

Fire Safety in Licensed Care Facilities



Facility Record Book



**WASHINGTON STATE PATROL – FIRE PROTECTION BUREAU
INSPECTION SECTION**

P.O. Box 42600, Olympia, WA 98504-2600
Phone: 360-596-3906 Fax: 360-596-3934



**FIRE AND LIFE SAFETY
CODE REFERENCE RESOURCE**

Facility:	Type of Occupancy:
Address:	City:
Inspector:	Date of Inspection:

Exterior Building/Grounds

No.	Yes	No	N/A	
1				Building is accessible to fire apparatus. (IFC Section 504.1)
2				Building address is visible. (IFC Section 505.1)
3				Fire hydrants/fire department connections/control valves are readily accessible and properly secured. (IFC Section 507.5.4)
4				Gas meters, propane tanks and like equipment are protected from physical damage, (IFC Section 603.9 and Section 3807.4)

Construction/Maintenance

No.	Yes	No	N/A	
5				There are no modifications or damage to the interior or exterior portions of the structure that would adversely affect fire protection or the safety of building occupant (IFC Section 701.2)
6				Building or structures adjacent to or connected to the structure have proper setback, are of complying construction, and are approved by AHJ. (IBC Section 602.1)
7				Facility has obtained permits and plan reviews for current projects; construction in progress does not reduce fire protection below an acceptable level of occupant safety. (IBC Section 105.1)
8				Completed additions, modifications, and renovations are per code requirements and are approved by the AHJ. (IBC Section 3403.1)

Means of Egress

No.	Yes	No	N/A	
9				Occupant loads for rooms are posted as required. (IBC Section 1004.3)
10				Proper number of exits. (IFC 1014.1)
11				There are no modifications or obstructions that reduce or diminish the capacity of the means of egress system. (IFC Section 1003.6, IFC Section 1008.1, and IFC Section 315.2.2)
12				Exterior exit door swing is per code requirements and doors are maintained in operable condition. (IFC Section 1008.1.2)

13				Interior/Exterior exit door hardware meets code requirements and is maintained in operable condition. (IFC Section 1008.1.9.1)
14				Exit signs are installed, readily visible, and properly illuminated as required. (IFC Section 1011.2)
15				Means of egress are properly illuminated. (IFC Section 1006.1)
16				Illuminated exit signs are provided with an emergency power source. (IFC Section 604.2.3)
17				Egress illumination is provided with an emergency power source. (IFC Section 1006.3)
18				
19				

Fire Rated Corridors/Doors/Frames/Glazing

No.	Yes	No	N/A	
20				Rated corridors are complete and maintained with no unprotected openings or penetrations. (IFC Section 703.1)
21				Doors and frames are proper fire rating and are self or automatic closing if applicable. (IFC Section 703.2)
22				Doors are equipped with positive latching hardware. (IFC Section 703.2.3)
23				Doors are unobstructed and are maintained in operable condition. (IFC Section 703.2.3 and IFC Section 1008.1)
24				Glazing in corridor openings is fire rated and in good condition. (IFC Section 703.1.3)
25				Vertical openings other than stairs are protected by fire rated assemblies. (IFC Section 704.1)

Fire/Occupancy/Smoke Separations

No.	Yes	No	N/A	
26				Fire separation/occupancy separation/smoke barrier walls are continuous from exterior wall to exterior wall and from floor to floor or roof assembly, and have no unprotected openings or penetrations. (IFC Section 703.1 and IFC Section 703.1.2)
27				Automatic or fusible link dampers are installed where HVAC ducts continue from one compartment to another. Dampers are maintained in operable condition. (IFC Section 703.1.2)
28				Doors are properly rated and equipped with self-closing/automatic closing devices. (IFC Section 703.2)
29				Doors swing and latch are in accordance with applicable code requirements at the time of approval. (IFC Section 703.2.3)
30				Doors are unobstructed and maintained in operable condition. (IFC Section 703.2)

Stairs/Ramps/Enclosures

No.	Yes	No	N/A	
31				Stair and ramp enclosure doors are properly rated, self-closing/automatic-closing and are maintained in operable condition. (IFC Section 704.1)
32				Exterior exit doors are maintained in operable condition. (IFC Section 1008.1)
33				Means of egress are provided with exit signs, illumination and an emergency power source as cited and referenced in egress section.
34				Barriers are provided to prevent egress traffic ascending or descending a stairway from going beyond a grade level exit. (IFC Section 1022.7)
35				Floor level identification signs are located on each floor of a building 4 or more stories in height. (IFC Section)
36				Exterior stairs and ramps are unobstructed and maintained. (IFC Section 1026.1)

Interior Finishes/Textiles/Decorations

No.	Yes	No	N/A	
37				Maximum flame-spread rating of interior finishes of walls and ceilings meets requirements. (IFC TABLE 804.1)
38				Window draperies and coverings, textile hangings, and decorations such as used during holidays are flame resistant. (IFC Section 803.3)
39				Plastic decorative materials such as artificial plant arrangements are flame resistant. (IFC Section 806.7)

Storage Methods/Housekeeping

No.	Yes	No	N/A	
40				Flammable and combustible liquids are in proper containers and stored in accordance with exempt amounts and limitations. (IFC Section 2703.1.1)
41				Non-flammable medical gases are used and stored in accordance with. (IFC Chapter 27 TABLE 2703.1.1. and IFC Chapter 30)
42				Transfer of liquid oxygen is accomplished in an approved location and manner in accordance with NFPA 99. (NFPA 99 Section 4-6.2.1.6)
43				Storage of combustible materials in buildings is orderly. (IFC Section 315.2)
44				Stair and ramp enclosures are not used for storage. (IFC Section 315.2.2)
45				Attics, stairways, and under floor spaces used for storage are protected. (IFC Section 315.2.4)
46				Equipment rooms such as boiler, mechanical and electrical rooms are not used for storage of combustible materials. (IFC Section 315.2.3)
47				Fueled equipment is not stored within the building. (IFC Section 313.1 and Section 313.2)
48				Interior and exterior areas are free from accumulations of trash and suitable containers are provided for the collection of trash. (IFC Section 304.1 and IFC Section 304.1)
49				Clearance is maintained between heat producing equipment/ignition sources and flammable and combustible materials. (IFC Section 305.1)

Electrical

No.	Yes	No	N/A	
50				Electrical motors are free from accumulations of dirt, grease, and debris. (IFC Section 605.8)
51				Electrical devices, appliances, and equipment are listed, are not modified to be used other than designed and are maintained and in good condition. (IFC Section 605.7)
52				Extension cords are not used as a substitute for permanent wiring. (IFC Section 605.5)
53				Extension cords, power taps, and line devices are not affixed to structures, extend through walls, ceilings, floors, under doors, or floor coverings, or are subject to physical or environmental damage. (IFC Sections 605.4 and IFC Section 605.5)
54				Extension cords are used only with portable appliances, shall be rated at not less than ampacity of the appliance, be grounded when serving a grounded appliance, and be connected directly into an approved receptacle, power tap, or multiplug adapter. (IFC Section 605.5)
55				Power taps are of the polarized or grounded type, have over current protection, and are directly connected to a permanently installed receptacle. (IFC Section 605.4.1, 605.4.2 and IFC Section 605.4.3)
56				A clear and unobstructed access with a minimum width of 30 inches and height of 78 inches is maintained from the operating face of switchboards and panels. (IFC Section 605.3)
57				Switches in panels are clearly labeled to indicate their function. (IFC Section 605.3.1)

Commercial Cooking Ranges

No.	Yes	No	N/A	
58				Required fire extinguishing systems are an approved type and provide extent of protection required. (IFC Section 904.2.1 and IFC Section 904.11)
59				All extinguishing systems shall have alarm and monitoring devices. (IAW NFPA 72, and IFC Section 804.3.4, and IFC Section 904.3.5)
60				All systems are equipped with automatic shut off of fuel or power source with manual reset. (IFC Section 904.11.2)
61				Dry Chemical, wet chemical, and carbon dioxide systems have a mechanical or electrical actuator to release extinguishing agent manually. (IFC Section 904.11.1)
62				Fusible links and sprinkler heads other than (frangible bulb) type are replaced annually. (IFC Section 904.11.6.3)
63				Hoods, ducts, and grease removal devices shall be cleaned at intervals necessary but at least annually. (IFC Section 904.11.6.2)
64				Extinguishing systems are inspected and serviced semi-annually. (IFC Section 904.11.6.2)
65				A current inspection tag and report is available for review. (IFC Section 901.6.2)

Portable Fire Extinguishers

No.	Yes	No	N/A	
66				Fire extinguishers are approved type and rating for application (IFC TABLE 906.3)
67				Fire extinguishers are a conspicuously located, unobstructed, and at correct travel distances. (IFC Section 906.6/NFPA Std 10-1.5.6)
68				Fire extinguishers are properly installed (hanger or cabinet). (IFC Section 906.7)
69				Fire extinguisher has received hydrostatic test at proper interval as evidenced by collar tag or date stamp on cylinder. (IFC 906.2 and NFPD std 10-7.2)
70				Fire extinguishers are inspected monthly and received a maintenance service annually. Extinguisher tag is current. (IFC 906.2 and NFPA std 10-6.2.1 & 10-6.3.4)

Fire Protection Sprinkler System

No.	Yes	No	N/A	
71				Valves, head, gauges, piping, hangers, seismic braces, and F.D. connections appear to be in serviceable condition. (IFC Section 901.6)
72				Sprinkler system is protected from mechanical damage, including freezing temperatures. (IFC Section 901.4)
73				Sprinkler heads are free from obstructions that would prevent proper operation. (NFPA Std 13 and IFC Section 903.3.3)
74				Sprinkler system is installed in all locations requiring coverage. (IFC Section 903.2)
75				Sprinkler heads are proper type and temperature range for application. (NFPA Std 13-8.4.4)
76				Flow and tamper switches are installed and interconnected to the fire alarm system. (IFC Section 903.4)
77				Spare sprinkler heads for each type of sprinkler installed on the system is provided. Spare sprinkler heads are stored in a protective container and located near the sprinkler riser. (NFPA Std 13-6.2.9)
78				A current certified annual inspection report is available for review and reflects all equipment on the system. (IFC Section 901.6.2)
79				Any deficiencies noted on the report are corrected or a plan of correction is generated during the inspection. (NFPA Std. 25)
80				Standpipes are maintained and in operable condition. (NFPA Std. 14)

Manual Fire Alarm/Smoke Detection Systems

No.	Yes	No	N/A	
81				Fire Alarm equipment and devices are installed per applicable code requirements. (IFC Section 907.2)
82				Fire alarm and detection devices appear to be in good condition and operational. (IFC Section 901.6)
83				
84				Single station smoke detectors and hard wired smoke detectors with battery backup are tested monthly – batteries replaced annually. (IFC Section 907.2.11)
85				Supervised fire alarm panel is in proper operational status. (IFC Section 901.6)

86				Complete manual and automatic fire alarm/detection systems are equipped with off-premise transmission to an approved central station. (IFC Section 907.2)
87				Facility emergency plans/fire drill procedures describe the activation and restoration of the fire alarm system and staff is trained to comply with the plan. (WAC 212-12-044)
88				A record of the fire alarm test is maintained. (IFC Section 907.8)
89				A current annual inspection report is available for review and reflects all equipment on the system. (IFC Section 901.6.2).
90				All deficiencies identified on the inspection report are corrected or a plan of correction is generated. (IFC Section 901.6)

Emergency Generators/Lighting

No.	Yes	No	N/A	
91				Generator is inspected weekly and tested under a load monthly and a log of tests and conditions found is maintained. (IFC Sections 604.3, IFC Section 604.4)
92				Battery operated emergency lights are maintained. (IFC Section 1006.3)
93				A current annual inspection report for generators is available for review and reflects all testing/maintenance provided. (IFC Section 604.4)
94				

Smoking Policy and Practices

No.	Yes	No	N/A	
95				A comprehensive smoking policy in place. (NFPA 101 Section 19.7.4)
96				The plan provides for supervision of residents not responsible to smoke without assistance.
97				There are designated smoking areas. Smoking is prohibited outside of designated smoking areas.
98				Ash receptacles of non-combustible material and safe design are provided at designated smoking areas. (IFC 310.6)
99				Smoking is prohibited in any room or area where flammable liquids, combustible gasses or oxygen is in use or stored. IFC 310.2 & 310.8)

Emergency Fire and Evacuation Plans

No.	Yes	No	N/A	WAC 212-12-044
100				The facility has in place a fire and evacuation plan that defines:
101				1. The use of the fire alarm system.
102				2. Response of staff to the alarm.

103				3. Isolation of the fire.
104				4. Evacuation of the area.
105				5. Evacuation of the building.
106				6. Staff is trained and training sessions are documented.

Fire Drills

No.	Yes	No	N/A	
107				A fire evacuation plan is in place that reflects the facilities emergency fire plan. (IFC Section 405.1 and WAC 212-12-044)
108				Fire drills are conducted quarterly per shift. (IFC Section 405.2 and WAC 212.12-044)
109				All staff participates in fire drills. (WAC 212-12-044)
110				Records of fire drills are maintained. (IFC Section 405.4 and WAC 212-12-044)

Hazardous Areas

No.	Yes	No	N/A	
111				
112				
113				

Signature and title:	Date:
<p>Comments:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	



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Conducting A Fire Drill

Guidelines for staff of licensed care facilities to conduct a fire drill.

The purpose of the Fire Drill is to test facility personnel in the following:

- **Efficiency**
- **Knowledge and**
- **Response to a Fire Emergency**

1. A Written Procedure - Facility written procedures shall require that all facility personnel participate during regularly scheduled fire drills. (WAC 212.12-044) Documentation is also required. (IFC Sec. 405.4 and WAC 212-12-044)

2. When to Hold a Fire Drill –

- A fire drill is required on each shift at least once each quarter. (IFC Section 408.6.1 and IFC Section 405.2 and WAC 212.12-044)
- Fire drills shall be held at unexpected times and under various circumstances that simulate actual fire conditions.
- It is recommended that fire drills be held in conjunction with the required monthly fire alarm tests (UFC Section 1001.5.2)(10g). For example, testing a smoke detector or fire alarm pull station could serve as both the test and the fire drill.

3. Conducting a Fire Drill -

- The person conducting the drill shall notify the monitoring agency (911 Center, fire department, etc.) by telephone PRIOR to the fire drill and again at completion of the drill.
- A simulated fire (cloth, sign, etc.) with written description of fire problem shall be placed at a predetermined location.
- Emphasize orderly action under proper discipline, rather than speed.
- Drill shall include transmission of fire alarm signals throughout the facility. Note: To avoid disturbing patients, drills conducted during night shift may use a coded announcement instead of an audible alarm.
- Drills shall include simulation of emergency fire conditions except that the movement of infirm or bedridden patients to safe areas or to the exterior of the building is not required. Note: patients who are mobile should be removed from involved zones lest their curiosity or anxiety hamper fire department activity or cause themselves injury. Visitors within the facility also need to be relocated to other zones or the exterior of the building, as appropriate.



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Fire Drill Scenarios for Licensed Care Facilities

Fire Drill Scenarios for staff of licensed care facilities for use in regularly scheduled fire drills. It is suggested that an orange cone or red light may be used to simulate the fire location, or hand an employee one of the scenarios listed below.

Fire Drill Scenario #1 – Trash Can Fire (Employee Portion)

A fire is burning in a trash can. The fire is beginning to spread to nearby curtains. There is a single resident in the room of the fire. The patient is mobile, but is sick and needs assistance.

Fire Drill Scenario #1 (Person Conducting the Fire Drill Portion)

The fire is continuing to burn on the ceiling and is spreading to other combustible items. The next day, the fire department informs the facility that the fire was started by a burning cigarette discarded into the trash can. Should any action be taken?

Fire Drill Scenario #2 – Bedding fire caused by electric blanket

A fire alarm activation has alerted to a fire in an outlying area of the facility. Upon investigation you find a bedding fire in a resident room. The sprinkler head has activated and is spraying water on the area. The patient is still in bed and has just been awakened by the water. The bed is still burning but the fire has slowed.

Fire Drill #3 – Combustibles/Clothing near a heat source

A resident has alerted that there is a fire in his room. Upon investigation you find that an article of clothing has fallen in front of a wall heater and is burning.

Fire Drill Scenario #4 – Recalled Powerstrip

As staff enter the facility, there is a smell of smoke in the area. Upon investigation a fully loaded powerstrip is found smoldering in a staff area. Smoke is beginning to spread into corridors and hallways. You are informed by the fire department that the powerstrip in use was a recalled item.

Fire Drill Scenario #5 – Cooking Fire

An alarm activation has alerted to a fire in the building. You are informed by staff or by checking the fire alarm system annunciator panel of a fire in the kitchen area. Light smoke is coming into the corridor.

Fire Drill Scenario #6 – Dryer Fire

The fire alarm system activates. You are informed by staff of a fire in the laundry area. Upon investigation you discover a small fire and smoke coming from a clothes dryer.

Fire Drill Scenario #7 – Electrical Fire

There is a smell of smoke and of rubber burning in the staff area.

Upon investigation you find a light extension cord with a microwave oven plugged into it. The odor seems to be coming from the extension cord.

Fire Drill Scenario #8 – Smoking Fire

During room checks you are alerted to smoke coming from a resident room. Upon investigation you find the room partially engulfed in fire. There are two residents in the room.

Heavy smoke is coming from the room and fire is beginning to spread into the hallway.

Fire Drill Scenario #9 – Popcorn in Microwave

The fire alarm system has been activated.

You are informed by staff or by checking the alarm system annunciator panel of a fire alarm activation in a resident area hallway.

Upon investigation you find no smoke or fire of any sort.

Fire Drill Scenario #10 – Intentional Fire

The fire alarm system has been activated.

You are informed by staff that the annunciator panel indicates a fire in clothes on top of a bed.

Fire Drill #11 – Combustible Materials

The fire alarm has been activated.

You are informed by staff of a fire in the dining area. Upon investigation you discover a rapidly growing fire in a large stack of newspapers.

Fire Drill Scenario #12 – Exterior Fire

As you walk up to the facility from the parking lot you notice smoke rising from the ground near some shrubbery.

Upon investigation you find a fire in the beauty bark caused by a discarded cigarette. The fire is beginning to grow and is impinging on the outside of the building.



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Evacuation

Guidelines for staff of licensed care facilities in the event of a fire emergency.

All Licensed Care Facilities are required to have a fire evacuation plan. (IFC Sec. 405.1 and WAC 212-12-044) When a complete facility evacuation becomes necessary during a fire or other disaster, the facility charge person shall refer to the facility's disaster plan manual for the appropriate protocols. *Note: if it is deemed necessary to evacuate patients to a temporary shelter or a long-term location, notify the Office of the State Fire Marshal immediately.*

The total evacuation procedure may include (but not be limited to) the following considerations:

1. A designated person(s) who has the authority to order evacuation.
2. Which patients will be moved first.
3. An outline for TRIAGE within the facility, as well as one for outside triage prior to transportation to evacuation center.
4. Designated external staging area(s) where patients will be taken on a short-term basis pending return to facility or further transfers.
5. Designed temporary shelter(s) where patients can be housed pending long-term disposition, if circumstances prevent return to the facility in a short-term period of time.
6. If patient records (medical and personal information) are to be moved, how and by whom?
7. What equipment and supplies must accompany the patients?
8. Designated staff to remain with the evacuate patients.
9. Designated long term relocation site(s) must be pre-identified to provide on-going patient care. *Note: A current letter of agreement between facility and relocation site shall be on file.*
10. If there are financial issues related to transfer to another facility, who has the authority to negotiate payment?

The total evacuation of the facility would require a step-by-step process of moving patients through a series of temporary safe areas.

External Staging Area – Designated staging areas outdoors away from the facility to get as many people as possible away from the hazard as quickly as possible.

Temporary Shelter - Should be designated near the facility where residents can be housed out of the elements during the time needed to analyze long-term options. Written agreements should exist for temporary use of nearby schools, churches, or other buildings.
Definition of Temporary Shelter -

- Length of stay not to exceed 96 hours.
- Must maintain a "reasonable" degree of fire and life safety.
- Building is not required to have sprinklers and/or fire alarm system, but shall maintain a fire watch.

Long-term Relocation Sites - Pre-identified site to provide on-going patient care. Options may include hospitalization, transfer to another nursing home, release to family members, or mass care in designated shelters.

Definition of Long Term Relocation Site -

- Length of stay could exceed 96 hours to an unspecified period of time.
- Fire and life safety needs of the patients shall be met.
- Build-in fire protection shall be required along with the capability to serve critical care patients.
- Before identifying a long term relocation site, consider possible area wide catastrophic events (i.e., earthquake, volcanic eruption, flood).



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Defend in Place

Guidelines for staff of licensed care facilities in the event of a fire emergency.

Defend in Place is the process of relocating patient(s) from the smoke zone of fire origin to another protected location within the building. The purpose of Defend in Place is to first remove the patient(s) that are in the immediate vicinity of the fire origin.

First Priority:

- Remove patient(s) from the room or origin, regardless of their mobility condition, if possible. *Note: If not possible, close the door.*
- Remove patient(s) from the rooms adjacent to the room of origin, regardless of their mobility condition.
- Remove patient(s) from room(s) directly across the hallway from the room of origin, regardless of their mobility condition.

Second Priority:

- Continue the process until everyone in the affected smoke zone has been evacuated to a point of safety. *Note: When removing patient(s) to the point of safety, no patient(s) shall be evacuated past the room of origin. This may require patient(s) to be evacuated to the exterior of the building. However, they may reenter the building into unaffected smoke zone.*
- The evacuation priority for all remaining patient(s) within the affected smoke zone is:

First, walking patients

Second, wheelchair patients

Last, bed or litter-borne patients

Third Priority:

- The facility charge person shall assign personnel to ensure that all patient rooms in the affected smoke zone have been evacuated, and ensure those patients and other nonessential persons **do not** re-enter the smoke zone.
- Ensure all corridor and smoke barrier doors are closed.
- Upon arrival of the fire department, the senior fire authority (Incident Commander) and the facility charge person will coordinate their actions to ensure patient safety.
- Based upon a coordinated decision between the incident commander and facility charge person, the evacuation of other person(s) who remain within the facility may need to continue.



FIRE PROTECTION BUREAU – FIRE AND LIFE SAFETY INSPECTIONS

PO Box 42600

Olympia WA 98504-2600

(360) 596-3900 FAX: (360) 596-3934



FIRE ALARM SYSTEM INSPECTION REPORT

RETAIN COPY ON PREMISES

FACILITY NAME		DATE
BUILDING NAME OR NUMBER	OCCUPANCY CLASSIFICATION	
ADDRESS		
LOCAL FIRE AUTHORITY		

TEST DESCRIPTION	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> CONSTRUCTION ACCEPTANCE
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TEST DESCRIPTION	EQUIPMENT TYPE	NUMBER OF UNITS TESTED	TEST DATE	SATISFACTORY CHECK (YES, NO, N/A)	TYPE AND MANUFACTURER
	EQUIPMENT TEST	CONTROL PANELS			
	MANUAL STATIONS				
	HEAT DETECTORS				
	SMOKE DETECTORS				
	AUDIBLE ALARMS				
	SMOKE DETECTOR SENSITIVITY				
	VISUAL ALARMS				
	AUTO DOOR RELEASES				
	TROUBLE INDICATORS				
	MASTER ALARM BOX				
	BATTERIES DATE INSTALLED: _____				
	CHARGER				
	GENERATOR				
	VENTILATION CONTROLS				
	FIRE DEPARTMENT INTERCONNECTION				
	EXTERIOR SPRINKLER ELECTRIC ALARM BELL				
	SPRINKLER WATER FLOW SWITCH				
	SPRINKLER GATE VALVE TAMPER SWITCH				
	ANNUNCIATORS				
	ELEVATOR RECALL				
	DUCT DETECTORS				
	SMOKE/FIRE DAMPERS				
	SPECIAL EGRESS CONTROL DEVICES				
	PHONE JACKS				
	TIME TEST TRANSMISSION RECEIVED BY CENTRAL STATION _____ (TIME)			<input type="checkbox"/> AM <input type="checkbox"/> PM	
	FIRE ALARM SYSTEM LEFT IN SERVICE AT THE COMPLETION OF INSPECTION?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
	TIME FIRE ALARM SYSTEM RESET: _____ (TIME)			<input type="checkbox"/> AM <input type="checkbox"/> PM	
	TEST OF ALARM SYSTEM ON EMERGENCY POWER IS SATISFACTORY?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

COMMENTS	EXPLANATION OF UNSATISFACTORY RESULTS AND CORRECTIVE ACTIONS TAKEN:
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SIGNATURE	THIS IS TO CERTIFY THAT THIS AUTOMATIC FIRE ALARM SYSTEM HAS BEEN INSPECTED IN ACCORDANCE WITH THE INTERNATIONAL FIRE CODE, AS ADOPTED BY THE WASHINGTON STATE FIRE MARSHAL.	
	FIRM NAME	PHONE ()
	ADDRESS	
	ELECTRICAL CONTRACTOR'S LICENSE NO.	SPECIALTY ELECTRICIAN'S LICENSE NO.
	OFFICIAL SIGNATURE OF FIRM	
PROPERTY OWNER/REPRESENTATIVE SIGNATURE		



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Maintenance and Testing of Fire Sprinkler Systems

When properly installed and maintained, automatic fire sprinkler systems have proven to be the most effective means for protecting life and property against fire. In order to meet both federal certification requirements and state licensure requirements, automatic fire sprinkler systems are required to be inspected, tested and maintained in accordance with NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*. For federal certification, NFPA 101 (2000), Sec. 2.1.1 references the 1998 edition of NFPA 25. For state licensure, RCW 19.27.031 Sec. 901.6.1 and Table 901.6.1 reference the 2008 edition of the standard.

The requirements contained in NFPA 25 are based on the type of sprinkler system installed. The two types most commonly found in healthcare occupancies are wet pipe and dry pipe sprinkler system. This article is intended to serve as a quick reference guide only and is not intended to be all inclusive. Some facilities may have additional equipment not covered in this article. It is important, therefore, that the user has access to, and become familiar with all of the requirements found in NFPA 25.

It is the facility's responsibility to ensure that only properly trained and competent persons perform inspections, testing and maintenance on its fire sprinkler system. NFPA 25 states "These tasks shall be performed by personnel who have developed competence through training and experience." The State of Washington has more restrictive requirements for any individual person personally performing the physical work of inspection and testing on water-based fire protection systems under contract must possess state certification.

The following monthly inspections can be performed by facility staff:

1. Visually inspect control valves to ensure that they are in the normal open position, accessible, properly sealed, locked and/or supervised, free from leaks, and provided with appropriate signage identifying the portion of the system they control.
2. Visually inspect gauges on wet pipe systems to verify that they are in good condition and that normal water pressure is being maintained.
3. Visually inspect gauges on dry pipe systems to verify that they are in good condition and that normal air and water pressure are being maintained.

The following quarterly inspections are in addition to those required monthly and can be performed by facility staff:

1. For hydraulically designed sprinkler systems, inspect the hydraulic nameplate to verify that it's securely attached to the sprinkler riser and is legible.
2. Inspect alarm devices to verify that they are not physically damaged.
3. Inspect fire department connections to verify that: they are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and not damaged, gaskets are in place and in good condition, identification signs are in place, and the check valve is not leaking.

The following quarterly tests can be performed by a fire sprinkler contractor or by facility staff with proper training:

1. Test the water flow alarm on wet pipe sprinkler systems by opening the inspector's test connection.
2. Test the water flow alarm on dry pipe sprinkler systems by using the bypass connection.



**WASHINGTON STATE PATROL – FIRE PROTECTION BUREAU
INSPECTION SECTION**

P.O. Box 42600, Olympia, WA 98504-2600
Phone: 360-596-3906 Fax: 360-596-3934



Quarterly Documentation Record of Fire System Tests

Facility _____ Year _____

The following procedures are to be used in conducting tests of the fire protection systems and equipment. **Attention: All tests shall be conducted each quarter and documented below.** These are minimum requirements. Check with your fire sprinkler contractor for the specific needs of your system.

NOTE: NOTIFY MONITORING AGENCY PRIOR TO CONDUCTING TESTS.

	1 st	2 nd	3 rd	4 th
Main Drain Test Record the static water supply pressure in psi as indicated of the lower pressure gauge. Open the main drain and allow water flow to stabilize. Record the residual water supply pressure while water is flowing from the 2" main drain as indicated on the lower pressure gauge in psi. Close the main drain (slowly).				
Wet Pipe System Flow Alarm Test water flow alarms by opening the inspector's test valve. (Notify alarm company to avoid false alarms).				
Wet Pipe System Gauges Inspect & Alarm Test (monthly) Gauges are in good condition and normal pressures are maintained.				
Alarm Devices – Inspect exterior.				
Fire Department Connections Verify connection is visible and accessible, not damaged, caps or plugs are in place, identification sign is in place, and automatic drain is working properly.				
Hydraulic Nameplate If system was hydraulically calculated, assure nameplate is legible and securely attached to riser.				
Valves all Types – Visually inspect pressure reducing and relieve valves.				
Dry Pipe System Flow Alarm Open the alarm bypass valve. (Notify alarm company to avoid false alarms). Caution: opening the inspector's test connection can cause the system to trip accidentally, allowing the pipes to fill with water and creating a potential for a serious freeze problem.				
Dry Pipe Priming Level Check dry priming water level by opening the test valve and checking for a small amount of water to discharge. If no water flows out of the test line, add priming water.				
Dry Pipe system Low-Air-Pressure Alarm Low air pressure alarms, if provided, shall be tested quarterly in accordance with the manufacturer's instructions.				
NOTIFY MONITORING AGENCY THAT TEST IS COMPLETED AND SYSTEM IS BACK IN SERVICE.				



WASHINGTON STATE PATROL – FIRE PROTECTION BUREAU
INSPECTION SECTION

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Smoke Detector Sensitivity Testing and Smoke Entry/Alarm Response Testing

Inspection and Maintenance: All smoke detectors require visual inspection prior to any smoke testing. If needed, a smoke detector can be cleaned using a vacuum and/or dust brush without removing the cover of the alarm.

- All smoke detectors, conventional or addressable must be tested with smoke or listed aerosol.
- A fire alarm system or smoke detector that produces a sensitivity report electronically is not a substitution for the required smoke entry test.
- Any smoke detector that cannot produce an electronic sensitivity report via the fire alarm panel or listed device must have a calibrated smoke obscuration generated test preformed.

Smoke Entry/Alarm Response Testing: Smoke detectors/smoke alarms shall be tested annually, in place to ensure smoke entry into the sensing chamber and an alarm response. Testing with smoke or listed aerosol, acceptable to the manufacturer of the aerosol or the manufacturer of the smoke detector/smoke alarm and identified in their published instructions, shall be permitted as acceptable test methods. Other methods listed in the manufacturer's published instructions that ensure smoke entry from the protected area, through the vents, into the sensing chamber shall be permitted.

Sensitivity Testing: Any of the following tests shall be performed to ensure that each smoke detector is within its listed and marked sensitivity range:

- 1) Calibrated test method.
- 2) Manufacturer's calibrated sensitivity test instrument.
- 3) Listed control equipment arranged for the purpose.
- 4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit when its sensitivity is outside its listed sensitivity range.

Sensitivity Testing Timeline:

- Sensitivity shall be checked within one year after installation and every alternate year thereafter, unless
- After the second test, if within its listed sensitivity range for two tests in a row, the test is extended to five years.
- Records of nuisance alarms shall be maintained.

Note: The calibrated smoke obscuration generated test can also be used to meet the smoke entry test requirement but the smoke entry test cannot be used to meet the calibrated smoke obscuration generated test.

When a fire alarm panel or an external tester is used to report the sensitivity of a smoke detector it has nothing to do with smoke entry, only the ability of the detector to read the level of smoke inside the photo or ion chamber to confirm it is within the NFPA specified range.

Reference NFPA 72-1999 Edition Section 7-3.2.1



WASHINGTON STATE PATROL – FIRE PROTECTION BUREAU
INSPECTION SECTION

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Fire Extinguishers

Guidelines for using portable fire extinguishers in licensed care facilities.

Licensed care facilities are required to install fire extinguishers of a type and variety that will handle any small fire. Extinguishers are installed according to the fire code requirements for height and distance from exits. Fire extinguishers shall be maintained in good working order and inspected annually. NFPA 10 and IFC Section 906.6, 906.8, and Table 906.3)

Portable fire extinguishers were designed to save property by putting out a small fire or containing it until the fire department arrives. Contact your local fire department for information about fire extinguisher classes in your area. Here are some important guidelines you should know.

1. Extinguisher Types

Make sure the extinguisher matches the type of fire you are fighting. Extinguishers that contain water cannot be used on grease or electrical fires. Most portable extinguishers discharge completely in as few as eight seconds. Make sure the extinguisher is large enough to put out the fire. There are three basic classes of fires:

Class A: Ordinary combustibles such as wood, cloth, papers, rubber, and many plastics.

Class B: Flammable liquids such as gasoline, oil, grease, tar, oil-based paint, lacquer and flammable gas.

Class C: Energize electrical equipment including wiring, fuse boxes, circuit breakers, and machinery and appliances.

ABC: Class A-B-C extinguishers are "Multi-purpose" models for use on all three classes of fire.

Class K: Cooking oil fires, especially deep fat fryers. Usually located in kitchens.

2. The Fire Emergency

Knowing what to do to save life and property in the event of a fire is the most important protection you can provide. Learn your facility's emergency procedures before an emergency occurs.

Rescue patients from the area of the fire, assess the fire, and call out for help, move patients from danger.

Alarm initiation. This may be by calling out, by pulling down on an automatic manual alarm, and/or by calling 911 to report the fire.

Confine the fire. Normally this is accomplished by closing the door to the room of the fire. Corridors must also be cleared and all doors closed.

Evacuate and Extinguish the Fire -- Assess the fire to determine if it is small enough for you to extinguish. Relocate patients in the fire area.

3. Using a Fire Extinguisher

- Keep your back to an exit and stand six to eight feet away from the fire. Follow the four-step **PASS** procedure.
- **PULL** the pin: This unlocks the lever and allows the extinguisher to discharge. Some extinguishers may have other seals or tamper indicators.
- **AIM** low: Point the extinguisher nozzle (or hose) at the base of the fire.
- **SQUEEZE** the lever above the handle: This discharges the extinguishing agent. Releasing the lever will stop the discharge. Some extinguishers have a button instead of a lever.
- **SWEEP** from side to side: Moving carefully toward the fire, aim the extinguisher at the base of the fire and sweep back and forth until the flames appear to be out. Watch the fire area. If the fire re-ignites, repeat the process.

In Washington State, the facility manager is required to report all fires to DSHS within 24 hours of the Incident.

To dispose of an expired fire extinguisher, contact a fire extinguisher service company. Local laws regarding disposal of fire extinguishers may vary.

References:

- *United States Fire Administration on line at:*
http://www.usfa.dhs.gov/citizens/home_fire_prev/extinguishers.shtm
- *Home Safety Council, How and When to use a Fire Extinguisher on line at:*
http://www.homesafetycouncil.org/SafetyGuide/sg_fire_w009.asp



WASHINGTON STATE PATROL – FIRE PROTECTION BUREAU
INSPECTION SECTION

P.O. Box 42600, Olympia, WA 98504-2600
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Electrical and Fuel Outages

Guidelines for staff in the event for an electrical or fuel outage.

ELECTRICAL OUTAGE

Loss of electricity may occur at any time, day or night, at any time of the year. Most facilities have emergency generators, which provide power for lights and fire alarm, and some have a generator that provides power for the entire facility.

In case of an electrical outage, the following information should be available:

QUESTION	ANSWER	NAME	PHONE NO.
1. How long will your generator operate with existing fuel?		N/A	N/A
2. Do you have a source for additional fuel?			
3. Where can you obtain a secondary generator if necessary or a standby generator for emergencies?			
4. If your generator fails, who is available for maintenance or repair?			

FUEL OUTAGE

In the case of a fuel outage, the following information should be available:

1. Can your system be switched to an alternate fuel supply?	
2. Where are alternate or additional fuel supplies located?	
3. Who is available to maintain or repair your heating system?	Name:
	Phone No:

A prolonged outage may necessitate a complete evacuation of the facility.



GENERATOR INSPECTION REPORT ANNUAL GENERATOR TEST AND CERTIFICATION

Name of Facility _____

Licensed As _____ Administrator _____
 (Boarding Home, Nursing Home, etc.)

Address _____ City _____ ZIP _____

Inspected By _____ Title _____

Inspecting Firm _____ Phone (____) _____

Address _____ City _____ ZIP _____

Generator Manufacturer _____ Engine Make _____

Fuel Type Gasoline Diesel LPG CNG Engine RPM _____

Rated KVA _____ Hour Meter _____

1. Starts on power failure Yes No Seconds to Start _____
2. Do transfer switches operate correctly? Yes No
3. Volts: Loaded _____ Unloaded _____
 HERTZ: Loaded _____ Unloaded _____
4. Amps: Phase A _____ Phase B _____ Phase C _____
5. Battery voltage while cranking _____
6. Generator "RUN" light on? Yes No N/A
7. Generator stops when power restored? Yes No _____ Time
8. Does primary and/or backup fuel come from on-site source and have a minimum two-hour fuel supply? Yes No
9. Amount of fuel: Primary supply _____ Backup supply _____
10. Does automatic transfer to on-site fuel supply work properly? Yes No
11. Coolant Level: Full Low Protected to _____ N/A



FIRE PROTECTION BUREAU – FIRE AND LIFE SAFETY INSPECTIONS

PO Box 42600
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(360) 596-3900 FAX: (360) 596-3934



12. Does all required fire and life safety equipment on the generator operate properly?

- A. [] Yes [] No Illumination of means of egress
B. [] Yes [] No Exit signs
C. [] Yes [] No Fire alarm and alerting systems
D. [] Yes [] No Communications systems, telephones, etc.
E. [] Yes [] No Large assembly rooms
F. [] Yes [] No Generator set locations
G. [] Yes [] No Elevator cab lighting and controls

13. Is any non-emergency equipment connected to the generator? [] Yes [] No

If yes, list: _____

14. Emergency circuit breaker panels and circuits clearly identified and labeled? [] Yes [] No

15. Does connected load exceed generator capacity? [] Yes [] No

16. Deficiencies found: _____

17. Corrections made: _____

18. Corrections made by: _____

This is to certify that this emergency generator system has been properly inspected for reliability, covering all items listed on this form.

(Signature of person conducting this inspection)

Date

(Signature of facility owner/representative)

Date

NOTICE!!

This form is to remain on the premises with the generator records. Do not send it to the State Fire Marshal.



FIRE PROTECTION BUREAU – FIRE AND LIFE SAFETY INSPECTIONS

PO Box 42600

Olympia WA 98504-2600

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MONTHLY GENERATOR TEST LOG

MONTH _____ YEAR _____

WEEK	1	2	3	4	5
*DURATION					

*30-minute building load test conducted monthly.

Date Last Serviced _____ Serviced by _____
(from previous sheet)

WEEK	1	2	3	4	5
Date of Test					
Engine Crank Case Oil (Note level and color)					
Engine Coolant (Note level)					
Battery Fluid Level (Add distilled water as needed)					
Fuel Level (Indicate fuel type)					
Test Voltage (Should be 208V)					
Hertz (Should be 60HZ)					
Run Time (Note total hours of operation)					
Tested by:					



**WASHINGTON STATE PATROL – FIRE PROTECTION BUREAU
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Fire Safety and Emergency Preparedness Resources

Resources available to assist with fire and life safety orientation of health care staff, clients and maintenance staff.

The Office of the State Fire Marshal offers specialized fire safety training for staff of licensed care facilities. http://www.wsp.wa.gov/fire/licensed_care.htm

Maintenance Staff

Electrical - <http://esfi.org/index.cfm/event/workplacesafety/pid/10224>

Generator - http://www.seattle.gov/light/neighborhoods/nh4_gen.htm

Winterizing – Take Winter by Storm - http://www.seattle.gov/light/neighborhoods/nh4_twbs.asp

Fire Sprinkler Contractors - <http://www.wsp.wa.gov/fire/licreports.htm>

Fire and Life Safety Codes and Standards – www.nfpa.org

Emergency Preparedness

Health Care Emergency Preparedness - <http://emergency.cdc.gov/healthcare>

Public Health Emergency Prepared and Response - <http://www.doh.wa.gov>

Resources for Long Term Care Facilities -

www.aasa.dshs.wa.gov/professional/emergencyplanning/

Public Health Emergency Preparedness -

www.kingcounty.gov/healthservies/preparedness/hccoalition/surgecapacity.aspx

Evacuation

- **Evacuation of Health Care Facilities - Fire Safety in Health Care Facilities** - A DVD and brochure covering fire safety procedures to prevent fires and to respond effectively when fire strikes. National Fire Protection Association, 1-800-344-3555; www.nfpa.org

Fire Behavior

- **Fire: The Unforgiving Nature** – DVD - Home Safety Council, www.homesafetycouncil.org

Fire Prevention for Older Adults

- **Remembering When** – A fire and falls safety program for mature adults. National Fire Protection Association, www.nfpa.org, 1-800-344-355.
- **Let's Retire Fire** – for Older Americans – Includes messages about smoking materials United States Fire Administration, <http://www.usfa.dhs.gov/citizens/older/retire.shtm>



**WASHINGTON STATE PATROL – FIRE PROTECTION BUREAU
INSPECTION SECTION**

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I. Storage and Use of Medical Oxygen in Boarding Homes, Group Homes and ATF

Gaseous and liquid oxygen used for medical purposes may be found in state licensed facilities. The following requirements and guidelines are intended to provide inspectors with the necessary information to reduce the potential hazards of storing and using medical oxygen in state licensed facilities:

1. Storage and Use of Gaseous Oxygen

- a. State Licensed facilities shall comply with the current adopted edition of the International Fire Code (IFC).
- b. State licensed facilities may maintain up to the maximum allowable quantities of oxygen in storage and in use as prescribed by the IFC for control areas and residential units.
- c. Inspectors shall assess the quantity and state of oxygen in use and in storage.
- d. Inspectors shall assess the construction of the building and the storage methods to ensure compliance with the requirements of the prevailing code.
- e. Inspectors shall request to inspect resident units in state licensed facilities where oxygen is in storage or in use for the following:
 - i. Each resident room or units shall provide a safe environment that is free of fire hazards.
 - ii. Storage of oxygen containers, cylinders, and tanks in resident rooms or units in excess of 250 cubic feet shall not be allowed.
 - iii. Oxygen storage up to 250 cubic feet may be allowed in a resident room or unit.
 - iv. Smoking shall be prohibited in resident rooms or units, where oxygen is used or stored, and signage warning of the presence of oxygen and prohibiting smoking and/or open flame shall be posted.
 - v. Oxygen in excess of 250 cubic feet shall be stored in a central storage room that meets the requirements of the IFC.
 - vi. Open flames and high-temperature devices shall not be used in a manner which creates a hazardous condition and shall be listed for use with the hazardous materials stored or used.
 - vii. Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration, or seismic activity.
 - viii. Inspectors may reject the use or storage of oxygen in resident units where a material safety risk has been identified.

2. Liquid Oxygen in Resident Rooms (LOX)

- a. Seller must provide each user with written information instructing residents on the proper storage, use and handling of LOX.
- b. Maximum allowable quantity per container shall not exceed 15.8 gallons in Group R occupancies.
- c. Manufacturer's instructions and labeling shall be provided and followed.
- d. Location of containers:
 - i. Not in a location where it could be overturned due to the operation of a door.
 - ii. Not in the direct path of egress.
 - iii. Not where they could be subject to falling objects.
 - iv. Not where they could become part of an electrical circuit.
 - v. Not where there would be open flames or high temperature devices.

- vi. LOX containers shall be restrained.
- vii. Moving containers shall be done by hand truck or cart.
- viii. Exceptions: Home care containers with rollers or hand carried ambulatory containers.
- e. A drip pan compatible with LOX shall be provided under home care container fill and vent connections during the filling process.
- f. Separation of open flame and high temperature devices shall be maintained.
- g. Maximum Aggregate Quantity of LOX allowed in storage and use in each dwelling unit shall be 31.6 gallons. The IFC permits a maximum of 31.6 gallons of LOX in an individual sleeping room when the room is separated from the remainder of the dwelling unit by 1-hour fire resistant fire barrier.
- h. Smoking shall be prohibited in rooms where LOX is in use.
- i. No smoking signs indicating oxygen is in use shall be provided.
- j. The oxygen supplier shall notify the local fire agency when supply liquid oxygen to a state licensed facility.

3. Control Areas

- a. Control areas allow a building to be built without having to classify it or the use area as hazardous. The requirements for the construction, number and separation requirements follow:
 - i. A control area may be an entire building or any portion of the building.
 - ii. Where a building is not compartmented as required by the code for control areas, the entire building would be considered a control area.
 - iii. By using multiple control areas, the overall quantity of hazardous materials in the building can be increased because the allowable quantity can be present in each control area and the building would not be classified as group H.
 - iv. Again, the provisions of this section are applicable only when control areas are chosen as a design alternative to classification of the occupancy as group H.
- b. Control Area Construction Requirements and Fire Resistive ratings.
 - i. Control areas shall be separated from each other by fire barriers constructed in accordance with the International Building Code.
 - ii. The percentage of maximum allowable quantities as allowed per the IFC.
 - iii. Control areas must be separated from each other by no less than one-hour construction. As the height of the building increases, the number of control areas decreases and the fire resistance rating increases in accordance with the IFC.
 - iv. Floor construction shall be a minimum two-hour fire resistive rating.

Exception: The floor construction of the control area is allowed to be one-hour fire resistive rated in buildings of type IIA, IIIA, and VA provided that both of the following conditions exist: the building is equipped throughout with an automatic sprinkler system; and the building is three stories or less in height.

4. Maximum Allowable Quantities

- a. The maximum allowable quantity per control area is 1,500 cubic feet in an unsprinklered building and 3,000 in a sprinklered building.
- b. The maximum quantity of liquid oxygen per control area is 15.8 gallons in an unsprinklered building and 31.6 gallons in a fully sprinklered building.
 - i. The maximum amounts of both liquid oxygen and gaseous oxygen per control area can be maintained in the same control area.
 - ii. The aggregate quantity in use and storage shall not exceed the quantity listed for storage.

5. Hazardous Materials Management Plan

- a. Facility administrators shall develop a hazardous materials management plan and inventory statement that at the minimum provides the following:
 - i. A list of the vendor's that supply oxygen to the facility.
 - ii. A list of the residents rooms where oxygen is in storage or in use.
 - iii. The type and quantity of oxygen (liquid or gaseous) in the facility.
 - iv. Central storage locations and a floor plan that reflects the location of the storage rooms.



**WASHINGTON STATE PATROL – FIRE PROTECTION BUREAU
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Practice Fire Safety

Help increase fire safety in Licensed Care Facilities by watching out for these common fire safety deficiencies.

Violation – If you see this,	Remedy – Take this action.
Fire Drills - Not held regularly, records not in order.	Twelve planned fire drills shall be held each year. The drills shall be conducted quarterly on each shift. A detailed written record of all fire drills shall be maintained and available for inspection at all times.
Blocking of Doors - Doors held open by wedges, large rocks, etc. Doors not closing correctly, not operating properly.	Remove items being used to hold doors open such as wedges, rocks, coffee cans, etc from the facility. If a door is not operating properly report it to your supervisor or maintenance for immediate repair.
Smoking Policy Violations – Smoking in resident rooms, smoking in non-smoking areas.	Repeat violators of the facility's smoking policy should be written up and appropriate action taken including eviction if necessary.
Resident Rooms – laundry near heaters, smoking in rooms, portable heaters, extension cords, multi-plug devices.	Rooms should be neat and orderly. Remove accumulation of combustible materials such as newspapers, laundry or clothing. Remove extension cords or multi-plug devices. Move any items 36" from heaters. Refer to the facility smoking policy for proper action.
Improper Storage of Combustibles	Remove combustibles, such as, laundry, papers, blankets, bedding or trash in boiler rooms, electrical rooms, or materials stored near any type of heating device. Close storage room doors when not in use and be sure materials are stored in a neat and orderly manner.
Electrical Wiring and Equipment – use of power strips or extension cords in lieu of permanent wiring.	Make sure all electrical appliances and equipment are in good repair. Remove extension cords, power strips or multiple plug devices. Remove electrical cords attached or affixed to structure surfaces. Move items obstructing electrical panels.
Combustible Decorative Materials	Remove any decorative materials that are not flame resistant.
Testing and inspections of fire protection systems – records not in order, some items missed during servicing,	Fire alarms – To be inspected, tested and documented. Sprinklers – Items stored within 18 inches must be moved. System requires annual servicing. Fire extinguishers –Check to be sure none are missed during annual servicing. Generators –Must be tested regularly and documentation maintained. Hoods – Cleaned to prevent accumulation of grease, records of cleaning shall be maintained.
Portable Heaters	Remove all portable heaters from the facility.
Exiting , items stored in hallways, exit lighting not working.	Report burned out exit lights for immediate repair. Every required exit access, exit, or exit discharge shall be maintained free of obstructions at all times. Items in use, such as laundry carts, cleaning carts shall not be stored in an exit way for more than 30 minutes.
If you SEE IT, FIX IT or REPORT IT! <i>Don't disregard or ignore deficiencies in fire safety, if you can't fix it, report it to you supervisor or maintenance staff.</i>	