

Sample Residential Facility Fire Inspection Form

This form may be used at the discretion of the fire inspector							
Residential Facility Type (check one Class)					Building Code References		
Class 1: provides accommodations, supervision, personal care services, and					☐Building Code:		
mental health services for (check one box):					Specify:		
\Box one or more unrelated adults							
□one or more unrelated children or adolescents with severe emotional					☐ Approved Occupancy Permit		
disturbances.							
Class 2 provides accommodations, supervision, and personal care services					☐ Not Applicable (less than 6		
to any of the following: (check one box)					household members)		
☐ One or two unrelated persons with mental illness							
☐ One or two unrelated adults who are receiving residential state							
supplement payments							
☐ Three to sixteen unrelated adults							
☐ Class 3 provides room and board for five or more unrelated adults with							
mental illness							
Name of Facility:			Facility	Pho	ne:		
Street Address:			City and				
Owner/Operator: Owner/Ope					rator Phone:		
Person name and title with who	m the report was discus	sed:					
This is to certify that I have inspected the building (s) comprising this facility and find							
Type of Structure	☐ Single Family	☐ Apartment			Childrens Residential		
	☐ Two Family	☐ Oth		Ш	Adult Residential		
	☐ Modular Home	Specif	y:		Crisis Stabilization		
	☐ Mobile Home						
Type of Construction	☐ Frame	□ Br	rick		Other: Specify		
		□ B1	ock				
Type of Floors	□ Wood		oncrete		Other: Specify		
			eel				
Type of Stairways	□ Wood		ncrete		Other: Specify		
			eel		1 7		
Number of Floors: V	What floors have been a	pproved	for sleep	ing a	rrangements?		
		11	1	U			
□First □Second □	Third □Basement	t					
Explain limitations, if any on ap	proval for sleeping arra	ngement	s: 🗆 N	ΙA			
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Complete the following for all classes of facilities
☐ Yes ☐ No Smoke detectors are installed, operated and maintained in accordance with the rules of the board
of building standards and, the state fire code
☐ Yes ☐ No Carbon monoxide detectors are installed, operated and maintained in accordance with the rules of
the board of building standards and, the state fire code
\square Yes \square No Documentation that smoke detectors and fire extinguishers are visually inspected and manually
tested by the operator as required by the state fire code
\square Yes \square No Fire Extinguishers are operational and located on each floor of the facility in areas near bedrooms
\square Yes \square No Fire Extinguishers are located in specific locations as required by a fire code official:
Specify required location:
☐ Yes ☐ No Each facility shall have installed appropriate alarms, lights or other safety devices and supports, or
emergency equipment as required by the certified state or local fire official to meet the needs of
residents with disabling conditions
\square Yes \square No All stairways, hallways, inclines, ramps, open porches, elevators, fire escapes, exits, and doorways
are well-lit, free of debris and obstructions
\square Yes \square No The facility has written emergency evacuation plan drawings showing routes to exits posted on
each floor and in highly visible locations
☐ Yes ☐ No ☐NA (no residents) Record of an evacuation drill at least quarterly on each shift for all staff
and residents
☐ Yes ☐ No ☐NA (no residents) Record of evacuation drills conducted at different and varying times of day
and night, and utilizing different exit routes
☐ Yes ☐ No Combustible items properly stored and not within three feet of heat sources
☐ Yes ☐ No The facility shall not utilize extension cords and flexible cords in the following manners: as a
substitute for permanent wiring; affixed to structures; extended through walls, ceilings, floors, under doors or floor coverings; with evidence of environmental damage; with evidence of physical
impact; or with the use of multiple plug adapters, such as cube adapters, unfused plug strips, or any
other device that does not comply with the national fire protection association standard referenced
in the state fire code
☐ Yes ☐ No ☐NA Outdoor power equipment is stored in locations outside of the structure, or an attached
garage, as approved by the fire code official
Portable Electric Heaters: NA no evidence of use
Portable Electric Heaters may only be used if all of the following are met:
☐ Yes ☐ No The heater is plugged directly into a receptacle and is not plugged into an extension cord
\square Yes \square No The heater has been approved by the underwriter's laboratory
Additional Requirements for facilities with 9 or more ambulatory or 1 or more non-ambulatory residents
\square Not applicable to this facility
\square Yes \square No The facility has a combined smoke detector and fire alarm system.
\square Yes \square No The fire alarm system is installed in accordance with the rules of the board of building standards
and the state fire code
\square Yes \square No The fire alarm system includes approved bells, sirens, or horns, lights for hearing impaired
residents, if served, and manual fire alarm boxes
☐ Yes ☐ No All smoke detectors are interconnected with the fire alarm system.

☐ Yes ☐ No S	☐ Yes ☐ No Smoke detection devices shall be located in the immediate vicinity but outside of all bedrooms.					
☐ Yes ☐ No ☐	☐ Yes ☐ No There are two independent means of exit for each occupied floor and occupied cellar level. The					
two independent means of exit are approved by the fire code official						
\square Yes \square No The facility maintains and tests the alarm system in accordance with state fire code and has						
documentation of testing						
Additional Requirements for Facilities with 1 or more non-ambulatory residents						
Facilities licensed as of 1/1/18 shall have until 1/1/20 to obtain an automatic fire extinguishing system						
\square Yes \square No \square NA The facility has an automatic fire extinguishing system						
\square Yes \square No \square NA The facility has documentation of an annual test of the automatic fire extinguishing system						
Is the facility free from conditions hazardous to the safety of the residents and approved as such? \square Yes \square No						
If No, List Viola	ions:					
State the recomm	endations for the corrections of the listed	violations:				
Check: ☐ At th	e time of the inspection the facility was fo	ound to be in comp	liance and is approved			
	e time of the inspection the facility was for spection and approval is required because	-				
□ Re-i	aspection and approval is required because	se violations were n	ot corrected at initial visit			
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