



Inspect and check off the following items. Check each item as **"O.K."** or **"deficient"** as applicable. Explain deficient items and **plans for correction** in **comments** column.

Office/Facility:

Location:

Type of Inspection:

Date of Inspection:

Weekly Inspection:

Monthly Inspection:

Other:

Items to be Checked	O.K.	Deficient	Not Applicable	Comments
1. General Areas				
a) Visitation/Day Room/Living Areas				
b) Classrooms/Library				
c) Conference Area				
d) Copier/Printer/Fax/Work Areas				
e) Air Vents / Showers				
f) Youth Bedrooms				
g) Bathrooms				
h) Walls / Cubicles				
i) Floors				
j) Windows/Glass				
k) Yard Areas				
l) Presence of Insects or Rodents				
m) Smoking areas				
n) HVAC Functioning Properly				
o) Water Heater Functioning Properly				
p) Other:				
2. Kitchen/Dining Area				
a) Appliances/ Coolers				
b) Garbage Containers				
c) Floors				
d) Walls				
e) Other:				



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Items to be Checked	O.K.	Deficient	Not Applicable	Comments
3. Janitor's Closet/Storage/ File Area				
a) Clean, neat, orderly				
b) Controlled Issue/Adequate Supplies				
c) No Unnecessary Items				
d) MSDS (Material Safety Data Sheets) Available				
e) No Items on Top Shelf 18" Clearance From Sprinkler				
f) Adequate Room Around Hot water Heater				
g) Other:				
4. Laundry Area				
a) Clean; trash collected				
b) Dryer vented; free of built up lint				
c) Other:				
5. Refuse & Waste Disposal				
a) Regular Removal				
b) Adequate Receptacles				
c) Lids on Cans				
d) Area Clean				
e) Other:				
6. Life/ Fire Safety				
a) Emergency Preparedness/ Contingency Plan				
b) Evacuation Plan Posted				
c) Emergency Lighting				
d) Emergency Signs				
e) Exit Signs				
f) Exits – Clear/Functional				
g) Fire Extinguisher				
h) Alarm Pull Stations				
i) Smoke Detectors				
j) Alarm Panels				



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Items to be Checked		O.K.	Deficient	Not Applicable	Comments
k)	Fire/Smoke Doors				
l)	Sprinkler Pressure Gauges, Valves and heads (visual check)				
m)	Hood Fire Suppression system (for kitchens)				
n)	Furnishings – Fire Retardant				
o)	Other:				
7. Electrical					
a)	Electrical Safety Covers				
b)	Electrical Hazards / Piggybacked Cords				
c)	Electrical Panels Accessible				
d)	Other:				

Inspected by:

Name/Signature

Date



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INSTRUCTIONS FOR USE OF FORM

This form is used for inspections of field offices and YDC's. The inspections will be done weekly and/or monthly as required. It should be completed by the Fire Safety Inspectors and designees.



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