

INSTITUTION: _____
FIRE & LIFE SAFETY INSPECTION REPORT
FOR THE MONTH OF: _____

Name of Building: _____ Date: _____

Certificate of Occupancy No. _____ Time: _____

Person in Charge: _____

The contents of this report outline conditions that may cause a fire or create a hazard to life or property in the event of fire. Your prompt and complete cooperation will be appreciated.

I. EVACUATION

DEFICIENCIES OR
CORRECTIVE ACTION

A. EVACUATION PLAN

1. Evacuation plan posted?
Yes__ No__ Non-existent ____
2. Officer familiar with plan?
3. Inmates/residents familiar with plan?
Yes__ No__
4. Communication system from living area to control room:
Working__ Out-of-order__
Non-existent__
5. Date of last fire drill:
____/____/____
6. Fire drills up-to-date?
Yes__ No__

B. PHYSICAL ENVIRONMENT

1. Exit lights:
Working__ Out-of-order__
Non-existent__
2. Emergency lights:
Working__ Out-of-order__
Non-existent__

DEFICIENCIES OR
CORRECTIVE ACTION

3. Exit way (hall/passageway):

Clear__ Blocked__

C. EGRESS

1. Immediate living area
(cell, rooms, dormitory)

a. Condition of keys:

Good__ Poor__

b. Condition of locks:

Good__ Poor__

c. Color-coded to locks:

Yes__ No__

d. Doors:

Clear__ Blocked__

e. Doors work properly?

Yes__ No__

2. Exits to outside:

a. Lead to secure, fire/smoke
safe area?

Yes__ No__

b. Number of doors or gates: _____

c. Condition of keys:

Good__ Poor__

d. Condition of locks:

Good__ Poor__

e. Door(s):

Clear__ Blocked__

3. Stairwells:

a. Condition:

Good__ Poor__

4. Emergency Keys:

a. Available for all exits?

DEFICIENCIES OR

CORRECTIVE ACTION

Yes__ No__

b. Condition:

Good__ Poor__

c. Kept in central location?

Yes__ No__

d. Keys color-coded to locks?

Yes__ No__

II. EMERGENCY EQUIPMENT

A. DETECTION

1. Smoke detections:

Working__ Out-of-order__

Non-existent__

2. Fire-alarm system:

Working__ Out-of-order__

Non-existent__

3. Other:

Working__ Out-of-order__

Non-existent__

B. FIREFIGHTING

1. Fire extinguisher:

a. Number:

b. Type:

c. Properly located:

Yes__ No__

d. Condition:

Functional:_____

Expend:_____

Recharge date:_____

2. Hose line:

a. Available__

Unavailable__

b. Date of last inspection: _____

3. Automatic sprinkler systems:

a. Working__

DEFICIENCIES OR
CORRECTIVE ACTION

Out-of-order ___
Non-existent ___

b. Post indicator valve open?

Yes__ No__

c. Siamese connection:

Clear__ Blocked__

4. Other - identify and
describe condition

III. LIVING AREA

A. ELECTRICAL

1. Wall sockets:

Safe__ Unsafe__

Non-existent__

2. Electrical fixtures:

Safe__ Unsafe__

Non-existent__

3. Wiring:

Permanent:

Safe__ Unsafe__

Extension cords:

Safe__ Unsafe__

Non-existent

B. HOUSEKEEPING

1. General:

a. Overall cleanliness:

Satisfactory__

Unsatisfactory__

b. Overall orderliness:

Satisfactory__

Unsatisfactory__

2. Accumulation of

DEFICIENCIES OR
CORRECTIVE ACTION

combustibles?
Yes_ No __
Explain _____

2. Bedding:

a. Approved?
Yes_ No__

b. Condition:
Satisfactory__
Unsatisfactory__

3. Personal storage area:

a. Condition:
Satisfactory__
Unsatisfactory__

4. Trash receptacles:

a. Approved?
Yes_ No __

b. Condition:
Satisfactory__
Unsatisfactory__

5. Heating system:

a. Condition:
Good__
Needs maintenance __

6. Cooling/ventilation system:

a. Condition:
Good__
Needs maintenance __

Notes: _____

Facility Inspector: _____

Date:

Warden: _____

Date: