

Fire & Safety Self-Inspection Checklist Assisted Living Facilities

1. Fire Alarm System:

- Has the fire alarm system been tested by a qualified technician within the past 12 months?
Yes ___ No ___
- Is the alarm panel accessible?
Yes ___ No ___
- Power On?
Yes ___ No ___
- Is there any visible damage to the alarm system?
Yes ___ No ___
- Heat detectors in laundry, boiler and/or storage rooms?
Yes ___ No ___
- Storage of combustible materials in locations or quantities creating an unnecessary fire hazard?
Yes ___ No ___

2. Portable Fire Extinguishers:

- Is there a portable dry chemical extinguisher available on each floor?
Yes ___ No ___
(Minimum rating of 2A 10 BC)
- Have the extinguishers been inspected within the past 12 months?
Yes ___ No ___
- Inspection tags are attached to extinguisher.
Yes ___ No ___
- Tamper seals are in place.
Yes ___ No ___
- Extinguishers are mounted on the wall correctly and are easily accessible.
Yes ___ No ___
- All extinguishers are properly charged i.e. pressure in the green.
Yes ___ No ___

3. Fire Suppression Systems:

- Sprinkler systems tested annually.
Yes ___ No ___
- Storage at least 18 inches below sprinkler heads.
Yes ___ No ___
- Fire pumps tested annually.
Yes ___ No ___
- Fire Department Connection unobstructed and caps are in place.
Yes ___ No ___
- Cooking equipment suppressions systems serviced annually.
Yes ___ No ___

Name of Person Completing Form (Please Print):	Signature:	Date:
--	------------	-------

4. Emergency Lights / Exit Signs:

- All emergency light packs operational and maintained to provide emergency light for at least 30 minutes.
Yes___ No___
- Lighting is present in all corridors and stairwells.
Yes ___ No ___
- Is the emergency power generator tested monthly including the annual full load test?
Yes___ No___
- Are records kept of all testing and maintenance?
Yes___ No___
- Exit signs are externally or internally illuminated.
Yes ___ No___

5. Fire Separations and Means of Egress:

- Are there holes in any walls or ceiling that separate the corridor and / or stairwell from the remainder of the building?
Yes___ No ___
- Are fire separation doors blocked or wedged in the open position.
Yes ___No
- Do the fire separation doors automatically close and latch?
Yes___ No___
- Are the stairwell handrails secured?
Yes ___ No ___
- Is the rug / floor covering worn or torn creating a trip hazard?
Yes ___ No ___
- Access to exits and exit doors kept clear of obstructions.
Yes___ No___
- Has snow or ice accumulated to block exit doors or create a slip hazard?
Yes ___No___

6. Miscellaneous:

- Is there a Fire Department Lock Box?
Yes___ No___
- Proper keys in the lock box.
Yes___ No___
- Is the building addressed properly?
Yes ___ No ___
- Is the private hydrant accessible?
Yes___ No___
- Are there any accumulations of lint around laundry equipment?
Yes___ No___
- Is the Fire Lane being blocked?
Yes ___ No___

Name of Person Completing Form (Please Print):	Signature:	Date:
--	------------	-------