



**LIFE SAFETY CODE INSPECTION REPORT FOR HOSPITALS**

Name of Facility: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

*INSTRUCTIONS*

- I. Please mark EITHER the yes or the no box for each numbered item. Any item marked "no" represents a deficiency.
- II. Please provide an explanation for any item marked "no" in the comment area for that section. Additional comments may be recorded in the comment section at the end of the form.
- III. Please sign and date the form on the last page. The form can be signed by the fire marshal, risk management, or maintenance supervisor.
- IV. **Please complete for the main campus and each additional site under the hospital.**

**A. GENERAL**

- 1. Grounds are free of trash and weeds?  Yes  No
- 2. Outbuildings and storage structures are separated from the facility?  Yes  No
- 3. Stored combustibles located in an electrical room are 30 feet from electrical equipment?  Yes  No

Comments:

**B. EXIT SYSTEMS**

- 1. Stairwells and exit corridors are not obstructed?  Yes  No
- 2. Doors equipped with closure devices are not blocked open?  Yes  No
- 3. Latching hardware, panic bars, and closure devices on corridor and exit doors are in good working condition?  Yes  No
- 4. Doors to patient rooms are of substantial construction and remain in their frames when closed and doors are not obstructed or blocked open?  Yes  No

Comments:

## LIFE SAFETY CODE INSPECTION REPORT FOR HOSPITALS

### C. FIRE PROTECTION

1. Automatic sprinkler systems are operational and have been inspected annually and maintained?  Yes  No
2. The fire and smoke alarm systems have been inspected annually and maintained?  Yes  No
3. Portable fire extinguishers are available in adequate numbers and have been inspected annually and maintained?  Yes  No
4. Kitchen grill and deep fryers are protected by a fire suppression system and venthood?  Yes  No

Comments:

### D. FIRE PROTECTION PLAN

1. The facility has a current fire protection plan that is available to all personnel?  Yes  No
2. Fire evacuation plans are posted in prominent locations throughout the building?  Yes  No
3. Fire drills have been conducted quarterly on each shift at irregular intervals to familiarize employees on all shifts with their responsibilities?  Yes  No
4. Smoking policies have been adopted and are followed?  Yes  No

Comments:

### E. EMERGENCY POWER, LIGHTS, AND ELECTRICAL

1. The emergency generator is operational and has been maintained?  Yes  No
2. Emergency exit and corridor lights are operational?  Yes  No
3. Space heaters are not in use in patient areas?  Yes  No
4. Extension cords are not in use?  Yes  No
5. Do exit signs illuminate?  Yes  No

Comments:

# LIFE SAFETY CODE INSPECTION REPORT FOR HOSPITALS

## F. HAZARDOUS STORAGE

1. Combustible materials are properly maintained in appropriate storage areas?  Yes  No
2. Are boiler rooms, bulk laundries, paint shops, soiled linen rooms and trash collection rooms protected by one hour enclosure or sprinkler system?  Yes  No

Comments:

## G. NEW CONSTRUCTION AND RENOVATION

1. Any construction or renovation projects completed in the last year have been approved by the Department and appropriate state and local authorities?  Yes  No
2. Is any renovation or construction being done at the time of this inspection? Please comment.  Yes  No
3. In storage areas, are all penetrations sealed?  Yes  No
4. Are any ceiling tiles missing?  Yes  No

Comments:

## H. COMPLIANCE WITH STATE AND LOCAL CODE

1. The facility is compliant with State and local building and fire codes?  Yes  No

Comments:

Additional Comments:

\_\_\_\_\_  
Signature of Fire Marshall or person filling out form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

