



NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____ Date: _____

FIRE SAFETY	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Fire Extinguishers: a) Tagged and inspected annually? b) Full and free of leaks? c) Inspected and initialed monthly by maintenance? d) Unobstructed? e) Appropriate rating for locations? f) Proper number of fire extinguishers times the amount of feet between each one?					
2. Sprinkler head: a) Clean, free of paint, dust, lint, and corrosion?					
3. Alarm pull boxes: a) Clean and in good repair? b) Free from obstruction?					
4. Fire doors unobstructed? a) Smoke seal on doors? b) Astragals on doors that require them?					
5. All exit doors open from inside?					
6. "Exit" signs visible and lighted?					
7. Smoke detectors clean?					
8. Main sprinkler valves unobstructed?					
9. Main sprinkler valve locked open?					
10. 18" clearance between sprinkler head and any objects?					
11. Doors which can be confused as exits marked, "Not An Exit"?					
12. Flammable liquids kept in approved containers?					
13. Escape plan is posted?					
14. Is the local Fire Department acquainted with the facility?					
15. Non-commercial coffee pots are turned off and unplugged at night?					

16. Emergency lighting provided?					
17. Proper documentation of fire proofing of all carpets, divider curtains, lounge furniture, etc.?					
18.					
19.					

Management Signature: _____

Date: _____