ILLINOIS DEPARTMENT OF HUMAN SERVICES • Division of Substance Use Prevention and Recovery

ARCHITECT’S LIFE SAFETY INSPECTION REPORT

 Lodging or Rooming Houses • Recovery Home Licenses

Agency Name: ____________________________________________________________
Address: ________________________________________________________________

Architect’s Name: _________________________________________________________
Architect’s Signature: ___________________________________ Architect’s License No.: ______________________
Date of Review: ____________________________________________________________

Name/Title of Agency Staff Present:
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

TYPE OF INSPECTION (Prepare a separate report for each building.)

☐ Currently Operating Facility ☐ Vacant Facility
☐ New Facility/Operating ☐ New Facility/Not Operating
☐ Tenant in Building ☐ Multi-Building Facility
☐ Diverse Multi-Licensed Building*

*For the purpose of Life Safety Review, combine facility licenses and apply the more restrictive standard.

APPLICABLE CODE BASED ON OCCUPANCY

NFPA 101-2000 with Occupancy Chapter:

☐ a) Residential extended care, 16 or fewer residents
NFPA 101-2000 Ch. 26 Lodging or Rooming Houses

• Existing facility? ☐ Yes ☐ No
• New Facility? ☐ Yes ☐ No

NOTE: “Existing” NFPA definitions and exceptions only apply to facilities licensed prior to July 1, 1988.

TYPE OF CONSTRUCTION AND GENERAL DATA (NFPA 101-2000 Appendix Table A.8.2.1)

☐ Type 1 (Fire Resistive-concrete, masonry)
☐ Type 2 (Non-combustible-steel, concrete masonry)
☐ Type 3 (Ordinary-masonry exterior with wood joists/studs)
☐ Type 4 (Heavy timber)
☐ Type 5 (Wood frame-interior and exterior structure is wood)

• Is there a basement? ☐ Yes ☐ No
• Number of stories excluding basement: 1 2 3 4 5
• Is the maximum number of residents 16? ☐ Yes ☐ No
• If a residential or diverse, multi-licensed facility, how many total beds are present? < 5 16 <30 30

LEGEND

Y = Yes ☐ NR = Not Required ☐ < = Less Than
N = No ☐ ≥ = Greater than or equal to ☐ > = Greater Than
Bold Text = questionable condition [ = Less than or equal to SPKR = Sprinklered
NA = Not Applicable
EGRESS COMPONENTS

Corridors

• Are there at least two remote means of unobstructed egress from each floor (floor must be over 2,000 square feet to mandate a second means of egress)?
  Bsmt: Y N NR  1st: Y N NR  2nd: Y N NR  3rd: Y N NR  4th: Y N NR  5th: Y N NR

• If not, is a second means of escape available?
  Bsmt: Y N NR  1st: Y N NR  2nd: Y N NR  3rd: Y N NR  4th: Y N NR  5th: Y N NR

• Are corridors well lit?  Y  N
• Do corridors have erratic changes in elevation?  Y  N
• Are corridors free of obstructions and combustible contents?  Y  N
• Are corridors clad with combustible materials?  Y  N
• Were you able to walk each vital path of egress from remote areas to outside?  Y  N
• Are residential facilities corridors:
  a) Maximum travel distance from guest room to nearest exit greater than 75’ (not limited with SPKR)?  Y  N  NA
  b) Less than 2’-4” wide?  Y  N  NA

Stairwells

• Does a minimum of two stairwells serve each floor that is more than 2,000 square feet? (If under 2,000 square feet, one stairwell is adequate.)  Y  N  NA
• Are stairwells clean and unobstructed?  Y  N
• Are handrails present?  Y  N
• Is at least one continuous stairwell enclosed that serves more than two floors? (Example: basement, ground floor, second floor)  Y  N  NA
• Is the enclosed stair(s):
  a) Constructed with ½ hour fire rated minimum construction?  Y  N
  b) Fitted with ½ hour rated, self-latching door(s)?  Y  N

Doors

• Does each exit door leading to the exterior, leading to stairwells, or having the capacity to serve 50 or more persons in a common area:
  a) Swing open easily?  Y  N
  b) Void of deadbolts, throw bolts or additional locks?  Y  N
  c) Have a clear opening greater than 2’-10”?  Y  N
• Does each door in the egress path:
  a) Function properly?  Y  N
  b) Readily unlock?  Y  N
• Does each door in rated assemblies:
  a) Have proper rating?  Y  N
  b) Self-latch with closer?  Y  N
  c) Void of hold opens?  Y  N

FIRE PREVENTION AND SAFETY

• Are hazardous areas safeguarded by a smoke resistant door (Examples of non-smoke resistant doors are: louvers, vents and doors that have excessive openings at top or bottom):
  Client sleeping rooms?  Y  N
• Are required door closers functioning and self-latching:
  a) Client sleeping rooms?  Y  N
  b) Stairwells?  Y  N
Existing Facilities

- Is the building fully sprinklered (not required, however, lessens other requirements)? Y N
- Is the building partially sprinklered (not required, however, lessens other requirements)? Y N

  If yes, which rooms:
  a) kitchen? Y N
  b) stairwells? Y N
  c) hazardous areas? Y N
  d) bedrooms? Y N
  e) storerooms? Y N
  f) closets? Y N
  g) corridors? Y N
  h) furnace rooms? Y N

New Facilities

- Is the building fully sprinklered? Y N

  If not, do all sleeping rooms have a room, which opens directly to the outside? Y N

All Facilities

- Does the facility have a smoke alarm in every bedroom, the minimum standard being a battery-operated unit as well as a maintenance plan requiring replacement of the battery every six months or sooner, if the smoke alarm emits a weak battery warning? Y N
- Were any signals heard from devices indicating low batteries? Y N
- Are all notification devices/alarms fitted with both audio and visual signals? Y N
- Is it connected to a central monitoring station? Y N

  If yes,
  a) is the connection documented? Y N
  b) maintenance agreement? Y N
  c) verification of annual inspection? Y N
- Are fire extinguishers present, visible and tagged with a charge date within one year:
  a) kitchen? Y N NA
  b) commercial kitchen hood's suppression system? Y N
  c) furnace room? Y N
  d) corridors? Y N
  e) hazardous areas? Y N
  f) storage rooms? Y N
  g) mechanical rooms? Y N
  h) laundry room? Y N
- Are heating equipment, flues, pipes, and steam lines:
  a) showing any obvious defects? Y N
  b) isolated from combustible materials? Y N
  c) fitted with combustion air taken directly from outside? Y N
  d) combustion furnaces vented directly to the outside? Y N

ELECTRICAL SYSTEM

- Are there any obvious electrical system defects? Y N
- Does the fuse/breaker box appear to be properly maintained? Y N
- Are extension cords used properly? Y N
- If there are elevators or lifts, do they bear certificates dated within one year? Y N NA
- Does the building show signs of water penetration? Y N

  Is the area wet now? Y N
- Are exhaust fans clean and functioning? Y N

GENERAL HOUSEKEEPING

- Are areas free from hazards, obstructions and excessive storage:
  a) basement? Y N NA e) kitchen/dining room? Y N NA
  b) attic? Y N NA f) storage rooms? Y N NA
  c) corridors? Y N NA g) mechanical rooms? Y N NA
  d) kitchen hood? Y N NA h) laundry room? Y N NA

- Is combustible trash stored in adequate containers? Y N
- Are excessive amounts of trash stored within the building? Y N
- Does each burner of the gas stove/oven ignite when turned on? Y N
REQUIRED DOCUMENTATION

- If a fire alarm was present, was a fire alarm service company report documented within the last year?  Y  N
- Are there any records of previously completed Inspection Reports by local jurisdictions such as fire departments, health agencies, local zoning administrators, etc.  Y  N  NA

If yes, were there any finding/citations?
  a) Have the issues been resolved?

ADDITIONAL COMMENTS