



Aberdeen Fire Rescue Department

Serving the community since 1921

910-944-7888

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ABERDEEN, NC 28315

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Day 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

What kind of day care facility is it?

Day Care (13 clients) Group Day Care (7-12 clients) Family day care (4-6 clients)

Occupant Load and Exits

Is location of day care in building per code? Yes No

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

Doors

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

What is the rating of corridor walls? ½ hr 1 hour

Is rating of doors 20 minutes? Yes No

Protection of Hazards

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 janitor closets sprinklered? Yes No N/A
Are rescue windows in each client occupied room per code? Yes No N/A

Operating Features

Is there a written emergency plan? Yes No
Are drills conducted? Yes No
Number of drills per school year: _____
Has evacuation relocation area been established? Yes No
Is any clothing stored in the corridors? Yes No
Are artwork and teaching materials on walls < 20% of wall area? Yes No
Is there a daily inspection of exits? Yes No
Is there a monthly fire inspection by trained staff? 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
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: _____