

FOSTER HOME FIRE INSPECTION SAFETY REPORT

NAME OF FOSTER HOME _____ PERSON IN CHARGE _____

STREET ADDRESS _____ Phone # _____

CHECK YES or NO AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION

	YES	NO	N/A
1. Does the occupant utilize <i>listed</i> extension cords? These cords shall not be substituted for permanent wiring and must be used only for portable appliances.	_____	_____	_____
2. Is a working, mounted fire extinguisher(s), rated 2-A: 10-B: C or larger, readily available in the residence?	_____	_____	
3. Does a fire evacuation plan remain posted continually in a prominent location, and is visible to all residents and guests?	_____	_____	
4. Does the home have a working telephone, which functions without use of electrical power and are emergency numbers posted within sight of the telephone?	_____	_____	
5. Is there a working smoke alarm in the residence that complies with one of the following? CHECK ONLY ONE			
• Houses built prior to 1976 must have a battery or electric smoke alarm installed outside every sleeping area..	_____	_____	
• Houses built 1976 – June 30, 1999, electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time.	_____	_____	
• Houses built after June 30, 1999 must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building Code.	_____	_____	
6. Are double key dead bolts installed on any egress doors?	_____	_____	
7. Do doors and windows in rooms used for sleeping open properly with little effort?	_____	_____	
8. Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage, and readily accessible?	_____	_____	
9. Designate Primary Heat Source _____ Designate Secondary Heat Source (if applicable) _____			
10. List any substandard components or hazards found which were not addressed above or which would require additional inspections: _____ _____ _____			

CHECK ONE: APPROVED _____ NOT APPROVED _____

INSPECTOR'S SIGNATURE _____ TITLE _____ DATE _____

PRINT NAME OF INSPECTOR _____ PHONE # INSPECTOR _____

FOSTER PARENT'S SIGNATURE _____ DATE _____

Foster Parent's signature on this form indicates that he/she understands any item marked NO on this form will result in a non-approval of their home until the item(s) in question are brought into compliance with licensing regulations. This includes obtaining written reports of other inspectors if so indicated.