

Multi-unit Assisted Housing with Services
FIRE INSPECTION SAFETY REPORT
(Group R-3 - Single Family Residential Care Homes & Facilities)

NAME OF FACILITY: _____ NAME OF OPERATOR: _____

STREET ADDRESS: _____ PHONE: _____

CHECK YES or NO AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION

	YES	NO	N/A
1. Does the occupant utilize <i>listed</i> extension cords? These cords shall not be substituted for permanent wiring and must be used only for portable appliances.	_____	_____	_____
2. Is a working, mounted fire extinguisher(s), rated 2-A: 10-B: C or larger, readily available in the residence?	_____	_____	
3. Does a fire evacuation plan remain posted continually in a prominent location, and is visible to all residents and guests?	_____	_____	
4. Does the home have a working telephone which functions without use of electrical power and are emergency numbers posted within sight of the telephone?	_____	_____	
5. Is there a working smoke alarm in the residence complying with the following?	(CHECK ONLY ONE)		
• Houses built prior to 1976 must have a battery or electric smoke alarm installed outside every sleeping area.	_____	_____	
• Houses built 1976 – June 30, 1999, electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time.	_____	_____	
• Houses built after June 30, 1999 must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building Code.	_____	_____	
6. Are double key dead bolts installed on any required egress doors? (If YES, these must be removed or changed out to a thumb latch.)	_____	_____	
7. Do doors and windows in rooms used for sleeping open properly with little effort?	_____	_____	
8. Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage and readily accessible?	_____	_____	
9. Are address numbers posted in a prominent exterior location and are they visible and legible?	_____	_____	
10. If provided, the Fire Alarm System and/or Sprinkler System must be maintained, tested and inspected on annual basis by qualified and approved service personnel. Provide documentation.	_____	_____	
11. Designate Primary Heat Source: _____ Secondary Heat Source (if applicable): _____			
12. List any substandard components or hazards found which were not addressed above or which would require additional inspections: _____			

DATE of INSPECTION _____ STATUS: Approved _____ Not Approved _____

FIRE INSPECTOR: (Signature) _____ (Printed Name): _____

PHONE NUMBER: _____ INSPECTION DEPT.: _____

REGISTRANT'S (Signature): _____ (Printed Name & Title): _____

Any item marked NO on this form will not necessarily result in a non-approval of this home, depending on the various applicable Licensure Regulations. However, any form marked Not Approved will result in non-approval until the items marked are corrected and verified approved by the local Official.