

ADULT DAY CARE & CHILD CARE FIRE INSPECTION REPORT

COUNTY _____ DATE OF INSPECTION _____ Facility ID # _____

Please complete all items below. If not applicable, check N/A in the box with a written explanation attached.

Name of Facility _____ Adult ____ Child ____
 Address _____ Phone _____
 City _____ Zip _____ Responsible Party _____

GENERAL PRECAUTIONS:	YES	NO	N/A
1. Attic/basement/closets/garage/furnace room & heaters clear of trash & combustible materials.			
2. Clearance from ignition sources & combustible materials maintained.			

EMERGENCY PLANNING:	YES	NO	N/A
3. Approved evacuation plan posted.			
4. Evidence of monthly fire drills posted.			
5. Record of employee training in fire prevention/evacuation & annual fire safety training on site.			

FIRE SERVICE FEATURES:	YES	NO	N/A
6. Street Number posted. (Contrasting color to building & height 4" or more.)			
7. Unobstructed fire apparatus road. (Width of 20' & vertical clearance of not less than 13'6").			
8. Hydrants/Fire Department connections/control valves clear of obstructions by 3'.			

BUILDING SERVICES AND SYSTEMS:	YES	NO	N/A
9. Approved heating system, listed.			
10. Emergency lighting/exit lights in good operating order.			
11. Electrical panels clear of storage. (Minimum 30")			
12. Wiring/fixtures in good condition. (Extension cords not suitable for permanent wiring.)			
13. Type I hood system over all domestic cooking appliances that produce grease laden vapors.			

FIRE RESISTANCE RATED CONSTRUCTION:	YES	NO	N/A
14. Required fire resistant rating maintained. (Walls, partitions, floors)			
15. Door-hold open devices/automatic door closures operating properly.			

INTERIOR DECORATIONS & FURNISHINGS:	YES	NO	N/A
16. No storage of clothing/personal effects in corridors & lobbies.			
17. Maximum 50% of decorative materials covering walls. Nothing suspended from ceiling			
18. 20% maximum coverage for artwork & teaching material located on corridor walls.			
19. Exits free of obstructions.			

FIRE PROTECTION:	YES	NO	N/A
20. Sprinkler system maintained with annual test reports provided.			
21. Smoke detector/fire alarm system maintained with annual test reports provided.			
22. Approved extinguishers mounted properly & in good working order.			
23. Cooking suppression systems & hood exhaust properly maintained.			
24. Protective guards(such as screens) on fuel burning furnaces or fireplaces provided.			

MEANS OF EGRESS:	YES	NO	N/A
25. All exits & their access (i.e. Aisles & Corridors) free of obstructions.			
26. All locking devices on exit doors are of an approved type.			
27. Yards & fencing to allow unobstructed exit to exterior of site.			

Approved for day time care only Approved for day time and night care

At the time of this inspection, the fire safety conditions in this facility were: Satisfactory Unsatisfactory

Inspector _____ Phone _____