



MOBILE FIRE - RESCUE DEPARTMENT FIRE CODE ADMINISTRATION

Adult Care Facility Inspection

Director: _____ Occupancy Number: _____

Facility Name: _____ Responsible Person: _____

Facility Address: _____

- ____ Address is in compliance (505.1)
- ____ Fire drills documented / / - / / total _____ (405)
- ____ Fire safety and evacuation plans are in compliance (404)
- ____ Type and number of exits are in compliance
- ____ Exit doors open with little effort and have proper hardware
- ____ Exits are clear of obstruction
- ____ Emergency lighting is in compliance
- ____ Smoke detectors are in compliance - last inspection / / by _____
- ____ Fire alarm is in compliance - last inspection / / by _____
- ____ Sprinkler is in compliance - last inspection / / by _____
- ____ 2A/10 BC extinguisher is in compliance - last inspection / / by _____
- ____ Hood suppression is installed over cooking appliances (IFC 609)
- ____ Hood suppression is in compliance - last inspection / / by _____
- ____ Class K fire extinguisher is in compliance - last inspection / / by _____
- ____ Interior finish is acceptable
- ____ Heat source(s) are properly protected
- ____ Proper use of electrical equipment and multi plug adaptors
- ____ Outlet covers are on unused receptacles
- ____ Combustible Storage is in compliance

Comments: _____

This office is concerned with identifying conditions that promote a safe environment free of fire hazards including but not limited to the above key concepts from the 2009 International Fire Code and DHR.

Date of Inspection ____/____/____ _____
Fire Code Administration Staff