

# 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	

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

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

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City or County
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Signature—Fire Chief-Fire Marshal/Inspector

**Texas Department of Aging and Disability Services  
Regulatory Services Division (E-342)  
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Austin, Texas 78714-9030**

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