Inspections Forms: **Residential Board & Care Occupancies**



Building Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outstanding Violations: YES or NO

**General / Exterior**

Yes  No



Yes  No



Yes  No



Yes  No



 Yes  No

 Yes  No

 Yes  No

* Is the site free of debris or other fire hazards?
* Are fire lane signs and striping in place?
* Is the address visible, with contrasting numbers,

and either 6” (commercial) or 4” (residential) in height?

* Is Knox box installed at proper locations?
* Proper items placed inside Knox box?
* Is a light-weight roof (R), floor (F), or

roof-floor (RF) sign posted, if applicable?

* Are all gas lines and valves protected from vehicles

and properly identified, if applicable?

**­­­­­­­­­­­­­­­­­­­­­­­Interior**

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

* Have renovations been completed since last inspection?
* Are all exit signs properly installed and operational?
* Are all emergency lights properly

installed and operational?

* Are all egress doors unobstructed and operational?
* Are all egress paths unobstructed?
* Are all ceiling tiles in place and undamaged, if applicable?
* Are all smoke and/or fire

barriers/partitions/walls intact and labeled properly?

* Are all smoke and/or fire doors

labeled, self-closing, undamaged, in the closed position?

* Are all doors/rooms labeled

(FACP, Storage, Electrical, Riser, Stairs, Pump, etc.)?

* Are the public safety radio signals clear and

undistorted in all parts of the building?

* Are all access control devices operational and permitted?
* Are areas of refuge provided and identified, if applicable?
* An Emergency Action Plan has been reviewed/approved and is

readily assessible to staff?

* Have all residents been trained in Emergency Action Plan?
* Have bimonthly fire drills been completed?
* Does elevator phone work and has elevator

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

been inspected within the past year, if applicable?

* Draperies, curtains, and other loosely hanging fabrics

shall be in accordance with chapter 10.

* Newly introduced upholstered furniture and

mattresses shall comply with chapter 10.

* See code book to determine if secondary means of egress is required from

each sleeping room.

* Every closet door latch shall be readily opened from the inside.
* Every bathroom door shall be designed to be opened from the outside

during an emergency.

* Interior finishes are Class A or B in facilities other than prompt facilities and

Class A, B, or C in small prompt facilities.

* Smoke alarms in individual units operational and local sounding?

**Evacuation Capability:**

*Impractical Evacuation Capability*

*Prompt Evacuation Capability*

*Slow Evacuation Capability*

**Small Facility** – Sleeping arrangements for not more than 16 residents

**Large Facility** – Sleeping arrangements for more than 16 residents

**Fire Protection Systems**

* Have all life safety systems been inspected and have up to date tags and reports?
* Fire Alarm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* BDA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Fire Sprinkler \_\_\_\_\_\_\_\_\_\_\_\_\_
* Fire Pump \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Fire Backflow \_\_\_\_\_\_\_\_\_\_\_\_\_
* Standpipe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Clean Agent \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cooking Hood \_\_\_\_\_\_\_\_\_\_\_\_\_
* Hood Cleaning \_\_\_\_\_\_\_\_\_\_\_\_\_
* Fire Extinguishers \_\_\_\_\_\_\_\_\_\_\_
* Fire/Smoke Dampers \_\_\_\_\_\_\_\_
* Fire Doors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Generator \_\_\_\_\_\_\_\_
* Smoke Control \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Yes  No

 Yes  No

* Have any stand-alone duct detectors been inspected and tested?
* Have any stand-alone carbon monoxide detectors been inspected and tested?

**NOTES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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