GROUP “E (Home Day Care)” OCCUPANCY

<table>
<thead>
<tr>
<th>Business Name:</th>
<th>Business Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address:</td>
<td></td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
</tbody>
</table>

The following items require annual service:

<table>
<thead>
<tr>
<th>Installed</th>
<th>Date Last Serviced</th>
<th>Serviced By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguishers</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>Evacuation Fire Drills</td>
<td>Date Last Conducted:</td>
<td></td>
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1. Have any changes in use or construction been approved by the State Fire Marshal? [ ] YES [ ] NO
2. Are all exit ways including halls, stairs, corridors, doorways, and emergency escape windows clear of obstructions? [ ] YES [ ] NO
3. Are all exit doors unlocked during hours of occupancy? [ ] YES [ ] NO
4. Is there a working space of not less than 30 inches in width, 36 inches in depth and 78 inches in height shall be provided in front of electrical service equipment (panel)? [ ] YES [ ] NO
5. Are extension cords and flexible cords not extended through walls, ceilings, or floors, or under doors, floor coverings or substitute for permanent wiring? [ ] YES [ ] NO
6. Are approved covers on all electrical switches, outlets and junction boxes? [ ] YES [ ] NO
7. Are all storage maintained 24 inches below the ceiling in nonsprinklered areas? [ ] YES [ ] NO
8. Are all fire rated doors or doors to special hazard areas kept closed at all times? [ ] YES [ ] NO
9. Are holes and cracks in interior walls and/or ceiling tiles been repaired to maintain the required fire resistance? [ ] YES [ ] NO
10. Combustible storage not allowed in boiler, mechanical or electrical equipment rooms? [ ] YES [ ] NO
11. Are all storage of combustible materials orderly and separated from heat sources by a distance so that ignition can not occur? [ ] YES [ ] NO
12. Are all flammable or combustible liquids in proper containers and locations? [ ] YES [ ] NO
13. Are kitchen hoods in good operating condition, filters in place and clean? [ ] YES [ ] NO
14. Are all fire extinguishers provided and accessible? [ ] YES [ ] NO
15. Are all fire extinguishers annually service test and tagged? [ ] YES [ ] NO
16. Are smoke alarms located in every sleeping/napping room and in the hallway to the sleeping/napping rooms? [ ] YES [ ] NO
17. Are smoke alarms tested and working properly? [ ] YES [ ] NO
18. Are carbon monoxide alarms located on each floor where sleeping or napping takes place? [ ] YES [ ] NO
19. Are the carbon monoxide alarms tested and working properly? [ ] YES [ ] NO
20. Are employees/staff trained in emergency evacuation, fire reporting procedures, and fire drills? [ ] YES [ ] NO
21. Are fire drills accomplished and documented? [ ] YES [ ] NO
22. Has a complete walk through inspection of the facility been accomplished? [ ] YES [ ] NO

**If there are any questions on this form that you answered in the negative, corrected?**

<table>
<thead>
<tr>
<th>Name of Person Completing Form (Please Print):</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>