

# FIRE AND BUILDING SAFETY INSPECTION REPORT

## NORTH CAROLINA DIVISION OF SOCIAL SERVICES

RESIDENTIAL CHILD CARE FACILITIES FOR AS MANY AS SEVEN AND LESS THAN TEN INDIVIDUALS

NAME OF FACILITY: \_\_\_\_\_ NAME OF PERSON IN CHARGE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_ NUMBER OF STORIES: \_\_\_\_\_

FIRE RATING OF WALLS AND PARTITIONS: \_\_\_\_\_ FIRE RATING OF CEILINGS: \_\_\_\_\_

SQUARE FEET PER FLOOR: \_\_\_\_\_ NUMBER OF FLOORS USED: \_\_\_\_\_

TYPE OF HEATING SYSTEM: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NUMBER OF U/L APPROVED FIRE EXTINGUISHERS: \_\_\_\_\_ LOCATION OF FIRE EXTINGUISHERS: \_\_\_\_\_

FIRE EXTINGUISHERS PROPERLY CHARGED:  YES  NO U/L APPROVED SMOKE DETECTION DEVICES:  YES  NO

EVACUATION PLAN:  Yes  No MANUAL FIRE ALARM:  YES  NO

DEAD END CORRIDORS GREATER THAN 20 FEET:  YES  NO STAIRS PROPERLY ENCLOSED:  YES  NO

WINDOWS OPENED WITHOUT TOOLS:  Yes  No TWO APPROVED EXITS FROM EACH FLOOR:  Yes  NO

DOORS LOCKED FROM THE INSIDE:  Yes  No HOW: \_\_\_\_\_

CONDITION OF BASEMENT: \_\_\_\_\_ USE: \_\_\_\_\_

CONDITION OF ATTIC: \_\_\_\_\_ USE: \_\_\_\_\_

BUILDING APPROVED FOR LICENSING:  FULLY  CONDITIONALLY  NOT ACCEPTABLE

### TYPES OF HAZARDS (please check those which apply)

- |  |   |  |   |
|--|---|--|---|
| <b>HEATING</b><br><input type="checkbox"/> Defective Furnace<br><input type="checkbox"/> Defective Flue<br><input type="checkbox"/> Defective Smoke Pipe<br><input type="checkbox"/> Unsatisfactory Storage of Ashes<br><input type="checkbox"/> Portable Heaters Used | <b>ELECTRICAL</b><br><input type="checkbox"/> Defective Fixtures<br><input type="checkbox"/> Defective Wiring<br><input type="checkbox"/> Defective Fuses<br><input type="checkbox"/> Defective Lighting in Stairways and Halls | <b>EXITS</b><br><input type="checkbox"/> Halls Blocked<br><input type="checkbox"/> Exits Blocked<br><input type="checkbox"/> Unsatisfactory Fire Exits<br><input type="checkbox"/> Storage on Escapes<br><input type="checkbox"/> Inadequate Exit Lighting | <b>MISCELLANEOUS</b><br><input type="checkbox"/> Rubbish and Trash<br><input type="checkbox"/> Unsatisfactory Fire Extinguishers<br><input type="checkbox"/> Improper Storage and Use of Flammable Materials<br><input type="checkbox"/> Defective Water Heater<br><input type="checkbox"/> Storage of Mower and Garden Tractor<br><input type="checkbox"/> Unsupervised Smoking of Residents |
|--|---|--|---|

LOCATION OF HAZARDS FOUND: \_\_\_\_\_

RECOMMENDATIONS TO CORRECT AND/OR PROVIDE GREATER SAFETY: \_\_\_\_\_

IF THE FACILITY DOES NOT MEET ALL REQUIREMENTS OUTLINED IN VOLUME 1, SECTION 514.2 OF THE NORTH CAROLINA BUILDING CODE, WHAT CHANGES ARE NECESSARY TO BRING THE FACILITY INTO FULL COMPLIANCE? \_\_\_\_\_

INSPECTOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF INSPECTION: \_\_\_\_\_

THIS FIRE INSPECTION IS VALID UNTIL (DATE): \_\_\_\_\_