



# 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:**

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

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