

FIRE AND BUILDING SAFETY INSPECTION REPORT

NORTH CAROLINA DIVISION OF SOCIAL SERVICES

INSTITUTIONAL BUILDING

FOR: CHILD CARING INSTITUTION MATERNITY HOME HOME FOR THE AGED

NAME OF FACILITY: _____ ADMINISTRATOR: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

TYPE OF POPULATION ADMITTED: _____ AGE RANGE OF POPULATION: _____

TYPE OF CONSTRUCTION: _____ NUMBER OF STORIES: _____

TYPE OF HEATING SYSTEM: _____ LOCATION: _____

NUMBER OF U/L APPROVED FIRE EXTINGUISHERS: _____ PROPERLY LOCATED: YES NO PROPERLY MAINTAINED: YES NO

PROPER TYPE FIRE EXTINGUISHERS: YES NO PERSONNEL FAMILIAR WITH USE: YES NO

SMOKE DETECTION SYSTEM: YES NO U/L APPROVED: YES NO MAINTENANCE CONTRACT: YES NO

MANUAL FIRE ALARM: YES NO TYPE: _____ IN WORKING ORDER: YES NO

EVACUATION PLAN POSTED: YES NO FIRE DRILLS: YES NO HOW OFTEN: _____

NUMBER OF APPROVED TYPE FIRE ESCAPES: _____ PROPERLY LIGHTED: YES NO SPRINKLER SYSTEM: YES NO

FIRE RATING OF WALLS AND PARTITIONS: _____ CEILINGS: _____ FURNACE ROOM WALLS AND CEILINGS: _____

INTERIOR STAIRWELLS INCLOSED: YES NO EXIT DOORS SWING OUT: YES NO

DOORS UNLOCKED AND READILY OPENABLE FROM INSIDE: YES NO U/L EMERGENCY LIGHTING IN CORRIDORS: YES NO

TYPE OF EQUIPMENT PROVIDED FOR EMERGENCY POWER: _____ CONDITION: _____

CONDITION OF BASEMENT: _____ USE: _____

CONDITION OF ATTIC: _____ USE: _____

CONDITION OF BUILDING: SATISFACTORY UNSATISFACTORY

TYPES OF HAZARDS (please check those which apply)

HEATING <input type="checkbox"/> Defective Furnace <input type="checkbox"/> Defective Flue <input type="checkbox"/> Defective Smoke Pipe <input type="checkbox"/> Unsatisfactory Storage of Ashes <input type="checkbox"/> Portable Heaters Used	ELECTRICAL <input type="checkbox"/> Defective Fixtures <input type="checkbox"/> Defective Wiring <input type="checkbox"/> Defective Fuses <input type="checkbox"/> Defective Lighting in Stairways and Halls	EXITS <input type="checkbox"/> Halls Blocked <input type="checkbox"/> Exits Blocked <input type="checkbox"/> Unsatisfactory Fire Exits <input type="checkbox"/> Storage on Escapes <input type="checkbox"/> Inadequate Exit Lighting	MISCELLANEOUS <input type="checkbox"/> Rubbish and Trash <input type="checkbox"/> Unsatisfactory Fire Extinguishers <input type="checkbox"/> Improper Storage and Use of Flammable Materials <input type="checkbox"/> Defective Water Heater <input type="checkbox"/> Storage of Mower and Garden Tractor <input type="checkbox"/> Unsupervised Smoking of Residents
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LOCATION OF HAZARDS FOUND: _____

REQUIREMENTS TO CORRECT ABOVE AND PROVIDE ADEQUATE SAFETY: _____

INSPECTOR: _____ TITLE: _____

ADDRESS: _____ DATE OF INSPECTION: _____

THIS FIRE INSPECTION IS VALID UNTIL (DATE): _____