



Massachusetts
Department of Correction
POLICY

Effective Date	1/1/2025	Responsible Division Deputy Commissioner, Administration
Annual Review Date	11/27/2024	

Policy Name

**103 DOC 730
FIRE PREVENTION & SAFETY**

M.G.L. Reference:
M.G.L. c. 124, § 1 (c) and (q)
M.G.L. c. 143, § 2A

DOC Policy Reference:
103 DOC 104, 103 DOC 511, 103 DOC 560, 103 DOC 562, 103 CMR 403

Non-DOC Reference:
310 CMR, 527 CMR, 780 CMR

ACA/PREA Standards:
1-CTA-3B-06; 1-CTA-3C-01; 1-CTA-3C-02;
1-CTA-3C-03; 2-CI-1A-7; 2-CI-1A-8; 2-CI-1B-1;
2-CI-1B-1-1; 2-CI-1B-3; 2-CI-1B-4; 2-CO-1A-15;
2-CO-2A-01; 2-CO-2A-02; 2-CO-3B-01; 4-ACRS-1C-05;
4-ACRS-1A-09; 4-ACRS-1C-08; 4-ACRS-1C-09;
4-ACRS-1C-10; 4-ACRS-1C-11; 4-ACRS-1C-12;
4-ACRS-1C-13; 4-ACRS-1C-14; 4-ACRS-1C-15;
4-ACRS-1C-16; 4-ACRS-1C-17; 4-ACRS-1C-18;
5-ACI 1A-06; 5-ACI-2A-01; 5-ACI-2A-02; 5-ACI-3B-01;
5-ACI-3B-02; 5-ACI-3B-03; 5-ACI-3B-04; 5-ACI-3B-05;
5-ACI-3B-06; 5-ACI-3B-09; 5-ACI-3B-11; 5-ACI-3B-12;
5-ACI-1D-12; 5-ACI-1D-13; 5-ACI-6B-10;

Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Applicability: Staff, Incarcerated Individuals, and Civil Commitments

Public Access
Yes No

Location: Department's Central Policy File; Each Institution's Policy File

PURPOSE:
The purpose of this policy is to establish Department of Correction (Department) guidelines for fire prevention and safety procedures at all correctional institutions. This policy is applicable to incarcerated individuals as well as the civil commitments at Bridgewater State Hospital (BSH), MASAC at Plymouth, and the Massachusetts Treatment Center (MTC).

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Deputy Commissioner, Administration
Superintendents

CANCELLATION:
103 DOC 730 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules, or regulations regarding fire prevention and safety in correctional institutions which are inconsistent with this policy.

SEVERABILITY CLAUSE:
If any part of 103 DOC 730 is, for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.

TABLE OF CONTENTS

730.01	Definitions	3
730.02	Compliance with Applicable Safety Codes and Regulations	4
730.03	Fire Prevention Procedures	5
730.04	Fire & Emergency Evacuation Plans	6
730.05	Fire Evacuation Drills	7
730.06	Inspections	8
730.07	Fire Safety Officer	10
730.08	Fire and Safety Training	11
730.09	Fire Alarm/Carbon Monoxide System	11
730.10	Hot Work	12
730.11	Emergency Power	13
730.12	Fire Retardant Furnishings & Materials	14
730.13	Flammable Caustic, Toxic Materials	14
730.14	iEvac Smoke/Fire Hood	16

ATTACHMENTS

Attachment #1	National Fire Protection Association (NFPA) Definitions	18
Attachment #2	Weekly Fire/Environmental Health and Safety Inspection	21
Attachment #3	Non-Institutional Fire Watch Log Report	22
Attachment #4	Code Requirements for Functional Testing	23
Attachment #5	Hot Work Permit	25
Attachment #6	Evacuation Map Legend	26
Attachment #7	Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report	27
Attachment #8	Standardized Institution Discrepancy Tracking	54

DEFINITIONS

Authority Having Jurisdiction (AHJ): The state, agency/department or individual, having statutory jurisdiction, who is knowledgeable about the requirements of the National Fire Protection Life Safety Code (NFPA 1), Massachusetts State Building Code (780 CMR), Massachusetts Comprehensive Fire Safety Code (527 CMR), Massachusetts Electrical Code, within correctional institutions. This person may be employed by the Department (e.g., Director of Resource Management or certified designee), provided that they can act independently of the Superintendent/Division Head of the institution or division being inspected.

Civil Commitment: For purposes of this policy, the term Civil Commitment shall mean any person admitted for evaluation or civil commitment to the Bridgewater State Hospital, any Massachusetts Treatment Center resident pursuant to M.G.L c. 123A as a Sexually Dangerous Person who is not serving a criminal sentence, and any person civilly committed to the Massachusetts Alcohol and Substance Abuse Center or MCI-Framingham.

Fire Safety Administrator: The Fire Protection Program Manager for the Department. Has budgetary oversight of all fire prevention preventative maintenance and service. Trained, and knowledgeable about the requirements of the National Fire Protection Life Safety Code (NFPA 1), Massachusetts Comprehensive Fire Safety Code (527 CMR), Massachusetts State Building Code (780 CMR), and Massachusetts Electrical Code within correctional institutions.

Regional Fire Safety Coordinator: Direct report to the Fire Safety Administrator. Oversee Fire Safety Officers and institutional fire prevention program to ensure compliance with the National Fire Protection Life Safety Code (NFPA 1), Massachusetts Comprehensive Fire Safety Code (527 CMR), Massachusetts State Building Code (780 CMR), Massachusetts Electrical Code, and all applicable policies and procedures within MA DOC correctional institutions.

Fire Safety Officer: An institutional staff member, who has completed the Department of Correction Fire Safety Officer Program, trained in the application of jurisdictional fire safety codes and regulations, who is responsible for conducting inspections of the institution for compliance with applicable codes and regulations.

Fire Watch: The assignment of a Department employee to a particular area for the express purpose of the following: notifying the Fire Department, the building occupants, or both, of an emergency in the assigned area; preventing a fire from occurring in the assigned area, and; extinguishing incipient stage fires, and/or protecting the public from fire or life safety dangers in the assigned area.

Incarcerated Individual: A committed offender or such other person as is placed in custody in a correctional institution in accordance with law.

Incipient Stage Fire: A fire which is in the initial or beginning stage and which can be controlled or extinguished by portable fire extinguishers.

State Building Inspector: The authority having jurisdiction for state buildings, responsible for investigating and inspecting facilities within the state to determine compliance with applicable state codes and regulations and issuing applicable permits for work within state buildings.

Local Fire Official: The municipal officer responsible for implementing fire prevention regulations and practices, providing fire protection services, and who may inspect institutions/divisions for compliance with required codes and regulations.

Qualified Weekly Inspector: A staff person who has received training in, and is familiar with, the applicable fire safety codes, regulations, and inspection techniques (Fire Safety Training). Basic Fire Safety Training shall be conducted by a qualified fire safety officer.

Qualified Monthly Inspector: A staff person holding a certificate of completion from the Department of Correction Fire Safety Officer Program. To maintain the efficacy of the inspection process, a Qualified Monthly Inspector shall not simultaneously serve as the Qualified Weekly Inspector.

Reviewing Authority: Department of Correction managers who are responsible for the development and review of regulations, policies and procedures governing specific operational areas pursuant to 103 DOC 104, *Internal Regulations*.

Safety Data Sheets (SDS): A manufacturer's product information sheet which provides staff, incarcerated individuals, and civil commitments with procedures for handling or working with the manufacturer's product in a safe manner. The SDS includes information such as the properties of each chemical in the product, the physical, health, and environmental hazards, protective measures, and safety precautions for handling, storing, and transporting the product.

State Building Code (780 CMR): The code for fire and safety regulations established by the State Building Code Commission.

State Fire Marshal: The Office within the Department of Public Safety that is responsible for investigating and inspecting facilities within the state to determine compliance with applicable state codes and regulations.

Evacuation Route Diagram (ERD): A pictorial representation of a building/floor layout. This diagram will assist occupants to identify the recommended route(s) of egress from the posted location. An ERD should be simple and easy to interpret by individuals unfamiliar with the building. Only icons identified in Attachment #6 shall be used on any ERD posted in DOC institutions.

Fire Drill Package: Shall include: (1) 103 DOC 562, *Code 99 Emergency Response Guidelines*, Attachment #2, Code 99/Mock Suicide Drills Quarterly Report; (2) all associated incident reports; (3) a training roster identifying all participants of a drill and (4) an activation printout from the MMCall Watch Pager system and Alertus emergency notification system for the deaf and hard of hearing.

730.02

COMPLIANCE WITH APPLICABLE SAFETY CODES AND REGULATIONS

- A. Each institution shall comply with the State Building Code (780 Code of Massachusetts Regulation), and Board of Fire Prevention Regulations (527 Code of Massachusetts Regulation) and all other regulations and applicable standards set forth by the American Correctional Association (ACA).
- B. Portable space heating devices are prohibited in all housing units, and any workspace or area that is attached or connected to a housing unit or living area.

730.03

FIRE PREVENTION PROCEDURES

- A. Each Superintendent shall establish written procedures, which comply with state regulations and standards outlined in 103 DOC 730.02, for the prevention and prompt control of fires. These procedures shall include, but not be limited to, the following:
 - 1. Documented provisions for contacting an adequate fire protection service (e.g., local fire department) and the state building inspector;
 - 2. A written emergency evacuation plan in accordance with 103 DOC 730.04;
 - 3. A system of documenting and tracking:
 - a. Monthly fire safety inspections of all areas of the institution conducted by a qualified Fire Safety Officer.
 - b. Weekly fire safety inspections in all areas of the institution by a qualified weekly inspector.
 - c. All deficiencies cited on monthly and weekly inspections and when they are scheduled for corrective action.
 - 4. A list of all fire safety equipment and systems with testing frequencies at the institution ensuring that maintenance, inspection, and testing frequencies are in accordance with Attachment #4, Code Requirements for Functional Testing. Only variances, exceptions, or equivalencies, that do not constitute a serious life safety threat to the occupants of the institution or division, shall be presented for approval by the Reviewing Authority, the Authority having Jurisdiction (AHJ) and Local Fire Official.

5. Availability of fire protection equipment (e.g., fire extinguishers, fire blankets, etc.) at appropriate locations throughout the institution which are approved by the Reviewing Authority, the Authority having Jurisdiction (AHJ) and Local Fire Official.
6. Dissemination of fire and emergency procedures to appropriate local fire official and state authorities.
7. Procedures for the immediate release of incarcerated individuals and civil commitments from locked areas in accordance with 103 DOC 730.04.
8. Written procedures for the proper storage, use, and control, of flammable, toxic, and caustic materials in accordance with 103 DOC 730.13.
9. Emergency response procedures (e.g., the operation of secondary releases for locked areas) which shall be contained in non-publicly accessed procedures (e.g. 103 DOC 560, *Disorder Management*, “M” Fires) and post orders and only referenced within the institution procedure.
10. Informing staff that it is the primary role of a responding officer to notify central control of a fire or smoke emergency and extinguish the incipient fire or smoke sources. Responding officers are not trained to assume the role of a trained fire fighter, such as attempting to suppress a fire beyond the incipient stage fire. Staff shall **NOT** engage in interior structural firefighting. An evacuation hood is not to be utilized to enter an environment that would require firefighting personal protective equipment (e.g., Turnout gear). Entry into an area for evacuation purposes shall be at the discretion of the on-site incident commander.

730.04

FIRE & EMERGENCY EVACUATION PLANS

- A. Each Superintendent shall develop a written fire and emergency evacuation procedure that specifies how the institution and specific areas within the facility are to be evacuated in the event of fire or other emergency. The procedure shall include a process to assist in evacuating incarcerated individuals and civil commitments who may have medical restrictions identified on the Medical Restrictions screen of Inmate Management System (IMS), including, but not limited to, deaf and hearing impaired, blind and visually impaired, and those with physical disabilities. If an incarcerated individual or civil commitment has been identified as deaf and/or hearing impaired, blind, and/or visually impaired in the Medical Restrictions screen in IMS, a red dot shall be placed on the lower right corner of their bed book card for use by the housing unit officer. This red dot will alert staff that the incarcerated individual or civil commitment has an impairment and may need additional assistance during an evacuation. The procedure shall be certified by an independent, outside inspector trained in the application of building and fire codes. The procedure shall be reviewed annually and updated immediately upon any changes made and subsequently

approved first by the reviewing authority followed by the local fire department or State Building Inspector.

The procedure shall include, but not be limited to, the following:

1. The location of the building/room floor plans (e.g., schematic blueprints) shall be contained in a non-publicly accessed policy/procedure. This policy/procedure shall be identified in this section of 103 DOC 730 at each institution/division/unit;
2. The use of physical exit signs and directional arrows that are easily identified;
3. The location of publicly posted evacuation route diagrams. In addition to all internal evacuation route diagrams, each institution shall post ERDs in the lobby and visiting room to provide the public instructions for evacuating safely.
4. Instructions for fire evacuation drills in accordance with 103 DOC 730.05.
5. The location and identification of all non-auditory notifications for the deaf and hard of hearing and a description of how these notifications are activated.

B. Means of Egress

1. Emergency Exits

Each institution shall have emergency exits which are in compliance with 780 CMR, State Building Code, free from obstructions, distinctly and permanently marked. The objective shall be to ensure the timely evacuation of incarcerated individuals and civil commitments, visitors, and staff in the event of a fire or other emergency.

2. Exit Door Keys

When exit doors are locked for security reasons, keys shall be immediately available and recognizable to personnel on duty.

3. Release of Incarcerated Individuals and Civil Commitments from Locked Areas

Each Superintendent shall develop written, specific instructions for the immediate release of incarcerated individuals and civil commitments from locked areas in the case of an emergency. These instructions shall provide for a manual backup system if the power locks fail and shall be contained in a non-publicly accessed policy/procedure. Reference to the location of such policy/procedure shall be noted in this section of 103 DOC 730 at each institution/division/unit.

4. Housing Areas and Places of Assembly

All housing areas and places of assembly for fifty (50) or more persons are required to have exits in accordance with 780 CMR, State Building Code, but in no case shall the number of exits be less than two (2).

730.05

FIRE EVACUATION DRILLS

- A. All fire drills on the 7x3 and 3x11 shifts shall be evacuation drills except units housing extremely dangerous incarcerated individuals and civil commitments with security concerns (e.g., Souza-Baranowski Correctional Center, Behavior Assessment Units, etc.) and specialized medical units such as infirmaries, assisted daily living (ADL) units, and the Lemuel Shattuck Hospital.
- B. Evacuation drills will not be required on the 11x7 shift due to lower staffing levels in medium and maximum-security institutions. However, simulated fire drills shall be conducted which shall include staff being walked through the scenario, and evacuation routes shall be discussed and shown. The following fire drill frequencies shall be adhered to:
 - 1. Medium and Maximum Institutions: At least quarterly, fire drills in all institution locations, including administrative areas, shall be conducted at medium and maximum-security institutions.
 - 2. Minimum and Pre-Release Institutions: At least quarterly fire drills in all institution locations, including administrative areas, and on every shift. All fire drills shall be evacuation drills, including the 11x7 shift.
 - 3. Divisions: At least quarterly fire drills shall be conducted at a time when the majority of employees are present.
- C. All fire drills shall be tracked in a spreadsheet format with the date, shift, and location, as well as whether the fire drill was simulated or was an actual evacuation.
- D. All fire drills shall be documented on 103 DOC 562, *Code 99 Emergency Response Guidelines*, Attachment #2, Code 99/Mock Suicide Drills Quarterly Report. An incident report shall be generated to document that a fire drill was conducted.
- E. At the completion of each fire evacuation drill, a drill package shall be submitted to the Fire Safety Officer for review. Once reviewed, the drill package shall be forwarded to the Superintendent or designee for review then returned to the Fire Safety Officer for retention.

730.06

INSPECTIONS

The Fire Safety Officer shall generate a Plan of Action Report for the Superintendent or designee outlining all deficiencies cited by external inspections/testing. The Report shall include corrective action taken and/or plans of action to address each deficiency with projected dates of completion.

A. State Building Inspector

1. Each institution shall allow for an inspection at least annually by the State Building Inspector to determine the institution's compliance with the requirements of applicable state codes and regulations (780 CMR, State Building Code). The code at the time of design and construction shall be the governing code. If no code existed, then the existing structures section of the code shall govern.
2. Each Superintendent shall ensure copies of the institution's current Certificates of Inspection (Building Occupancy Permit) are on file and accessible upon request.

B. Local Fire Department (Local Fire Official)

An annual inspection of each institution shall be conducted either by local or state fire officials. If a local or state fire official is unable to conduct an annual inspection, the institution shall document the reason(s) and shall use a member of the Division of Resource Management Fire Safety Team.

C. Monthly Fire Safety Inspection (Fire Safety Officer)

1. A comprehensive monthly inspection of all areas of the institution for compliance with fire safety and prevention standards shall be conducted. **An incident report shall be generated for any new deficiency documented on the monthly inspection report.** These inspections shall be documented through a written monthly report to the Superintendent or designee. A written monthly inspection report shall include the following:
 - a. A cover letter;
 - b. Attachment #7, including a listing of all fire extinguishers and their status;
 - c. Institutions with electric fire pumps shall conduct a monthly churn test and record this information on the provided sheet within Attachment #7; and
 - d. The Monthly Synopsis Report.

MASAC at Plymouth shall continue to conduct a weekly thirty (30) minute diesel fire pump test as required by NFPA 25, and document.

2. All identified Maintenance, Fire Alarm System, Sprinkler System, and Department of Public Health discrepancies shall be tracked from date identified through date of completion utilizing Attachment #8, Standardized Institution Discrepancy Tracking.

D. **Weekly Fire Safety Inspection (Weekly Inspector)**

A fire safety inspection of all areas of the institution shall be conducted by a qualified weekly inspector normally assigned to the specific area. The qualified weekly inspector must have received basic Fire Safety Training from the institutional Fire Safety Officer to conduct the inspection. This inspection is intended to monitor fundamental fire safety measures and familiarize staff with fire safety and prevention methods. The inspection shall be documented on Attachment #2. **An incident report shall be generated by the inspecting staff if a deficiency is noted on Attachment #2.**

730.07

FIRE SAFETY OFFICER

A. **Appointment**

There shall be a qualified Fire Safety Officer, appointed by the Superintendent, at each institution to coordinate the implementation of applicable safety and fire prevention standards outlined in this policy.

B. **Training**

The Fire Safety Officer shall be qualified by attending the Department of Correction's annual Fire Safety Officer Certification Training Program facilitated by the Division of Resource Management (DRM) in conjunction with various external stakeholders.

C. **Responsibilities**

The responsibilities of the Fire Safety Officer shall include, but not be limited to, the following:

1. Performing a comprehensive and thorough monthly inspection of the institution for compliance with safety and fire prevention standards in accordance with 103 DOC 730.06 (C);
2. Coordinating and documenting the training of institutional staff to perform weekly fire and safety inspections. The qualified staff shall perform inspections of assigned areas for compliance with fire and safety standards in accordance with 103 DOC 730.06 (D);

3. Develop training for institution staff in the areas of fire, safety, evacuation, and inspection procedures, in accordance with 103 DOC 730.08;
4. Coordinating external inspections/testing (pursuant to the time frame contained in Attachment #4) and assisting in developing plans of action to implement the recommendations of any internal or external fire and safety inspections/testing in accordance with 103 DOC 730.06;
5. Ensuring that fire evacuation drills are conducted in accordance with 103 DOC 730.05;
6. Seeking consultation and/or technical assistance, when necessary, from the Division of Resource Management, and/or local and state fire authorities. Such assistance may include, but not be limited to, fire safety systems testing/updating, creating plans of action to address fire safety systems inspections/testing, training, determining the location of fire suppression equipment and other appropriate fire prevention procedures.
7. Maintaining a list of safety data sheets (SDS) in accordance with 103 DOC 730.13.
8. Ensuring all furnishings and materials are in accordance with the fire safety performance requirements contained in CMR 527, Board of Fire Prevention Regulations, Chapter 12.

730.08

FIRE AND SAFETY TRAINING

A. Orientation

Each institution shall provide training for all personnel in the implementation of fire safety and emergency evacuation procedures in accordance with, and as part of, the Division of Staff Development's New Employee Orientation guidelines (NEO).

B. In-Service Training

Each institution shall provide annual in-service training for personnel in fire prevention, fire detection, use of emergency equipment, the handling of toxic/caustic/flammable materials, and evacuation procedures. Staff shall also be trained in how to conduct weekly fire safety inspections. This training will be facilitated by the Institutional Fire Safety Officer.

C. Incarcerated Individual and Civil Commitment Toxic Caustic Materials Training

Each institution shall train the incarcerated individual and civil commitment workforce in the proper use and safe handling of toxic/caustic/flammable materials.

730.09

FIRE ALARM/CARBON MONOXIDE SYSTEM

- A. Each institution shall have a fire alarm/carbon monoxide (where applicable) automatic detection system approved by the AHJ, capable of alerting personnel at the control center to the presence of fire, smoke and/or carbon monoxide in the institution. Carbon monoxide systems shall be installed and maintained in accordance all applicable laws and codes.

- B. In the event the carbon monoxide system becomes inoperable, the local Fire Department shall be notified immediately. Battery operated carbon monoxide detectors shall be installed until such time as the system is repaired. They shall be tested monthly and documented via the monthly fire safety inspection outlined in 103 DOC 730.06.

In addition, provisions to address the deficiency in the carbon monoxide system shall be initiated in a reasonable time period and a timeline documenting actions taken to repair the system shall be completed.

- C. In the event the fire alarm system becomes inoperable, the local Fire Department shall be notified immediately, and, at a minimum, hourly fire watches shall be implemented. Fire watches shall be documented within the IMS Unit/Area activity logs.

In addition, provisions to address the deficiency in the fire alarm system shall be initiated in a reasonable time period, and a timeline documenting actions taken to repair the system shall be completed.

- D. In the event the fire alarm system becomes inoperable within a location other than an institution (e.g., division, unit), the local Fire Department shall be notified immediately. If a fire watch is ordered at the direction of the local Fire Department, the following procedures shall be adhered to:
 - 1. During business hours, staff shall document fire watch rounds via Attachment #3, Fire Watch Log Report.
 - 2. During non-business hours, procedures shall outline the responsible staff members and documentation necessary for hourly external fire watches. The procedure/MOA shall be reviewed annually by the reviewing authority.

730.10

HOT WORK

- A. Each Superintendent shall ensure that all hot work within a state correctional property is within compliance of 527 CMR 41.00. This is to include, but not limited to, designating an institution Permit Authorizing Individual (PAI) and the following:

1. The Fire Safety Administrator will serve as the Fire Protection Program Manager (FPPM). The FPPM shall ensure that a written plan is in place to establish a program for the hot work and hot work permitting. The FPPM, or designee, reviews this program periodically and monitors work areas to ensure compliance with the hot work program. The FPPM will also coordinate training for applicable employees on hot work and associated permitting.
2. The Permit Authorizing Individual (PAI) shall be responsible for the safe operation of hot work activities within the institution. This is to include the utilization of a fire watch, ensuring staff members or vendors performing hot work have been certified or licensed to complete the task assigned and the elimination/mitigation of combustibles in the work area.
3. Prior to applying for, issuing internal hot work permits (Attachment #5) or applying for a permit through the State Building Inspector, State Plumbing Inspector, or other applicable authority. The PAI shall consider the safety of the hot work operator and fire watch, with respect to personal protective equipment (PPE) and other special hazards beyond hot work. Prior to hot work commencing the PAI shall ensure that all flammable/combustible material, property and caustic/toxics are removed from the work area or is shielded against ignition. If an alternative to hot work is available, it should be utilized when practical.
4. The Hot Work Operator shall:
 - a. Handle equipment safely and use it in a manor not to endanger lives and/or property.
 - b. Obtain PAI approval before starting operations.
 - c. Ensure the area is safe to work.
 - d. Examine all equipment to ensure it is safe. If equipment is found not to be safe, immediately removal from service and report to Director of Facility Maintenance and Tool Control Officer.
 - e. Immediately cease operations if unsafe conditions develop and notify the PAI for reassessment of the situation.
5. The Fire Watch shall:
 - a. Be trained, and certified, to understand the inherent hazards of the work site and operation.
 - b. Ensure safe conditions are maintained during the operation.
 - c. Have the authority to stop the operation if unsafe conditions develop.
 - d. Have extinguishing equipment readily available and trained in its use.
 - e. Immediately notify inner control should a fire be ignited during the course of hot work.
 - f. Watch for fires in all exposed areas and extinguish incipient stage fires when safe to do so.

730.11

EMERGENCY POWER

- A. In the event of a loss of power, each institution shall have an emergency power source capable of providing 100% power for the normal operation of the institution. Power generators shall be inspected weekly and load tested quarterly, at a minimum, or in accordance with the manufacturer’s recommendations and instruction manual. Institutional procedures shall outline the documentation requirements for weekly inspections and quarterly load tests.
- B. Institutions without the emergency power source shall develop a procedure for addressing this deficiency within a reasonable time period in accordance with the capital outlay procedures and subject to legislative appropriation. The procedure, including any variances, exceptions, or equivalencies, that do not constitute a serious life safety threat, must meet with the approval of the Department’s Division of Resource Management.

730.12

FIRE RETARDANT FURNISHINGS & MATERIALS

- A. Only fireproof or fire-retardant furnishings and materials shall be used in all institutions (e.g., mattresses, curtains, wastebaskets, etc.). All furnishings and materials shall comply with fire safety performance requirements in accordance with CMR 527, Chapter 12, Board of Fire Prevention Regulations and be approved by the institution’s Fire Safety Officer.
- B. Each institution shall have specifications documentation for all selected and purchased materials and institutional furnishings verifying that they comply with the fire safety performance requirements.
- C. The limitation of incarcerated individual and civil commitment possessions shall be strictly adhered to in accordance with 103 CMR 403, *Inmate Property* so as not to create any fire hazards.

730.13

FLAMMABLE, CAUSTIC, TOXIC MATERIALS

- A. Each institution shall develop written procedures for the proper storage, use, and control of flammable, toxic, and caustic materials. Procedures shall comply with recommended ACA standards and the Hazardous Substance Disclosure by Employers law (M.G.L. c 111F, § 1 et seq.), also known as the “Right to Know Law.” At a minimum, the following guidelines shall be adhered to:
 - 1. Safety Data Sheets (SDS): At a minimum, the following guidelines shall be adhered to:

- a. Each area using or storing flammable, toxic or caustic substances shall maintain a file of the manufacturer's SDS for each substance. The SDS shall be maintained alphabetically in a binder and updated as needed.
 - b. A master SDS index of all active and inactive flammable, toxic, and caustic substances in the institution, including their locations, shall be kept on file with the Fire Safety Officer. A separate index of all inactive substances no longer in use at the institution shall be kept on file for a period of thirty (30) years from the last time the substance was used.
 - c. A master SDS index list of all active substances being used at the institution shall be located in the institution's Health Service Unit. The Fire Safety Officer shall maintain the file.
2. Control:
- a. Constant inventories shall be maintained for all flammable, toxic, and caustic substances used and stored in each institution or division. All flammable, toxic and caustic substances shall be accounted for before, during, and after their use. Perpetual inventories for all non-diluted substances shall be accounted for to accurately reflect acquisitions, disbursements, made by whom, and the amounts on hand. Diluted spray bottles used for cleaning may be accounted for via nonperpetual site inventories. However, each institution shall develop procedures outlining the issuance and control of spray bottles.
 - b. All flammable, hazardous, poisonous and toxic materials (e.g., pesticides, herbicides), aerosol cans, and oxygen, propane, acetylene and other gas tanks, shall be considered Class "A" items and be stored in accordance with 103 DOC 511, *Institution Tool Control*.
3. Use:
- a. All flammable, toxic and caustic substances shall be issued only by authorized staff and in amounts only necessary for one (1) day's needs. Authorized incarcerated individuals and civil commitments shall be allowed to use flammable, toxic, and caustic materials under the supervision of qualified staff.
 - i. The only exception shall be for "Defender" tablets. These tablets shall be stored and secured in a centralized location (i.e. storehouse). Issuance from the centralized location shall be for no greater than one week's worth of usage. Once distributed, the tablets shall be secured in a secure location inaccessible to the incarcerated individual, civil commitment, detainee, and patient population without staff supervision. A perpetual inventory at that location is required, tracking the number of tablets used for dilution.
 - b. The use of any substance must conform to the provisions and precautions listed in the manufacturer's SDS.

- c. Only an authorized staff member may dispense flammable and combustible liquids.
- 4. Bulk Storage:
 - a. All substances shall be stored in their original containers and be clearly labeled.
 - b. All flammable, combustible substances shall be stored in non-flammable cabinets or fire-resistant storage rooms as approved by the AHJ. Storage rooms and cabinets shall be properly secured, and under the supervision of an authorized staff member anytime they are in use. Doors and cabinets shall be placed so that they do not obstruct access to exits, stairways, and other areas normally used for evacuation in the event of a fire or other emergency.
- 5. Disposal:
 - a. Excess flammable, toxic or combustible substances shall be disposed of properly in accordance with federal, state and local regulations. The Division of Resource Management shall be consulted, if necessary, for the proper storage and disposal of hazardous materials.
- 6. Spills:
 - a. Information on the proper course of action for chemical spills is contained in the manufacturer's SDS.
- B. Attachment #1 provides definitions of flammable, toxic, and caustic substances as cited by NFPA and OSHA. Substances that do not contain any of the properties discussed in this section but are labeled "Keep out of reach of children" or "May be harmful if swallowed" shall adhere to the use and control procedures outlined in this section. Questions concerning the properties of all substances shall be resolved by examining the manufacturer's SDS sheet.
- C. Special containers shall be provided for flammable liquids and for rags used with flammable liquids. All receptacles and containers shall be emptied and cleaned daily;
- D. Ethyl alcohol, isopropyl alcohol, and other antiseptic products shall be stored and used only in the Medical Department. The use of such chemicals must be closely supervised and shall be diluted and issued in only small quantities to prevent any injurious or lethal accumulation.

730.14

iEVAC SMOKE/FIRE HOOD

The iEVAC Smoke/Fire Hood is a certified smoke/fire evacuation hood. It protects against fire-related gases, including carbon monoxide, hydrogen cyanide, smoke, & hydrogen sulfide.

1. Each Superintendent/designee shall determine the placement of iEVAC hoods throughout the institution for the purpose of emergency response.
2. Each institution will have training mock hoods versions of the iEVAC hoods which shall be utilized during evacuation drills. **At no time shall new, sealed hoods be breached for the purpose of a fire drill.**
3. The iEVAC training hoods shall be stored in a secure location, only to be distributed and utilized during fire evacuation drills.

I. DEFINITIONS (NFPA)

- *Caustic material* — A substance capable of destroying or eating away by chemical reaction.
- *Combustible liquid* — A substance with a flash point at or above 100 degrees Fahrenheit. Classified by flash point as a Class II or Class III liquid.
- *Flammable liquid* — A substance with a flash point below 100 degrees Fahrenheit (37.8 degrees Centigrade). Classified by flash point as a Class I liquid.
- *Flash point* — the minimum temperature at which a liquid will give off sufficient vapors to form an ignitable mixture with the air near the surface of the liquid (or in the vessel used).
- *Material Safety Data Sheet (MSDS):* (Outdated as of June 1, 2015. As soon as an SDS is received, it supersedes the MSDS) A document for all hazardous chemical substances produced and/or sold in the United States prior to implementation of GHS. Each MSDS sheet shall be in English and shall contain the following information: the identity used on the label, physical and chemical characteristic (vapor pressure, flash point, and so forth) physical and health hazards, primary routes of entry, exposure limits, precautions for safe handling and use, control measures, emergency and first aid procedures, and the chemical manufacturer's name, address, and telephone number.
- *NFPA Health Hazard (Blue)* — The likelihood of a material to cause, either directly or indirectly, temporary or permanent injury or incapacitation due to an acute exposure by contact, inhalation, or ingestion. (0, normal material; 1, slightly hazardous; 2, moderately hazardous; 3, extreme danger; 4, deadly)
- *NFPA Reactivity Hazard (Yellow)* — The violent chemical reaction associated with the introduction of water, chemicals could also polymerize, decompose or condense, become self-reactive, or otherwise undergo a violent chemical change under conditions of shock, pressure, or temperature. (0, stable; 1, unstable if heated; 2, violent chemical change; 3, shock and heat detonate; 4, may detonate)
- *NFPA Specific Hazard (White)* — Other properties of the material that cause special problems or require special fire-fighting techniques (ACID=acid, ALK=alkali, COR=corrosive, OXY=oxidizer, P=polymerization, Y-radioactive).
- *Personal Protective Equipment (PPE)* — Equipment intended to be worn by an individual to create a barrier against workplace hazards.
- *Secondary Container* — A portable container into which chemicals are transferred for use.
- *Toxic Material* — A substance that through which chemical reaction or mixture can produce possible injury or harm to the body by entry through the skin, digestive tract, or respiratory tract. The toxicity is dependent on the quantity absorbed and the rate, method, and the site of absorption and the concentration of the chemical.

- It is possible that a substance may possess more than one of the above properties; therefore, the safety requirements for all applicable properties should be considered.

II. DEFINITIONS OF OSHA SYSTEM USING THE GHS

- *Hazard Classification*: Process performed by manufacturer to identify the relevant data regarding the hazards of a chemical; review those data to ascertain the hazards associated with the chemical; and decide whether the chemical will be classified as hazardous according to the definition of hazardous chemical in the OSHA HazCom Standard.
- *Hazard statement(s)*: Phrase assigned to each hazard category that describes the nature of the hazard. Examples of hazard statements are: "Harmful if swallowed," and "Highly flammable liquid and vapor."
- *Label*: A written, printed, or graphic material, displayed on or affixed to containers of hazardous chemicals.
- *Label elements*: The specified pictogram, hazard statement, signal word and precautionary statement for each hazard class and category.
- Not all hazards require all label elements. Refer to OSHA Appendix C for precautionary statements.
- EPA registered product labeling falls under the jurisdiction of the EPA and require their own labeling approved by the EPA. These products will not contain OSHA required label elements. Refer to the product Safety Data Sheet for OSHA hazard classification.
- Some products will not meet any criteria for hazards provided by the Standard. These products will not have label elements.
- *Precautionary Statement(s)*: phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical, or improper storage or handling.
- *Pictogram(s)*: A symbol inside a diamond with a red border, denoting a particular hazard class (e.g., acute toxicity/lethality, skin irritation/corrosion, etc.). Not all hazards include a Pictogram.
- *Safety Data Sheet (SDS)*: A document required by OSHA for all hazardous chemical substances produced. Each SDS sheet shall contain the following 16 sections:
 - Section 1: Identification;
 - Section 2: Hazard(s) identification (contains hazard classification);
 - Section 3: Composition/information on ingredients;
 - Section 4: First-aid measures;
 - Section 5: Fire-fighting measures lists;
 - Section 6: Accidental release measures;
 - Section 7: Handling and storage;

- Section 8: Exposure controls/personal protection;
- Section 9: Physical and chemical properties;
- Section 10: Stability and reactivity;
- Section 11: Toxicological information;
- Section 12: Ecological information;
- Section 13: Disposal considerations;
- Section 14: Transport information;
- Section 15: Regulatory information;
- Section 16: Other information.
- *Signal word*: One word used to indicate the relative severity of hazard and alert the reader to a potential hazard on the label and Safety Data Sheet. There are two signal words:
 - "Warning" for less severe hazard categories and;
 - "Danger" for more severe hazard categories

Department of Correction Weekly Fire/Environmental Health and Safety Inspection

Location: _____

ENVIRONMENTAL HEALTH/SAFETY INSPECTION

	<u>Clea n</u>	<u>Not Clea</u>	<u>Need Repair</u>	<u>N/ A</u>		<u>COMMENTS</u>
Walls/Ceiling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Windows/Floors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Stairwells:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illuminated: Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Light Fixtures:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Working: Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Furnishings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Heat / Air Cond.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Storage Areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Lavatories / Showers :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper, hand towels, liquid soap available? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Cells:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Trash Removal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Outside-Grounds:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Mop Closets:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Toxic/Caustic bottles stored properly, labeled, and SDS Present?						Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are the First Aid Kit(s) sealed?						Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are incarcerated individuals or civil commitments or staff reporting any problems with Pests/Rodents?						Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

FIRE SAFETY INSPECTION

	<u>YE S</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
<u>Fire extinguishers:</u> Are all extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Fire Blanket(s):</u> Are the fire blankets present/sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>iEvac Mask:</u> Is the iEVAC device present and sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are the Emergency Exits (approach-exit-discharge) clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exit Signs are in place and are working properly and/or lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are the Evacuation plans in place/posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are entry/exit keys notched/riveted properly/staff familiar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stretcher/Stair chair secured/sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are all doors opening/closing properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any Electrical Hazards present? Exposed wiring, altered/faulty appliances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flammable, Combustible materials stored/handled properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Alarm Control Panel operating? (Green light on, orange trouble light, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Corrective Action Needed: _____

INSPECTOR'S NAME (**PRINTED**): _____

DATE: _____

INSPECTOR'S SIGNATURE: _____

CODE REQUIREMENTS FOR FUNCTIONAL TESTING

System/Equipment	Frequency	NFPA Code	CMR reference to NFPA
Sprinklers	Quarterly	25	780 CMR 9.00 (901.4) and 527 CMR 1.00 (Ch. 13.3)
	3 year Interval	25	
	5 year Interval	25	
Standpipes	Annual	25	527 CMR 1.00 (Ch. 13.2)
	5 year Interval	25	
Standpipe Hoses	5/3 year Interval	25	527 CMR 1.00 (Ch. 13.2)
Hood Suppression (Ansul)	Semi-Annual	17, 17a, 96	527 CMR 1.00 (Ch. 50)
	12 year Interval	17, 17a, 96	
Hood Cleaning	Varies	96	527 CMR 1.00 (Ch. 50)
Fire Extinguishers	Annual	10	527 CMR 1.00 (Ch. 13.6)
	5 year Interval	10	527 CMR 1.00 (Ch. 13.6)
	6 year Interval	10	527 CMR 1.00 (Ch. 13.6)
	12 year Interval	10	527 CMR 1.00 (Ch. 13.6)
Halon System	Semi-Annual	12A	527 CMR 1.00 (Ch. 13.8 Table 13.8)
Automatic Fire Alarm Systems	Annual	72	780 CMR 9.00 and 527 CMR 1.00 (Ch. 13.7)
Non-Automatic Alarm Systems (non-auditory alarms)	25% of System Quarterly/100% Annual	72	

Carbon Monoxide Systems	Annual	720	780 CMR 9.00 and 527 CMR 1.00 (Ch.13.7)
Hydrants	Annual	25 (7.1.1.2)	527 CMR 1.00 (Ch.18.5)
	At least every 5 years	25 (7.1.1.2)	
Fire Pump	Annual	25	780 CMR and 527 CMR 1.00 (Ch. 13.4)
	Monthly	25	
Electric	Monthly (10 min test)	25	
Diesel	Weekly (30 min test)	25	
Generators	Weekly	110	527 CMR 1.00 (Ch. 11.7)
	Quarterly	110	527 CMR 1.00 (Ch. 11.7)
Emergency Lights	Monthly	101	527 CMR 1.00 (Ch.14.13)
Stage I Vapor Recovery GDF (Gas Dispensing Facility)	Weekly Inspection Checklist from 310 CMR		310 CMR 7.24 (3)(d#2) (No NFPA reference)
<p>The reviewing authority <u>AND</u> authority having jurisdiction (AHJ) shall approve any variances, exceptions, or equivalencies that <u>do not</u> constitute a serious life safety threat to the occupants of the institution.</p>			



HOT WORK PERMIT



Seek an alternative/safer method if possible!

Before initiating hot work, ensure precautions are in place as required by NFPA 51B and ANSI Z49.1. Make sure an appropriate fire extinguisher is readily available.

This Hot Work Permit is required for any operation involving open flame or producing heat and/or sparks. This work includes, but is not limited to, welding, brazing, cutting, grinding, soldering, thawing pipe, torch applied roofing, or chemical welding.

Date _____	Hot work by <input type="checkbox"/> employee <input type="checkbox"/> contractor
Location/Building and floor _____	Name (print) and signature of person doing hot work _____
Work to be done _____	I verify that the above location has been examined, the precautions marked on the checklist below have been taken, and permission is granted for this work. Name (print) and signature of permit-authorizing individual (PAI) _____
Time started _____ Time completed _____	
THIS PERMIT IS GOOD FOR ONE DAY ONLY	

- Available sprinklers, hose streams, and extinguishers are in service and operable.
- Hot work equipment is in good working condition in accordance with manufacturer's specifications.
- Special permission obtained to conduct hot work on metal vessels or piping lined with rubber or plastic.

Requirements within 35 ft (11 m) of hot work

- Flammable liquid, dust, lint, and oily deposits removed.
- Explosive atmosphere in area eliminated.
- Floors swept clean and trash removed.
- Combustible floors wet down or covered with damp sand or fire-resistive/noncombustible materials or equivalent.
- Personnel protected from electrical shock when floors are wet.
- Other combustible storage material removed or covered with listed or approved materials (welding pads, blankets, or curtains; fire-resistive tarpaulins), metal shields, or noncombustible materials.
- All wall and floor openings covered.
- Ducts and conveyors that might carry sparks to distant combustible material covered, protected, or shut down.

Requirements for hot work on walls, ceilings, or roofs

- Construction is noncombustible and without combustible coverings or insulation.
- Combustible material on other side of walls, ceilings, or roofs is moved away.

Requirements for hot work on enclosed equipment

- Enclosed equipment is cleaned of all combustibles.
- Containers are purged of flammable liquid/vapor.
- Pressurized vessels, piping, and equipment removed from service, isolated, and vented.





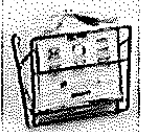




Requirements for hot work fire watch and fire monitoring

- Fire watch is provided during and for a minimum of 30 min. after hot work, including any break activity.
- Fire watch is provided with suitable extinguishers and, where practical, a charged small hose.
- Fire watch is trained in use of equipment and in sounding alarm.
- Fire watch can be required in adjoining areas, above and below.
- Yes No Per the PAI/ fire watch, monitoring of hot work area has been extended beyond the 30 min.

Massachusetts Department of Correction

Printing Instructions: In addition to permits issued by the appropriate Authority Having Jurisdiction (AHJ), a total of three copies of this permit is required.

- (1) Have a posted copy at the location of the NFPA 51B and ANSI Z49.1 defined hot work.
- (2) Retain a copy in the Director of Engineering Office.
- (3) Retain a copy in the Fire Safety Officer's Office. All DOC hot work permits shall be kept on file for a total of one year following issuance.

LEGEND	
	YOU ARE HERE
	Exit Here
	Primary Exit Route
	Secondary Exit Route
	iEvac Hood
	Portable Extinguisher
	Fire Pull Station
	Hazardous Waste Storage
	Flammable Storage



Institution Name

Attachment #7



Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report

Area Location Here

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blood spill kit sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Response/Blue Bag sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION	YES	NO	N/A	
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.				
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



InstitutionName



Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report

Kitchen/Culinary

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SANITATION/HYGIENE INSPECTION	YES	NO	N/A
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher sanitizing properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.

EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Health Services Unit

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Visual Inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Inspection of sprinkler valves to verify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable storage present and inventoried correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION	YES	NO	N/A	
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDS Master present and updated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mattresses, pillows and blankets free from rips, tears etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.				
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Gym

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SANITATION/HYGIENE INSPECTION	YES	NO	N/A
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym equipment free from defects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.

EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Unit

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION				YES	NO	N/A	COMMENTS
Visual Inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Visual Inspection of sprinkler valves to verify:							
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Alarm valve(s) visually inspected to verify:							
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
SANITATION/HYGIENE INSPECTION				YES	NO	N/A	
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.							
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10				YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Visiting Room

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION				YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:							
1. valve(s) found in normal open/closed position.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:							
1. gauge reflects normal water supply is maintained.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION				YES	NO	N/A	
Cooking appliances appear clean and operational.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.							
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10				YES	NO		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Tower

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary evacuation means available and operable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION	YES	NO	N/A	
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.				
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Control Center

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION				YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:							
1. valve(s) found in normal open/closed position.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:							
1. gauge reflects normal water supply is maintained.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION				YES	NO	N/A	
Cooking appliances appear clean and operational.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.							
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10				YES	NO		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Armory

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable storage present and inventoried correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION	YES	NO	N/A	
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.				
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Mailroom

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION	YES	NO	N/A	
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.				
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Maintenance

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS	
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Visual inspection of sprinkler valves to verify:					
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm valve(s) visually inspected to verify:					
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Flammable storage present and inventoried correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Oily rag procedure correctly implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SANITATION/HYGIENE INSPECTION					
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.</p>					
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10				YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Mechanical Room

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SANITATION/HYGIENE INSPECTION	YES	NO	N/A
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.

EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Industries

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable storage present and inventoried correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oily rag procedure correctly implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION	YES	NO	N/A	
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.				
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Barber Shop

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION			YES	NO	N/A	COMMENTS	
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.							
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).							
Visual inspection of sprinkler valves to verify:							
1. valve(s) found in normal open/closed position.							
2. valve(s) sealed, locked or supervised.							
3. accessible							
4. PIV(s) have correct wrenches.							
5. valve(s) free from external leaks							
6. valves provided with applicable identification.							
Alarm valve(s) visually inspected to verify:							
1. gauge reflects normal water supply is maintained.							
2. valve(s) free from physical damage.							
3. valve(s) in normal open or closed position.							
4. Retarding chamber/alarm drain is not leaking.							
Back flow assembly visually inspected to verify control valve(s) in normal open position.							
Emergency exit lights and signs tested for a minimum of 30 seconds.							
Lighting operational.							
Fire blanket is sealed.							
First aid kit is sealed.							
Eye wash in compliance.							
IEvac Smoke/Fire Hood sealed and within expiration date.							
Stairwells clear and illuminated.							
Ingress/egresses clearly identified and free from obstructions.							
SANITATION/HYGIENE INSPECTION			YES	NO	N/A	COMMENTS	
Cooking appliances appear clean and operational.							
Thermometer present in refrigerator.							
Officer's station clean.							
Hand soap and hand drying means available.							
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.							
Sinks, toilets and showers are clean and operational.							
Vents clean and operational.							
Evidence of pests or rodents.							
Area in compliance with Housekeeping Plan.							
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.							
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10			YES	NO			

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Administration

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION	YES	NO	N/A	
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.				
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Library

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION				YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Inspection of sprinkler valves to verify:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. valve(s) found in normal open/closed position.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. gauge reflects normal water supply is maintained.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION				YES	NO	N/A	
Cooking appliances appear clean and operational.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.							
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10				YES	NO		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Exterior Perimeter and Grounds

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION	YES	NO	N/A	
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.				
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Booking and Admissions

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION	YES	NO	N/A	
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.				
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Laundry

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION	YES	NO	N/A	
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.				
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name



Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report

Property

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	
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Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SANITATION/HYGIENE INSPECTION	YES	NO	N/A	
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Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.

EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO	
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Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Power Plant

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SANITATION/HYGIENE INSPECTION	YES	NO	N/A
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.

EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Area/Page Number



Institution Name

Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Water Treatment Plant

Date (mm/dd/yy):

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
Automatic fire alarm control equipment visual inspection of fuses, Interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual inspection of sprinkler valves to verify:				
1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm valve(s) visually inspected to verify:				
1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANITATION/HYGIENE INSPECTION	YES	NO	N/A	
Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.				
EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Area/Page Number



Institution Name
Comprehensive Monthly Fire Safety, Sanitation and Equipment Inspection Report



Inner Perimeter Security

Date (mm/dd/yy): _____

FIRE/LIFE SAFETY INSPECTION	YES	NO	N/A	COMMENTS
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Automatic fire alarm control equipment visual inspection of fuses, interfaced equipment, lamps and LED's, primary (main) power supply and trouble signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Visual inspection of sprinkler gauges for damage and date (dry reaction and deluge systems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Visual inspection of sprinkler valves to verify:				
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1. valve(s) found in normal open/closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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2. valve(s) sealed, locked or supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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3. accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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4. PIV(s) have correct wrenches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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5. valve(s) free from external leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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6. valves provided with applicable identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Alarm valve(s) visually inspected to verify:				
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1. gauge reflects normal water supply is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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2. valve(s) free from physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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3. valve(s) in normal open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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4. Retarding chamber/alarm drain is not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Back flow assembly visually inspected to verify control valve(s) in normal open position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Emergency exit lights and signs tested for a minimum of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Lighting operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Fire blanket is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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First aid kit is sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Eye wash in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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IEvac Smoke/Fire Hood sealed and within expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Stairwells clear and illuminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Ingress/egresses clearly identified and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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SANITATION/HYGIENE INSPECTION	YES	NO	N/A	COMMENTS
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Cooking appliances appear clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Thermometer present in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Officer's station clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Hand soap and hand drying means available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Floor, walls, doors, windows/screens, and ceilings in good condition and/or clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Sinks, toilets and showers are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Vents clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Evidence of pests or rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Area in compliance with Housekeeping Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Pursuant to NFPA 10, a visual inspection shall include the following: Extinguishers are located at/in proper heights/locations, they are unobstructed, operating instructions are facing forward, tamper seal is unbroken, proper charge exists, pin is present, no physical damage/corrosion/leakage/clogged hoses exist, HMIS label is present and tires, wheels and carriage are checked for wheeled units.

EXTINGUISHERS BELOW ARE IN COMPLIANCE WITH NFPA 10	YES	NO
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	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Area/Page Number

Massachusetts Department of Correction

Electric Fire Pump Monthly Report

Month _____ Year _____

INSPECTIONS:

YES	N/A	NO	Is the heat in the fire pump room at least 40° F?
YES	N/A	NO	Pump Control valves are in the normal position?
YES	N/A	NO	System piping free of mechanical damage and leaks?
YES	N/A	NO	Fire Pump packing leaking at 1 drop/second?
YES	N/A	NO	Suction line water pressure is normal? (psi)
YES	N/A	NO	System line water pressure is normal? (psi)
YES	N/A	NO	Jockey Pump Controller in normal "Auto" position?
YES	N/A	NO	Fire Pump Controller operational?
YES	N/A	NO	Isolating switch for standby power is closed? (on)
YES	N/A	NO	Controller selector is in "Auto" position?

TESTING:

YES	N/A	NO	Start Fire Pump by pressure drop? a. Jockey Pump in automatic position and operating properly? Jockey Pump starting pressure: <input type="text"/> psi Stopping pressure: <input type="text"/> psi b. Fire Pump starting pressure: <input type="text"/> psi
YES	N/A	NO	Is packing gland leaking slightly?
YES	N/A	NO	Fire Pump suction pressure recorded? <input type="text"/> psi
YES	N/A	NO	Fire Pump discharge pressure recorded? <input type="text"/> psi
YES	N/A	NO	Is Fire Pump casing relief valve operating?
YES	N/A	NO	Pump is free of any unusual noises or vibrations?
YES	N/A	NO	Pump is warm (not hot) after 8 minutes of runtime? a. Is the Fire Pump casing, packing gland and bearing cool?
YES	N/A	NO	Automatic "Stop" time recorded? <input type="text"/> minutes.
YES	N/A	NO	Fire Pump and jockey pump controllers returned to "Auto" following 10 minutes of runtime?
YES	N/A	NO	Fire Pump left in normal condition?

COMMENTS:

Inspection by: _____

Date: _____

Institution Name

MONTHLY SYNOPSIS REPORT

(This is a general synopsis form attached to the end of the monthly report where the inspector can provide additional comments and information regarding the building, inspection dates etc.)

<u>Conditions Notes</u>	<u>Status</u>	<u>Comments</u>
Fire Alarm Systems (<i>tested quarterly</i>)		Last Inspected/Tested:
Sprinkler Systems (<i>tested quarterly</i>)		Last Inspected/Tested:
Fire Pump System (<i>tested annually</i>)		Last Inspected/Tested:
Fire Hydrants Flushed (<i>annually</i>)		Last Flushed:
Fire Hydrants Flow Tested (5 year)		Last Flow Tested:
Standpipe Valve Exercise (annual)		Valve Last Exercised:
Standpipe Flow Tested (5 year)		Last Flow Tested:
Fire Department Connections		Last inspected:
Kitchen Hood Ventilation Clean		Last Inspected/Cleaned:
Kitchen Special Hazard Suppression System (<i>tested Bi-annually</i>)		Last Inspected/Tested:
Special Hazard/Clean Agent Systems (list if applicable)		Last Inspected/Tested:
Electrical Panels/Closets Accessible/Clear		
Stretcher Chair (<i>inspected quarterly</i>)		Last Inspected:
Smoke Ejectors (inspected quarterly)		Last Inspected:
Water Temperatures (quarterly)		Last tested:
Indoor Air Temperature (tested in summer and winter)		Last tested:
Light Testing (once per 3-year ACA accreditation cycle)		Last tested:
Sound Testing (annually, tested during the day and night hours)		Last tested:
Hazardous Waste Removal (in accordance with D.E.P.)		

Monthly Comments

**Standardized Institution Discrepancy Tracking
Dept. of Public Health**

Institution Name: _____

Location	Incident Report # / Reported From:	Discrepancy	Date Cited	Assigned To	Projected Completion	Action Taken/Comments

Staff Preparing Name & Title: _____

Date: _____

**Standardized Institution Discrepancy Tracking
Completed**

Institution Name: _____

Location	Incident Report # / Reported From:	Discrepancy	Date Cited	Assigned To	Projected Completion	Action Taken/Comments

Staff Preparing Name & Title: _____

Date: _____