

ADULT AND CHILD DAY CARE CENTERS FIRE INSPECTION REPORT

COUNTY Wake DATE OF INSPECTION _____

Please complete all items below. If not applicable, enter N/A in the box with a written explanation attached.

Name of Center _____ Adult Center Child Center
 Address _____ Phone _____
 City _____ Zip _____ Responsible Party _____

GENERAL PRECAUTIONS:		YES	NO	N/A
1.	Attic/basement/closets/garage/furnace room and heaters clear of trash and combustible materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Clearance from ignition sources and combustible materials maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY PLANNING:		YES	NO	N/A
3.	Approved evacuation plan posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Evidence of monthly fire drills posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Record of employee training in fire prevention/evacuation and annual fire safety training on site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE SERVICE FEATURES:		YES	NO	N/A
6.	Street number posted (contrasting color to building and height 4" or more).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Unobstructed fire apparatus road (width of 20' and vertical clearance of not less than 13'6").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Hydrants/fire department connections/control valves clear of obstructions by 3'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING SERVICES AND SYSTEMS:		YES	NO	N/A
9.	Approved heating system listed (no fuel burning space heaters).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Emergency lighting/exit lights in good operating order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Electrical panels clear of storage (minimum 30").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Wiring/fixtures in good condition (extension cords not suitable for permanent wiring).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Type I hood system over all domestic cooking appliances that produce grease laden vapors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE RESISTANCE RATED CONSTRUCTION:		YES	NO	N/A
14.	Required fire resistant rating maintained (walls, partitions, floors).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Door-hold open devices/automatic door closures operating properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERIOR FINISH, DECORATIONS & FURNISHINGS:		YES	NO	N/A
16.	No storage of clothing/personal effects in corridors and lobbies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Maximum 20% of decorative materials covering walls – nothing suspended from ceiling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Exits unobstructed by decorative materials, access to and visibility of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE PROTECTION:		YES	NO	N/A
19.	Sprinkler system maintained with annual test reports provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Fire alarm system maintained with annual test reports provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Approved extinguishers mounted properly and in good working order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Cooking suppression systems and hood exhaust properly maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEANS OF EGRESS:		YES	NO	N/A
23.	All exits and their access free of obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	All locking devices on exit doors are of an approved type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Yards and fencing to allow unobstructed exit to exterior of site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At the time of this inspection, the fire safety conditions in this facility were found to be:

Satisfactory Unsatisfactory

Inspector _____ Phone _____
 Address _____