

FIRE INSPECTION SAFETY REPORT (Group R-3 - Single Family Residential Care Homes & Facilities)

NAME OF FACILITY _____ PERSON IN CHARGE _____

STREET ADDRESS _____ PHONE # _____

CHECK YES or NO AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION

- | | YES | NO | N/A |
|---|-------|-------|-------|
| 1. Does the occupant utilize <i>listed</i> extension cords? These cords shall not be substituted for permanent wiring and must be used only for portable appliances. | _____ | _____ | _____ |
| 2. Is a working, mounted fire extinguisher(s), rated 2-A: 10-B: C or larger, readily available in the residence? | _____ | _____ | |
| 3. Does a fire evacuation plan remain posted continually in a prominent location, and is visible to all residents and guests? | _____ | _____ | |
| 4. Does the home have a working telephone which functions without use of electrical power and are emergency numbers posted within sight of the telephone? | _____ | _____ | |
| 5. Is there a working smoke alarm in the residence complying with the following? (CHECK ONLY ONE) | | | |
| • Houses licensed prior to 1976 must have a battery or electric smoke alarm installed outside every sleeping area. | _____ | _____ | |
| • Houses licensed 1976 – June 30, 1999, electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time. | _____ | _____ | |
| • Houses licensed after June 30, 1999 must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building Code. | _____ | _____ | |
| 6. Are double key dead bolts installed on any required egress doors? (If YES, these must be removed or changed out to a thumb latch.) | _____ | _____ | |
| 7. Do doors and windows in rooms used for sleeping open properly with little effort? | _____ | _____ | |
| 8. Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage and readily accessible? | _____ | _____ | |
| 9. Are address numbers posted in a prominent exterior location and are they visible and legible? | _____ | _____ | |
| 10. If provided, the Fire Alarm System and/or Sprinkler System must be maintained, tested and inspected on annual basis by qualified and approved service personnel. Provide documentation. | _____ | _____ | |
| 11. Designate Primary Heat Source _____ Secondary Heat Source (if applicable) _____ | | | |
| 12. List any substandard components or hazards found which were not addressed above or which would require additional inspections:
_____ | | | |

DATE of INSPECTION _____ STATUS: Approved _____ Not Approved _____

FIRE INSPECTOR: (Signature) _____ (Printed Name) _____

PHONE NUMBER _____ INSPECTION DEPT. _____

LICENSEE'S (Signature) _____ (Printed Name & Title) _____

If Initial Licensure application must include the following information:

NC State Building Code (Code Section) _____ (Code Classification) _____

DHSR Inspector Name and Title _____ Phone No. _____

Any item marked NO on this form will not necessarily result in a non-approval of this home, depending on the various applicable Licensure Regulations. However, any form marked Not Approved will result in non-approval until the items marked are corrected and verified approved by the local Official.