: _____ Email: _____

- | | |
|---|-----------|
| | (initial) |
| 1. Smoke Alarms tested & logged monthly (As per BC Fire Code) | _____ |
| 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. Electrical installations used and maintained so as not to constitute a fire hazard | _____ |
| 7. Barbeque soap leak test (propane or natural gas) annually | _____ |
| 8. Chimney cleaning – if applicable | _____ |
| 9. Interior/Exterior passage ways maintained free and clear of obstructions | _____ |

Note: The City and/or 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 Kelowna Short-Term Rental Accommodation Business Licence and Regulation Bylaw No. 11720 and submittal of this safety audit report checklist is assurance that the conditions are consistent with those set out within City of Kelowna Short-Term Rental Accommodation Business Licence and Regulation Bylaw No. 11720.

Signature: _____

Date: _____