

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. (No fuel burning or portable electric space heaters.)			
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 _____