

ARCHITECT'S LIFE SAFETY INSPECTION REPORT

SUBSTANCE USE DISORDER, INTERVENTION AND TREATMENT 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
- b) Inpatient Treatment Facilities
NFPA 101-2000 Ch. 28 New Hotels and Dormitories
- c) Residential extended care, 17 or more residents
NFPA 101-2000 Ch. 29 Existing Hotels and Dormitories
- d) New Outpatient Treatment Facility, licensed after
July 1, 1988
NFPA 101-2000 Ch. 38 New Business Occupancies
- e) Existing Outpatient Treatment Facility, licensed prior to
July 1, 1988
NFPA 101-2000 Ch. 38 New Business Occupancies

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
- What is the maximum number of occupants? <10 <50 ≥50
- 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**
- Are corridors marked with U.L. listed, internally illuminated exit signage? Y **N**
(Some occupancies do not require internally illuminated exit signage and permit externally illuminated signage. The detailed criteria for externally illuminated signs are complex and verifying compliance is difficult. All facilities not providing internally illuminated exit signage will be required to provide documentation, field and laboratory testing, and policy verifying compliance for each sign. Important considerations are size, letter type and stroke, illumination, color, reflectance, contrast and luminance.)
- Are corridors illuminated with emergency lighting? Y **N**
(Common exception: Outpatient facility on ground floor with no interior stairs, less than 100 occupants, and not a windowless structure.)
- 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** facility's corridors:
 - a) Maximum travel distance from guest room to nearest exit greater than 100' (200' SPKR)? Y **N** NA
 - b) Exceeding dead end corridor length of 35' (50' SPKR)? Y **N** NA
 - c) Less than 3'-8" wide? Y **N** NA
 - d) Constructed with a fire resistance rating less than one hour? Y **N** NA
- Are **outpatient** facilities corridors:
 - a) Maximum travel distance greater than 200' (300' SPKR)? Y **N** NA
 - b) Less than 3'-0" wide? Y **N** NA
 - c) Exceeding dead end corridor length of 20' (50' SPKR)? Y **N** NA
 - d) Constructed with a fire resistance rating less than one hour? Y **N** NA*(Exceptions: Single user occupied building, sprinklered, or open floor area)*

Stairwells

- Does a minimum of two stairwells serve each floor? Y **N** NA
- Are stairwells clean and unobstructed? Y **N**
- Are handrails present? Y **N**
- Are stairs marked with exit signage? Y **N**
- Are stairs illuminated with emergency lighting? Y **N**
- Are stairs curved, winding, steep, or constricted? Y **N**
- Is at least one continuous stairwell enclosed? Y **N** NA
- Is the enclosed stair(s):
 - a) Constructed with one-hour fire rated minimum construction? Y **N**
 - b) Primarily constructed of incombustible materials? Y **N**
 - c) 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) Swing in direction of egress? Y **N**
 - c) Fitted with panic bars or paddles? Y **N**
 - d) Void of deadbolts, throw bolts or additional locks? Y **N**

- e) Marked with U.L. listed, internally illuminated exit signage? Y N
- f) 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
 - d) Serving sleeping rooms fulfill a 20-minute fire rating, self-closing and self-latching requirements? Y N NA

FIRE PREVENTION AND SAFETY

- Are hazardous areas safeguarded by a one hour construction and one hour door:
 - a) Kitchen? Y N NA
 - b) Furnace Room? Y N NA
 - c) Linen Storage? Y N NA
 - d) Laundry? Y N NA
 - e) Lawn Equipment Storage? Y N NA
 - f) Flammable Metal Storage? Y N NA
 - g) Client Sleeping Rooms? Y N NA
- Are required door closers functioning and self-latching:
 - a) Kitchen? Y N NA
 - b) Furnace Room? Y N NA
 - c) Linen Storage? Y N NA
 - d) Laundry? Y N NA
 - e) Stairwells? Y N NA
 - f) Hazardous Storage? Y N NA
 - g) Client Sleeping Rooms? Y N NA
- Are all gas fired equipment and appliances compartmentalized by one-hour enclosures? Y N NA
- Does the mechanical room with a gas-fired furnace or hot water heater have a thru wall grill or louver in the door, which violates one-hour enclosure? Y N NA
- Is the building fully sprinkled? (*Typically not required, however, lessens other requirements*) Y N
- Does the **outpatient** facility have a fire alarm system? (*Typically not required*) Y N NA
 - a) Does the building have single station detectors/alarms? Y N NA
 - b) Were any low battery signals heard? Y N NA
- Does the **residential** facility have an interconnected system of pull stations, detectors, and alarms? Y N NA
 - a) Is there a documented and functioning connection to a central monitoring station? Y N NA
- Are fire extinguishers present, visible and tagged with a charge date within one year:
 - a) Kitchen? Y N NA
 - b) Furnace Room? Y N NA
 - c) Corridors? Y N NA
 - d) Commercial kitchen hood's suppression system? Y N NA
 - e) Hazardous Areas Y N NA
- 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

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

