

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
 - New Facility/Operating
 - Tenant in Building
 - Diverse Multi-Licensed Building*
 - Vacant Facility
 - New Facility/Not Operating
 - Multi-Building Facility
- Building Name: _____

*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
- N = No
- Bold Text** = questionable condition
- NA = Not Applicable
- NR = Not Required
- ≥ = Greater than or equal to
- [= Less than or equal to
- < = Less Than
- > = Greater Than
- SPKR = Sprinklered

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** NA
 - c) furnace room? Y **N**
 - d) corridors? Y **N**
 - e) hazardous areas? Y **N**
- Are heating equipment, flues, pipes, and steam lines:
 - a) showing any obvious defects? Y **N**
 - b) isolated from combustibile 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
 - b) attic? Y **N** NA
 - c) corridors? Y **N** NA
 - d) kitchen hood? Y **N** NA
 - e) kitchen/dining room? Y **N** NA
 - f) storage rooms? Y **N** NA
 - g) mechanical rooms? Y **N** NA
 - h) laundry room? Y **N** NA
 - i) clients' rooms? Y **N** NA
 - j) offices? Y **N** NA
 - k) all other rooms? Y **N** NA

- Is combustibile 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**

