



Sample Residential Facility Fire Inspection Form

This form may be used at the discretion of the fire inspector

Residential Facility Type (check one Class) Class 1 : provides accommodations, supervision, personal care services, and mental health services for (check one box): <input type="checkbox"/> one or more unrelated adults with mental illness <input type="checkbox"/> one or more unrelated children or adolescents with severe emotional disturbances. Class 2 provides accommodations, supervision, and personal care services to any of the following: (check one box) <input type="checkbox"/> One or two unrelated persons with mental illness <input type="checkbox"/> One or two unrelated adults who are receiving residential state supplement payments <input type="checkbox"/> Three to sixteen unrelated adults <input type="checkbox"/> Class 3 provides room and board for five or more unrelated adults with mental illness	Building Code References <input type="checkbox"/> Building Code: Specify: <input type="checkbox"/> Approved Occupancy Permit <input type="checkbox"/> Not Applicable (less than 6 household members)
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Name of Facility:	Facility Phone:
Street Address:	City and Zip Code
Owner/Operator:	Owner/Operator Phone:
Person name and title with whom the report was discussed:	

This is to certify that I have inspected the building (s) comprising this facility and find

Type of Structure	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Modular Home <input type="checkbox"/> Mobile Home	<input type="checkbox"/> Apartment <input type="checkbox"/> Other: Specify:	<input type="checkbox"/> Childrens Residential <input type="checkbox"/> Adult Residential <input type="checkbox"/> Crisis Stabilization
Type of Construction	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick <input type="checkbox"/> Block	<input type="checkbox"/> Other: Specify
Type of Floors	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete <input type="checkbox"/> Steel	<input type="checkbox"/> Other: Specify
Type of Stairways	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete <input type="checkbox"/> Steel	<input type="checkbox"/> Other: Specify

Number of Floors: _____ What floors have been approved for sleeping arrangements?

First
 Second
 Third
 Basement

Explain limitations, if any on approval for sleeping arrangements: NA

Complete the following for all classes of facilities	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke detectors are installed, operated and maintained in accordance with the rules of the board of building standards and, the state fire code
<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation that smoke detectors and fire extinguishers are visually inspected and manually tested by the operator as required by the state fire code
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire extinguishers are installed, operated, and maintained in accordance with the rules of the board of building standards and the state fire code
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguishers are operational and located on each floor of the facility in areas near bedrooms
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguishers are located in specific locations as required by a fire code official : Specify required location: _____
<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> No	All stairways, hallways, inclines, ramps, open porches, elevators, fire escapes, exits, and doorways are well-lit, free of debris and obstructions
<input type="checkbox"/> Yes <input type="checkbox"/> No	The facility has written emergency evacuation plan drawings showing routes to exits posted on each floor and in highly visible locations
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (no residents)	Record of an evacuation drill at least quarterly on each shift for all staff and residents
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (no residents)	Record of evacuation drills conducted at different and varying times of day and night, and utilizing different exit routes
<input type="checkbox"/> Yes <input type="checkbox"/> No	Combustible items properly stored and not within three feet of heat sources
<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 : <input type="checkbox"/> NA no evidence of use	
Portable Electric Heaters may only be used if all of the following are met:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The heater is plugged directly into a receptacle and is not plugged into an extension cord
<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<input type="checkbox"/> Not applicable to this facility	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The facility has a combined smoke detector and fire alarm system.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The fire alarm system is installed in accordance with the rules of the board of building standards and the state fire code
<input type="checkbox"/> Yes <input type="checkbox"/> No	The fire alarm system includes approved bells, sirens, or horns, lights for hearing impaired residents, if served, and manual fire alarm boxes
<input type="checkbox"/> Yes <input type="checkbox"/> No	All smoke detectors are interconnected with the fire alarm system.

