



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:

Fire Inspector _____

Date: _____