

FIRE AND BUILDING SAFETY INSPECTION REPORT
NORTH CAROLINA STATE DEPARTMENT OF HUMAN RESOURCES
INSTITUTIONAL BUILDING

FOR: CHILD CARING INSTITUTIONS () MATERNITY HOMES () HOMES FOR AGED ()

NAME OF FACILITY _____ ADMINISTRATOR _____

ADDRESS _____ CITY _____ 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? _____ PROPERLY MAINTAINED? _____

PROPER TYPE FIRE EXTINGUISHERS? _____ ARE PERSONNEL FAMILIAR WITH USE? _____

SMOKE DETECTION SYSTEM? _____ U/L APPROVED? _____ MAINTENANCE CONTRACT? _____

MANUAL FIRE ALARM? _____ TYPE? _____ IN WORKING ORDER? _____

EVACUATION PLAN POSTED? _____ FIRE DRILLS? _____ HOW OFTEN? _____

NUMBER OF APPROVED TYPE FIRE ESCAPES? _____ PROPERLY LOCATED EXIT LIGHTS? _____ SPRINKLER SYSTEM? _____

FIRE RATING OF WALLS & PARTITIONS? _____ CEILINGS? _____ FURNACE ROOM WALLS & CEILINGS? _____

ARE INTERIOR STAIRWELLS ENCLOSED? _____ DO EXIT DOORS SWING OUT? _____

ARE DOORS UNLOCKED AND READILY OPENABLE FROM INSIDE? _____

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

U/L EMERGENCY LIGHTING IN CORRIDORS? _____ CONDITION OF BASEMENT? _____ USE? _____

CONDITION OF ATTIC? _____ USE? _____ SATISFACTORY ()
UNSATISFACTORY ()

TYPES OF HAZARDS (Please circle those which apply)

- | <u>HEATING</u> | <u>ELECTRICAL</u> | <u>EXITS</u> | <u>MISCELLANEOUS</u> |
|--------------------------|--|-------------------------------|---|
| 1. DEFECTIVE FURNACE | 5. DEFECTIVE FIXTURES | 9. HALLS BLOCKED | 13. RUBBISH & TRASH |
| 2. DEFECTIVE FLUE | 6. DEFECTIVE WIRING | 10. EXITS BLOCKED | 14. IMPROPER STORAGE & USE OF FLAMMABLE MATERIALS |
| 3. DEFECTIVE SMOKE PIPE | 7. UNSATISFACTORY FUSES | 11. UNSATISFACTORY FIRE EXITS | 15. DEFECTIVE WATER HEATER |
| 4. PORTABLE HEATERS USED | 8. DEFECTIVE LIGHTING IN STAIRWAYS AND HALLS | 12. STORAGE ON FIRE ESCAPES | 16. STORAGE OF MOWER AND GARDEN TRACTOR |
| | | | 17. UNSUPERVISED SMOKING BY RESIDENTS |

LOCATION OF HAZARDS FOUND: _____

REQUIREMENTS TO CORRECT ABOVE AND PROVIDE ADEQUATE SAFETY: _____

INSPECTOR: _____ TITLE: _____

ADDRESS: _____ DATE OF INSPECTION: _____

(FOR CHILD CARING INSTITUTIONS AND MATERNITY HOMES, FILL IN IN DUPLICATE. SEND ORIGINAL TO THE STATE DIVISION OF SOCIAL SERVICES. ONE COPY SHOULD BE RETAINED BY THE INSTITUTION OR HOME.)

(FOR HOMES FOR THE AGED AND DISABLED, FILL IN IN TRIPPLICATE. SEND ONE COPY TO THE STATE DIVISION OF FACILITY SERVICES. GIVE ONE COPY TO THE PERSON IN CHARGE OF THE FACILITY, AND ONE COPY TO THE COUNTY DEPARTMENT OF SOCIAL SERVICES.)