



Application for:

FOSTER HOME INSPECTION

Guil-Rand Fire Department
Fire Marshal's Office

10506 S. Main St. Archdale N.C. 27263

Telephone: (336) 431-2512

Fax: (336) 431-9622



Application for Foster Home Inspection

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

The Guil-Rand Fire Department does not charge for Foster Home Inspections. Please submit the application and we will call to schedule the inspection with you. Inspections will be scheduled Monday through Friday between the hours of 9:00-11:00 AM and 1:00- 4:00 PM

Our Fire Marshal's Office only conducts Foster Home Inspections inside the City Limits of Archdale,NC and Inside the City Limits of Trinity, NC.

If you reside outside of the City Limits in Randolph County please contact the Randolph County Fire Marshal's Office to schedule your inspection. IF you reside outside the City Limits in Guilford County please contact the Guilford County Fire Marshal's Office to schedule your inspection.

INFORMATION REQUIRED: (Continue on additional pages if needed)

1. **INCLUDE an ELECTRONIC or HAND DRAWN** sketch or map showing the layout of the building and the location of equipment including **Fire Extinguishers** in the home, and location of **Smoke and Carbon Monoxide** detectors in the home. Submit via PDF Document.
2. Names of two persons and their phone numbers for contact during emergencies:
 - a. Name: _____ Phone Number: _____
 - b. Name: _____ Phone Number: _____

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 most current edition of the NC State Building Code - Fire Prevention Code - Any Local Ordinances for the Municipality.

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

If for any reason that the Foster Home fails the initial inspection, there will be a **\$25.00** dollar reinspection fee for returning to the home for the reinspection.

Date: _____

APPLICANT SIGNATURE

Fire Inspector

- Approved
- Approved with comments:
- Denied

Date: _____

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 _____

STREET ADDRESS _____ PHONE # _____

Foster parent (s) signatures on this form indicate that they understand any item marked **NO** on this form signifies that the inspection **Did Not Pass** and will result in the application being returned 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
1	Underwriters Laboratory (UL) extension cords are used only for portable appliances and are not used as a substitute for permanent wiring. (NC DHHS 70E .1108)		
2	Carbon Monoxide (CO) detectors are installed in all homes that use fuel oil products, coal, wood, or gas to heat, cool, cook, operate a hot water heater, or gas logs, including homes with attached garages or basements, as required by the manufacturer's guidelines for each home type.		
3	A mounted "ABC" fire extinguisher(s), with a rating of at least 1-A, shall be installed in the residence, clearly visible and readily accessible. The extinguisher must be inspected or serviced as required. One extinguisher shall be located per floor or per primary living area, based on the layout of the home.		
4	Emergency telephone numbers and a fire evacuation plan shall be posted at all times in a visible, central location. Emergency contacts include fire, police, ambulance, poison control, and agency staff. The plan must be reviewed with all children in the home.		
5	The home shall have a working telephone—landline or cell phone—that remains in the residence and is accessible to all household members. The phone must be located in an approved area of the home, and it shall not be locked, password-protected, or carried by an individual. It shall be tested during inspection to ensure it can dial 9-1-1.		
6	All smoke detectors shall be clearly listed and labeled. Each smoke alarm must be tested to ensure proper function, and batteries shall be replaced as needed to maintain readiness. Recommendations to replace any alarm over 10 years in age or per the manufacturer's specifications. 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 – 3280.209 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)647-0004 and requesting to speak to someone in the Manufactured Building Section.		
7	Hallways, doorways, entrances, ramps, steps, and corridors are unobstructed, free of storage, and readily accessible.		
8	Doors and windows in all rooms used for sleeping shall open properly with minimal effort and be unobstructed, easily accessible to all occupants.		
9	All designated egress (exit) doors shall not have, double key deadbolt locks.		
10	How many bedrooms are identified on the floor plan? _____ A sleeping area is defined as a room intended solely for sleeping that has two means of unobstructed egress—Sleeping areas shall not be used for dual purposes such as storage, playrooms, or offices.		
11	Designate Primary heat source: _____ Designate Secondary heat source (if applicable): _____		
12	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 _____