FIRE SAFETY INSPECTION REPORT
STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Social Services

NAME OF HOME _____ **PERSON IN CHARGE** _____

ADDRESS _____ **TELEPHONE** _____

CITY/STATE/ZIP _____

PLEASE CHECK THE APPROPRIATE LINE RE: CONDITIONS IN THE HOME RELATING TO THE INSPECTION:

	YES	NO
1. A working, mounted fire extinguisher(s), rate 2-A: 10-B:C or larger, is readily available in the residence.	_____	_____
2. The occupant utilizes *listed* extension cords. These cords are not substituted for permanent wiring and are only used for portable appliances.	_____	_____
3. A fire evacuation plan remains posted continually in a prominent location, and is visible to all residents and guests.	_____	_____
4. The home has a working telephone which functions without use of electrical power and emergency numbers are posted within sight of the telephone.	_____	_____
5. There is a working smoke alarm in the residence complying with the following: (check only one)		
- Houses built prior to 1976 must have a battery or electric smoke alarm installed (within 10 ft) outside each sleeping area.	_____	_____
- Houses built 1976 – June 30, 1999, electric smoke alarms shall be placed (within10ft) 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, (within 10ft) outside bedrooms and other areas, interconnected as required in the N.C. Building Code.	_____	_____
6. Double key dead bolts are not used on any egress doors.	_____	_____
7. Doors and windows in rooms used for sleeping open properly with little effort.	_____	_____
8. All hallways, doorways, entrances, ramps, steps, and corridors are unobstructed, free of storage, and readily accessible.	_____	_____

Designate: Primary Heat Source _____ **Secondary Heat Source** _____

List any substandard components or hazards found which were not addressed above or which would require additional inspections:

_____

APPROVED _____ **NOT APPROVED** _____

INSPECTOR'S SIGNATURE _____ **TITLE** _____

OCCUPANT'S SIGNATURE _____ **DATE** _____

(Occupant'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.)