

FIRE INSPECTION REPORT - HCc

STAFF NAME: _____

ADDRESS: _____

TELEPHONE: _____ **PERSON SERVED:** _____

	Yes	No	Comments
1. Access to exits unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	
2. Exit Doors open freely	<input type="checkbox"/>	<input type="checkbox"/>	
3. Emergency plan is posted	<input type="checkbox"/>	<input type="checkbox"/>	
4. Electrical appliances and cords are used in approved manner	<input type="checkbox"/>	<input type="checkbox"/>	
5. Heating appliances are clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	
6. Fire Extinguishers are in place and visible	<input type="checkbox"/>	<input type="checkbox"/>	
7. Fire Extinguisher is properly tagged and serviced (annually)	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher #1 Date: _____			
Fire Extinguisher #2 Date: _____			
8. Smoke alarm(s) are in proper location and working properly	<input type="checkbox"/>	<input type="checkbox"/>	
Date batteries replaced: Alarm #1 _____			
Alarm #2 _____			
Alarm #3 _____			
Alarm #4 _____			
9. Fire Drills are conducted quarterly	<input type="checkbox"/>	<input type="checkbox"/>	
Date of Last Fire Drill _____			
10. Combustibles are stored properly	<input type="checkbox"/>	<input type="checkbox"/>	
11. Flammable and Combustible Liquids are stored properly (outside of the home)	<input type="checkbox"/>	<input type="checkbox"/>	
12. A brief description of fire drill (location in the home, individual's reaction and/or behaviour along with follow-up discussion).			

STAFF SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE