

DFS-4212
7/1/93

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

Non-Institutional Buildings
(Five or fewer residents)

NAME OF HOME _____ NAME OF PERSON IN CHARGE _____

STREET ADDRESS _____ CITY _____ ZIP _____ TELEPHONE# _____

AGE RANGE OF POPULATION _____

TYPE OF CONSTRUCTION _____ NUMBER OF STORIES _____ SQ. FT. OF FLOOR SPACE _____

TYPE OF HEATING SYSTEM _____ LOCATION _____

NO. OF U/L APPROVED FIRE EXTINGUISHERS _____ LOCATION _____ PROPERLY CHARGED? _____

U/L APPROVED SINGLE STATION FIRE DETECTORS IN ATTIC, BASEMENT AND ON FIRST FLOOR? _____

IS THERE AN EVACUATION PLAN? YES () NO () ARE DOORS LOCKED FROM INSIDE? _____

CONDITION OF BASEMENT _____ USE? _____ CONDITION OF ATTIC _____ USE? _____

CONDITION OF BUILDING — SATISFACTORY () UNSATISFACTORY ()

TYPES OF HAZARDS (Please circle those which apply)

HEATING

- 1. DEFECTIVE FURNACE
- 2. DEFECTIVE HEATER
- 3. DEFECTIVE FLUE
- 4. DEFECTIVE SMOKE PIPE
- 5. HEATER TOO NEAR
COMBUSTIBLES
- 6. STORAGE OF ASHES
- 7. PORTABLE HEATERS
USED

ELECTRICAL

- 8. DEFECTIVE FIXTURE
- 9. DEFECTIVE WIRING
- 10. DEFECTIVE FUSES
- 11. INADEQUATE LIGHTING
IN STAIRWAYS & HALLS
- EXITS
- 12. HALLS BLOCKED
- 13. EXITS BLOCKED
- 14. BAD FIRE EXITS

- 15. STORAGE ON ESCAPES
- 16. INADEQUATE EXIT LIGHTING

MISCELLANEOUS

- 17. RUBBISH AND TRASH
- 18. FIRE EXTINGUISHERS
- 19. IMPROPER STORAGE & USE OF
FLAMMABLE MATERIALS
- 20. DEFECTIVE WATER HEATER
- 21. UNSUPERVISED SMOKING BY RESIDENTS

LOCATION OF HAZARDS FOUND: _____

RECOMMENDATIONS TO CORRECT ABOVE AND/OR PROVIDE GREATER SAFETY: _____

INSPECTOR _____ TITLE _____

ADDRESS _____ DATE OF INSPECTION _____

(Fill in in triplicate.) For Family Care Homes for Adults, send one copy to the State Division of Facility Services. One copy should be given to the person in charge of the facility or home and one copy should be retained by the county department of social services).