

Inspection Checklist

Health Care Facilities

Building: _____

Address: _____

Inspector: _____ **Date:** _____

Date of Last Inspection: _____ **Outstanding Violations:** Yes No

General

Were alterations/renovations made since last inspection? Yes No

Is building mixed occupancy? Yes No

What other occupancies? _____

Is building construction acceptable for height and occupancy? Yes No

Is it a high rise? Yes No

Is it windowless? Yes No

Is it underground? Yes No

Occupant Load and Exits

Are the exits per code? Yes No

Number of exits? 1 2 3 4 or more

Is egress capacity adequate? Yes No

What is fire rating of exit stair enclosure? 1 hr 2 hr

What is fire rating of exit stair doors? 1 hr 1½ hr

• Are they self-closing? Yes No

• Latching? Yes No

Are exit enclosures free of storage? Yes No

Do 100% of exits discharge directly outside? Yes No

If not, do ≥50% discharge outside and is level of discharge sprinklered? Yes No

Is exit stair reentry per code? Yes No

Doors

Are doors blocked? Yes No

Are they locked? Yes No

Is ≤15-lb force required to release latch? Yes No

Do doors swing in direction of travel per code? Yes No

Is panic hardware per code? Yes No

Egress Arrangement

- Is egress clear and unobstructed? Yes No
- Are dead-end corridors within limits? Yes No
- Is common path of travel within limits? Yes No
- Is travel through intervening rooms okay? Yes No
- Is egress blocked? Yes No

Travel Distance

- Is travel distance per code? Yes No

Emergency Lighting

- Is emergency lighting per code? Yes No
- Is it tested monthly? Yes No

Exit Marking

- Is exit marking per code? Yes No

Corridors

- Is 1-hr rating required? Yes No
- Is rating 1-hr corridor walls with 20-min doors? Yes No

Protection of Hazards

- Are hazards protected by
- Fire-rated enclosure? Yes No
 - Extinguishing system? Yes No
 - Self-closing door? Yes No
- Is kitchen cooking protected? Yes No
- Date kitchen hood and duct last cleaned: _____

Protection of Vertical Openings

- Are vertical openings enclosed? Yes No
- Are elevators enclosed? Yes No
- Is atrium per code? Yes No N/A*
- Are ≤3 levels open per code? Yes No N/A

Interior Finish

- Is flame spread of wall and ceiling materials per code? Yes No
- Are curtains/drapes per code? Yes No N/A

*N/A (not applicable) means there's no such feature in the building.

Special Protection

Are chutes in good working order:

- Trash chutes? Yes No N/A
- Laundry chutes? Yes No N/A

Are laboratories protected per NFPA 99? Yes No N/AAre anesthesia areas per NFPA 99? Yes No N/AAre medical gases stored per NFPA 99? Yes No N/AAre other occupancies separated by 2-hr fire-resistive construction? Yes No N/AAre trash receptacles stored per code? Yes NoDo patient rooms >1000 ft² have ≥2 means of egress? Yes NoDo treatment rooms >5000 ft² have ≥2 means of egress? Yes NoAre treatment suites ≤10,000 ft²? Yes No

Do patient room doors latch with

- Positive latches? Yes No
- Roller latches? Yes No

Are smoke barriers provided? Yes No

- Are doors 1¾ in. or 20 min.? Yes No
- Are doors self- or automatic-closing? Yes No
- Is gap between doors ≤1/8 in. or do they have astragals, bevel, or rabbit? Yes No

Operating FeaturesAre drills conducted? Yes No

Frequency of drills: _____

Are employees instructed in fire extinguisher use? Yes NoIs there a written emergency plan? Yes No**Detection and Alarm**Is there a manual alarm system? Yes NoIs there a fire detection system? Yes No

- Smoke detectors? Yes No
- Heat detectors? Yes No

Where: _____

Are there audible alarms? Yes NoAre there visual alarms? Yes NoIs there automatic fire department notification? Yes No

Extinguishment

- Are there sprinklers throughout? Yes No
- Partial sprinklers? Yes No
- Where: _____
- Is there a water flow alarm? Yes No
- Are valves supervised? Yes No
- Electrical Locks Seal
- Other extinguishing systems:
- Type: _____
- Where: _____
- Standpipe? Wet Dry None
- Fire pump? Yes No
- Size: _____ gpm @ _____ psi
- Date last tested: _____
- Are fire extinguishers per code? Yes No

Building Utilities

- Are utilities in good working order:
- Heat
- Gas? Yes No
 - Oil? Yes No
 - Coal? Yes No
 - Other? Yes No
- Electrical installation? Yes No
- Elevators
- Elevator recall (Phase I)? Yes No
 - Fire fighter control (Phase II)? Yes No
- Emergency generator? Yes No
- Size: _____
- Date last tested: _____

Notes: _____
