



# Aberdeen Fire Rescue Department

*Serving the community since 1921*

910-944-7888

800 HOLLY STREET  
ABERDEEN, NC 28315

Fax: 910-944-9755



## Health Care Facilities

Building: \_\_\_\_\_

Address: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Outstanding Violations: Yes  No

### General

Were alterations/renovations made since last inspection? Yes  No

Is building mixed occupancy? Yes  No

If yes what other occupancies? \_\_\_\_\_

Is building construction acceptable for height and occupancy? Yes  No

Is it a high rise? Yes  No

Is it windowless? Yes  No

Is it underground? Yes  No

### Occupant Load and Exits

Are the exits per code? Yes  No

Number of exits? 1  2  3  4 or more

Is egress capacity adequate? Yes  No

What is the fire rating of exit stair enclosure? 1 hour  2 hour

What is the fire rating of exit stair doors? 1 hour  1 ½ hour

Are they self closing? Yes  No

Are they self latching? Yes  No

Are exit enclosures free of storage? Yes  No

Do 100% of exits discharge directly outside? Yes  No

If Not, do 50% discharge outside and is level discharge sprinklered? Yes  No

Is exit stair re-entry per code? Yes  No

### Doors

Are doors blocked? Yes  No

Are they locked? Yes  No

Is 15 lb force required to release latch? Yes  No

Do doors swing in direction of travel per code? Yes  No

Is there panic hardware per code? Yes  No

### **Egress Arrangement**

- Is egress clear and unobstructed? Yes  No
- Are dead-end corridors within limits? Yes  No
- Is common path of travel within limits? Yes  No
- Is travel through intervening rooms okay? Yes  No
- Is egress blocked? Yes  No
- Is aisle width adequate? Yes  No

### **Travel Distance**

- Is travel distance per code? Yes  No

### **Emergency Lighting**

- Is emergency lighting per code? Yes  No
- Is it tested monthly? Yes  No

### **Exit Marking**

- Is exit marking per code? Yes  No

### **Corridors**

- Is 1 hour rating required? Yes  No
- Is rating 1 hour corridor walls with 20 minute doors? Yes  No

### **Protection of Hazards**

- Are hazards protected by:
- Fire rated enclosure? Yes  No
  - Extinguishing system? Yes  No
  - Self closing door? Yes  No
- Is kitchen cooking protected? Yes  No
- Date kitchen hood and duct last cleaned: \_\_\_\_\_

### **Protection of Vertical Openings**

- Are vertical openings enclosed? Yes  No
- Are elevators enclosed? Yes  No  N/A
- Is atrium per code? Yes  No  N/A
- Are 3 levels open per code? Yes  No  N/A

### **Interior Finish**

- Is flame spread of wall and ceiling materials per code? Yes  No
- Are decorations per code? Yes  No  N/A
- Are curtains/drapes per code? Yes  No  N/A

### **Special Protection**

- Are chutes in good working order:
- Trash chutes? Yes  No  N/A
  - Laundry chutes? Yes  No  N/A

Are laboratories protected per NFPA 99? Yes  No

Are anesthesia areas per NFPA 99? Yes  No

Are medical gases stored per NFPA 99? Yes  No

Are other occupancies separated by 2 hour fire resistive construction? Yes  No  N/A

Are trash receptacles stored per code? Yes  No

Do patient rooms > 1000 feet have 2 means of egress? Yes  No

Do treatment rooms >5000 feet have 2 means of egress? Yes  No

Are treatment suites 10000 feet? Yes  No

Do patient room door latch with:

Positive latches? Yes  No

Roller latches? Yes  No

Are smoke barriers provided? Yes  No

Are doors 1 3/4 inch thick or rated 20 minutes? Yes  No

Are doors self or automatic closing? Yes  No

Is gap between doors 1/8 inch or do they have astragals, bevel, or rabbit? Yes  No

### **Operating Features**

Is there a written emergency plan? Yes  No

Are drills conducted? Yes  No

Frequency of drills: \_\_\_\_\_

Are employees instructed in fire extinguisher use? Yes  No

Is there a written emergency plan? Yes  No

### **Detection and Alarm**

Is there a manual alarm system? Yes  No

Is there a fire detection system? Yes  No

Smoke detectors? Yes  No

Heat detectors? Yes  No

Where: \_\_\_\_\_

Are there audible alarms? Yes  No

Are there visual alarms? Yes  No

Is there automatic fire department notification? Yes  No

### **Extinguishment**

Are there sprinklers throughout? Yes  No

Partial sprinklers? Yes  No

Where: \_\_\_\_\_

Is there a water flow alarm? Yes  No

Are valves supervised? Yes  No

Electrical  Locks  Seal

Other extinguishing systems:

Type: \_\_\_\_\_

Where: \_\_\_\_\_

Standpipe? Wet  Dry  None

**Extinguishment**

Fire Pump? Yes  No

Size: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi

Date last tested: \_\_\_\_\_

Are fire extinguishers per code? Yes  No

**Building Utilities**

Are utilities in good working order? Yes  No

Heat:

Gas? Yes  No

Oil? Yes  No

Coal? Yes  No

Other? Yes  No

Electrical installation? Yes  No

Emergency generator? Yes  No

Size: \_\_\_\_\_

Date last tested? \_\_\_\_\_

**Elevators**

Elevator recall (Phase I)? Yes  No

Firefighter control (Phase II) Yes  No

**Notes:**

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Fire Inspector \_\_\_\_\_

Date: \_\_\_\_\_