

Fire Marshal Inspection Report

Name of Facility	Date of Inspection
Address (Street, City, ZIP)	County
Facility Type <input type="checkbox"/> NURSING <input type="checkbox"/> ASSISTED LIVING <input type="checkbox"/> ICF/MR-RC <input type="checkbox"/> ADULT DAY CARE	

1. All exits, fire escapes, hallways, corridors, stairwells, stairway doors, etc., used in connection with an exit are free from obstruction/storage, kept closed, not blocked or wedged open, and in good repair.
2. Required exit signs and emergency lighting are properly illuminated and operational.
3. Locking devices or hardware allow immediate egress.
4. Heating equipment meets requirements (no open flame or portable heaters).
5. Laundry is kept clean and all equipment free from lint and dust.
6. Required fire extinguishers are maintained and serviced regularly.
7. Facility has an adequate water supply for fire fighting capability.
8. Facility has an approved written fire and disaster plan.
9. Electrical wiring and equipment are in safe condition.
10. Electrical cords are in good condition, not frayed, spliced, or overloaded.
11. Covers are provided for all electrical switches, convenience outlets, and junction boxes.
12. Fire alarm system is operative and properly tagged by licensed fire alarm company.
13. Commercial range hood extinguisher is inspected and maintained by licensed personnel every six months.
14. Gas heating units are checked for proper operation by licensed personnel, as required.
15. Sprinkler system is operational and properly maintained.
16. To the best of my knowledge, the facility meets local fire safety requirements.

REMARKS (Explain any items marked "NO." List any other violations found during the inspection that are not listed above.):

City or County

Signature—Fire Chief-Fire Marshal/Inspector

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