



Fire Marshal Inspection Report

Name of Facility	Date of Inspection
Address (Street, City, ZIP Code)	County
Facility Type	
<input type="checkbox"/> Nursing <input type="checkbox"/> Assisted Living <input type="checkbox"/> ICF/IID <input type="checkbox"/> Adult Day Care	

	Yes	No	N/A
1. All exits, fire escapes, hallways, corridors, stairwells, stairway doors, etc., used in connection with an exit are free from obstruction/storage, kept closed, not blocked or wedged open, and in good repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Required exit signs and emergency lighting are properly illuminated and operational.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Locking devices or hardware allow immediate egress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Heating equipment meets requirements (no open flame or portable heaters).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Laundry is kept clean and all equipment free from lint and dust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Required fire extinguishers are maintained and serviced regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Facility has an adequate water supply for fire fighting capability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Facility has an approved written fire and disaster plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Electrical wiring and equipment are in safe condition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Electrical cords are in good condition, not frayed, spliced, or overloaded.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Covers are provided for all electrical switches, convenience outlets, and junction boxes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Fire alarm system is operative and properly tagged by licensed fire alarm company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commercial range hood extinguisher is inspected and maintained by licensed personnel every six months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Gas heating units are checked for proper operation by licensed personnel, as required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Sprinkler system is operational and properly maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. To the best of my knowledge, the facility meets local fire safety requirements.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks (Explain any items marked "NO." List any other violations found during the inspection that are not listed above.):

City or County

Signature – Fire Chief-Fire Marshal/Inspector