

## FIRE INSPECTION REPORT FOR HOMES OR RESIDENTIAL FACILITIES CERTIFIED BY ODJFS

**This form may be used to inspect any other facility at the discretion of the fire inspector**

FACILITY TYPE	BUILDING CODE REFERENCES	COUNTY
<input type="checkbox"/> <b>Foster or Adoptive Home</b> , 5 or fewer foster or adoptive children	<input type="checkbox"/> Building code applied at time of last inspection report	
<input type="checkbox"/> <b>Group Home</b> , up to 10 children	<input type="checkbox"/> No information available (new application)	
<input type="checkbox"/> <b>Children's Residential Center</b> , 11 or more children	<input type="checkbox"/> Not applicable	
<input type="checkbox"/> <b>Crisis Care Facility</b>		
<input type="checkbox"/> <b>Other</b>		
Name of Family/Facility		Recommending Agency
Street Address		Street Address
City, State, Zip Code		City, State, Zip Code
Person with whom report was discussed		

### This is to certify that I inspected the building(s) comprising this facility and find

Type of Structure	<input type="checkbox"/> Single Family <input type="checkbox"/> Mobile <input type="checkbox"/> Modular	<input type="checkbox"/> Two Family	<input type="checkbox"/> Apartment	<input type="checkbox"/> Group Home	<input type="checkbox"/> Children's Residential Center	<input type="checkbox"/> Crisis Care Facility
Type of Construction	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick	<input type="checkbox"/> Block	<input type="checkbox"/> Other ( <i>specify</i> )		
Type of Floors	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other ( <i>specify</i> )			
Type of Stairways	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Other ( <i>specify</i> )		
Number of floors _____. What floors have been approved for sleeping arrangements? <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Basement						
Explain limitations, if any, on approval for sleeping arrangements						
<b>Check Items In Compliance</b>						
<input type="checkbox"/> 1. Two remote means of escape from each level where child care is provided. (Foster and Adoptive Homes are Exempt) <input type="checkbox"/> 2. Means of escape free from clutter and other obstructions. <input type="checkbox"/> 3. Stairs, hallways, and passages to exit are adequately lighted. <input type="checkbox"/> 4. No room used for children is reached only by ladder or trapdoor. <input type="checkbox"/> 5. Child-proof covers are used on electrical receptacles. (If required by fire inspector) <input type="checkbox"/> 6. Extension cords are used only as temporary wiring. <input type="checkbox"/> 7. Flammable and combustible materials are properly stored. <input type="checkbox"/> 8. Floor plan is posted showing fire and emergency evacuation route from facility. (Residential Facilities Only) <input type="checkbox"/> 9. Record is kept of practice fire drills. (Residential Facilities Only)						

<b>Foster and Adoptive Homes</b>			
A working approved smoke alarm and carbon monoxide detector on each level of occupancy of the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A U.L. approved portable fire extinguisher in working order in or near cooking area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Approved portable heater?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Unvented kerosene or oil heaters shall not be used. Is there any evidence of usage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Residential Facilities (Group Home, CRC or Crisis Care Facility)</b>			
Are smoke detectors located according to instructions of the local fire inspector or state fire marshal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Free standing wood burning stoves and unvented kerosene gas or oil heaters shall not be used. Is there any evidence of usage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the written calendar of periodic fire drills (developed by the agency) approved by fire inspector?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the evacuation plan approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If applicable, what type of fire alarm system is provided?  Smoke Detector  Other (*specify*)

Is the facility reasonably free from conditions hazardous to the safety of children and approved as such?  Yes  No

If no, list violations:

State the recommendations for correction of all violations listed above.

<b>Check one of the following:</b>			
<input type="checkbox"/> <b>At the time of initial inspection, this home/facility is found to be in compliance and is approved.</b>			
<input type="checkbox"/> <b>Reinspection and approval are required if any violations listed are not immediately corrected at the initial visit.</b>			
<b>Date of Initial Inspection</b>		<b>Date of Reinspection</b>	
Inspected By <i>(Signature)</i>		Reinspected and Approved By <i>(Signature)</i>	
Title	<b>Must select one:</b>	Title	<b>Must select one:</b>
	<input type="checkbox"/> State certified fire safety inspector		<input type="checkbox"/> State certified fire safety inspector
	<input type="checkbox"/> State fire marshal's office		<input type="checkbox"/> State fire marshal's office
Name of Fire Department		Telephone Number	

**Distribution for Foster and Adoptive Homes: A copy to each of the following:**

1. **Recommending Agency**
2. **Family**
3. **Fire Inspector**

**Distribution for Residential Facilities: A copy to each of the following:**

1. **ODJFS Licensing**
2. **Facility**
3. **Fire Inspector**