

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"/> Foster or Adoptive Home, 5 or fewer foster or adoptive children	<input type="checkbox"/> Building code applied at time of last inspection report	LICKING
<input type="checkbox"/> Group Home, up to 10 children	<input type="checkbox"/> No information available (new application)	
<input type="checkbox"/> Children's Residential Center, 11 or more children	<input type="checkbox"/> Not applicable	
<input type="checkbox"/> Crisis Care Facility		
<input type="checkbox"/> Other		
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						
Check Items In Compliance						
<input type="checkbox"/> 1. Two remote means of escape from each level where child care is provided. <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)						

Foster and Adoptive Homes			
A working U.L. approved smoke alarm 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
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
Residential Facilities (Group Home, CRC or Crisis Care Facility)			
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 checked="" 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 checked="" 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 checked="" type="checkbox"/> N/A
Is the evacuation plan approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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.

Check one of the following:

- At the time of initial inspection, this home/facility is found to be in compliance and is approved.
- Reinspection and approval are required if any violations listed are not immediately corrected at the initial visit.

Date of Initial Inspection	
Inspected by <i>(Signature)</i>	
Title	Must select one: <input checked="" type="checkbox"/> State certified fire safety inspector <input type="checkbox"/> State fire marshal's office
Name of Fire Department HEBRON FIRE DEPT	Telephone Number (740) 928-4721

Date of Reinspection	
Reinspected and Approved By <i>(Signature)</i>	
Title	Must select one: <input checked="" type="checkbox"/> State certified fire safety inspector <input type="checkbox"/> State fire marshal's office
Name of Fire Department HEBRON FIRE DEPT	Telephone Number (740) 928-4721

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