

FIRE SAFETY - SELF INSPECTION FORM

Nursing Homes & Residential Care Facilities

Note to Operator: An inspection program is only as good as the people who live with it. The items on this form should be checked by competent personnel at least monthly. Where food service is offered, a check should be made at least daily. A negative answer indicates an unsatisfactory condition.

Fire Protection:

1. Are all fire extinguishers in place and in good condition?
2. Have all extinguishers been inspected or recharged within the year, and is date of inspection or recharge shown on tag attached to extinguisher?
3. Are proper type fire extinguishers provided on each floor so that a person does not travel more than 75 feet to reach an extinguisher?
4. Decorations - If decorations of a combustible nature are provided in any room or space, have they been flame-proofed?
5. Are extinguishers unobstructed - ready for instant use?

Employee Training:

1. Are exit doors clearly marked, exit lights burning and equipped with proper hardware?
2. Are all exits and fire escapes readily accessible and free from obstructions?
3. Are employees trained to assist in the proper evacuation under emergency conditions?
4. Are all employees instructed as to their duties in case of fire or other emergency?
5. Has the facility held a practice drill quarterly on each shift?
6. Are responsible employees instructed to call the fire department promptly in case of fire even though your facility may have an automatic alarm to the fire department?
7. Does the responsible person know exactly how to make the call?
8. Are employees properly trained in the operation of all fire extinguishers?
9. Are all employees acquainted with the location of all fire extinguishers?

Smoking:

1. Are "No Smoking" and "Smoking" rules established? If so, are they enforced?
2. Are "No Smoking" areas equipped with adequate signs?
3. Are sufficient ash trays provided throughout public and employee area and emptied at frequent intervals?
4. Are all ash trays emptied each night into covered metal container?

Kitchen:

1. Are all hoods, exhaust ducts and fans clean?
2. Do ducts extend to outside air in a safe manner?
3. If filters are used in hoods, are they in place and regularly cleaned?
4. Is fire extinguishing equipment provided and is it in good order?
5. Has refrigeration equipment been serviced by a qualified person?
6. Are motors and cooling coils clean?

Housekeeping:

1. Is collection and disposal of newspapers, magazines, used rags and other combustibles safely handled in a manner avoiding hazardous accumulations at any point?
2. Are spaces beneath stairs and at bottom of elevators and dumbwaiter shafts free from accumulations of, or storage of any combustible materials?
3. Are brooms, mops and other cleaning equipment and materials kept safely?
4. Is storage of combustible furnishings orderly and in safe location with adequate fire protection?

Electrical Equipment:

1. Are premises free from defective electrical wiring or equipment?
2. Are premises free of extension or portable cord wires?
3. Are all electric cords in good condition?
4. Are covers of fuse and switch boxes kept closed?
5. Are all electrical circuits properly fused?

Inspect At Least Monthly

MONTH	DATE	TIME	SIGNED BY
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Telephone Number of Your Local Fire Department

(_____) _____