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
___ Fire detectors are 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

Mobile Fire-Rescue Department / Bureau of Fire Prevention / Fire Code Administration
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