



MOBILE FIRE - RESCUE DEPARTMENT FIRE CODE ADMINISTRATION

Mobile Fire-Rescue Department School Safety Report

Date of Inspection: ____/____/20____ MFRD Company: _____ School: Last Drill ____/____/20____

School Name: _____ Student Enrollment Number: _____

Mark with an X any conditions that apply to the following list and contact the Bureau (251) 208-7484 the **same day of discovery**. An Inspector will be assigned to follow-up and if necessary will be issued a Notice of Violation (N.O.V.).

<input type="checkbox"/> Exit doors are blocked and/or chained	<input type="checkbox"/> Exit Drills: More than 30 days since last drill
<input type="checkbox"/> Fire Alarm System: More than 12 months since the last certification. Off or Red Tagged	<input type="checkbox"/> Hood Suppression System: More than 6 months since last certification. Off or Red Tagged.
<input type="checkbox"/> Sprinkler System: More than 12 months since the last certification. Valve is closed or system is Red Tagged	<input type="checkbox"/> Extinguishers: More than 12 months since The last certification.

Mark with an X any conditions that apply to the following list. Advise the School Representative of your findings. If the school is unable or reluctant to correct the condition please make a note.

<input type="checkbox"/> Hydrant obstruction: 3 foot clearance	<input type="checkbox"/> Extinguisher out of cabinet
<input type="checkbox"/> Hydrant bonnet not color-coded	<input type="checkbox"/> Extinguisher obstructed or covered
<input type="checkbox"/> Hydrant needs repair	<input type="checkbox"/> Exit sign not illuminated
<input type="checkbox"/> Fire Lane needs painting	<input type="checkbox"/> Fire alarm trouble/supervisory signal
<input type="checkbox"/> Fire Lane Sign needs repair	<input type="checkbox"/> Sprinkler system riser room obstructed
<input type="checkbox"/> Evacuation routes not posted in classrooms	<input type="checkbox"/> Stairs are obstructed/storage under stairs
<input type="checkbox"/> Pull Station covered/obstructed	<input type="checkbox"/> Power supply obstructed
<input type="checkbox"/> Corridor obstructed (width of exit door)	<input type="checkbox"/> Natural gas meter obstructed
<input type="checkbox"/> Improper/Flammable/combustible storage	<input type="checkbox"/> Teaching materials >20% of corridor wall
<input type="checkbox"/> Panic hardware on exit doors needs repair	<input type="checkbox"/> Teaching materials cover >50% of class wall
<input type="checkbox"/> Kitchen K extinguisher obstructed	<input type="checkbox"/> Ceiling tiles are missing

Company Officer _____ Employee # _____

Note: Please e-mail the Bureau of Fire Prevention Chief a copy of this Report.

An Inspector will be assigned to follow-up. An up-date will be provided upon request.