



**Application for
FOSTER HOME INSPECTION**

**Fire Prevention Office
10506 S. Main St. Archdale N.C. 27263
Telephone: (336) 431-2512
Fax: (336) 431-9622**

| For Official Use Only | |
|---|-------------------|
| Permit Number: | Application Date: |
| Approval Date: | Initials: |
| Denial Date: | Initials: |
| Reason for the Denial: | |
| | |
| Fees Paid: \$ 0.00 | Check No. |
| Date: | Initials: |
| Payment of fees can be made to: GUIL-RAND FIRE DEPARTMENT 10506 S. MAIN ST. ARCHDALE N.C. 27263 | |
| Telephone: 336-431-2512 | |

Application for Foster Home Inspection

| | | |
|---|----------------|-----------------|
| Name of Person Applying: | | |
| Name of Foster Home: | | |
| Address: | | |
| Contact Person(s): | | |
| E-mail: | State Contact: | Telephone () |
| If any special uses or considerations explain here: | | |

INFORMATION REQUIRED: (Continue on additional pages if needed)

1. **ELECTRONIC** sketch or map showing the layout of the building and the location of equipment or operations
2. Names of two persons and their phone numbers for contact during emergencies

This application shall be considered valid as long as the above criteria, codes and local ordinances are met.

Conditions, surroundings and arrangements to be in accordance with the NC State Building Code - Fire Prevention Code. Complete plans and construction details must be filed on all major projects when requested by the Fire Prevention Office.

APPLICATION IS HEREBY MADE BY THE UNDERSIGNED FOR A FOSTER HOME INSPECTION

Applicant Signature

Date: ___/___/20___

APPLICANT NAME (PRINT AND SIGNATURE)

Fire Inspector

Approved

Date

Approved with comments:

Denied

**PLEASE KEEP THE FOLLOWING FOSTER HOME INSPECTION REPORT
FOR YOUR RECORDS.**

FOSTER HOME FIRE INSPECTION REPORT NORTH CAROLINA DIVISION OF SOCIAL SERVICES

NAME OF FOSTER HOME _____ PERSON IN CHARGE _____
STREET ADDRESS _____ PHONE # _____

Foster Parent's signature on this form indicates that he/she understands that any item marked **NO** on this form will result in non-approval of the home until the items in question are brought into compliance with licensing regulations.

| DOCUMENT THE APPROPRIATE ANSWERS AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION | | YES | NO | N/A |
|---|--|-----|----|-----|
| 1 | Are Underwriters Laboratory (UL) extension cords used only for portable appliances and not substituted for permanent wiring? (Check N/A if the occupant does not use extension cords for permanent wiring.) | | | |
| 2 | Is a Carbon Monoxide (CO) detector installed in homes that use fuel oil products, coal, wood or gas to heat, cool, cook, operate a hot water heater or gas logs? | | | |
| 3 | Is a working, mounted "ABC" fire extinguisher(s), with a rating not less than 1-A installed and readily available in the residence? | | | |
| 4 | Do emergency telephone numbers and a fire evacuation plan remain posted continually in a prominent location, and are they visible to all residents and guests? | | | |
| 5 | Does the home have a working telephone? | | | |
| 6 | Are there working smoke alarms in the residence that comply with the appropriate rule? CHECK ONE OF THE FOLLOWING | | | |
| | • 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. | | | |
| | • Manufactured homes are in compliance with HUD requirements Subpart C – 3280.208 at the time the foster home was initially licensed. HUD requirements can be found at: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title24/24cfr3280_main_02.tpl or by contacting the NC Office of State Fire Marshal at (919) 661-5880 and requesting to speak to someone in the Manufactured Building Section. | | | |
| 7 | Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage, and readily accessible? | | | |
| 8 | Do doors and windows in rooms used for sleeping open properly with little effort? | | | |
| 9 | Are all designated egress (exit) doors free of double key dead bolt locks? | | | |
| 10 | Designate Primary heat source: _____ Designate Secondary heat source (if applicable): _____ | | | |
| 11 | List any substandard components or hazards found which are not addressed above or which require additional inspections. _____ _____ _____ | | | |

INSPECTOR'S SIGNATURE / TITLE _____ DATE OF INSPECTION _____

PRINT NAME OF INSPECTOR _____ INSPECTOR'S PHONE# _____

FOSTER PARENT'S SIGNATURE _____ DATE _____