

GROUP "E (Home Day Care)" OCCUPANCY

Business Name:	Business Phone:
Business Address:	
Contact Person:	

The following items require annual service:

	Installed	Date Last Serviced	Serviced By
Fire Extinguishers	Yes / No		
Evacuation Fire Drills		Date Last Conducted:	

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have any changes in use or construction been approved by the State Fire Marshal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are all exit ways including halls, stairs, corridors, doorways, and emergency escape windows clear of obstructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all exit doors unlocked during hours of occupancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are extension cords and flexible cords not extended through walls, ceilings, or floors, or under doors, floor coverings or substitute for permanent wiring? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are approved covers on all electrical switches, outlets and junction boxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are all storage maintained 24 inches below the ceiling in nonsprinklered areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are all fire rated doors or doors to special hazard areas kept closed at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are holes and cracks in interior walls and/or ceiling tiles been repaired to maintain the required fire resistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Combustible storage not allowed in boiler, mechanical or electrical equipment rooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are all storage of combustible materials orderly and separated from heat sources by a distance so that ignition can not occur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are all flammable or combustible liquids in proper containers and locations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are kitchen hoods in good operating condition, filters in place and clean? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are all fire extinguishers provided and accessible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are all fire extinguishers annually service test and tagged? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are smoke alarms located in every sleeping/napping room and in the hallway to the sleeping/napping rooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are smoke alarms tested and working properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are carbon monoxide alarms located on each floor where sleeping or napping takes place? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are the carbon monoxide alarms tested and working properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Are employees/staff trained in emergency evacuation, fire reporting procedures, and fire drills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are fire drills accomplished and documented? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Has a complete walk through inspection of the facility been accomplished? | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>If there are any questions on this form that you answered in the negative, corrected?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

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