

Inspection Checklist

Family Day Care Fire Safety Checklist

Family Day Care – maximum of 8 children, no more than 4 under the age of two.

www.montgomerycountymd.gov/firemarshal 240-777-2457

www.firemarshal@gaithersburgcity.gov 301-258-6330

www.rockvillefiremarshal@rockvillecity.gov 240-314-5041

Building: _____

Address: _____

Inspector: _____

Date: _____ **Date of Last Inspection:** _____

Outstanding Violations: Yes No

-
- House numbers should be a minimum of 5" in height and visible to the street.
 - Lights should be provided by exit doors.
 - Each bathroom and bedroom doorknob should be unlockable from outside the room.
 - The house should be free from obvious electrical hazards.
 - Extension cords should not be used on a permanent basis.
 - Heating equipment should be in good working condition.
 - The house should have an escape plan that shows two exits from each sleeping, living, or dining room.
 - The primary means of escape must lead directly outside.
 - Exit doors and windows should open without a key or tool (See also "Escape windows").
 - Exit doors in unsprinklered basements must be within 8 feet of ground level.
 - Sliding doors:
 - No more than one lock. Door cannot require a key or special knowledge to open.
 - No draperies, screens or storm doors that can impede exit.
 - The outside surface cannot be more than one 8 inch step lower than the inside.
 - The sliding door shall open to a clear width of at least 28 inches.
 - Before day care use, the door shall be tested to ensure it is operating properly.
 - The door tracks shall be cleared of snow and freezing rain and opened to ensure proper operation.
 - All napping areas should be equipped with hard wired, battery back up smoke alarms.
 - If an alarm was added was an electrical permit obtained.
 - Smoke alarms should be maximum 10 years old or within manufacturer's requirements.
 - Fire drills should be practiced and documented every 30 days for fire marshal review.

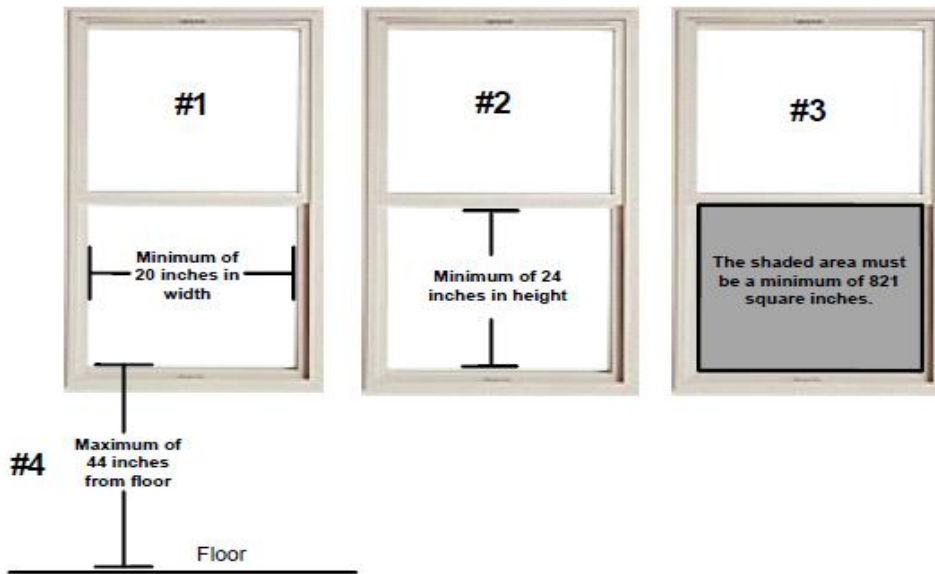
Apartment Buildings

- Apartment building management must approve day cares
- The common hallway must have a smoke detector that is part of the building fire alarm.

□ Escape windows:

Measure the window when it is open. The window must meet all of the following:

- Must be a minimum of 20 inches in width.
- Must be a minimum of 24 inches in height.
- The width multiplied by the height must be a minimum of 821 square inches.
- Existing exception: A minimum net clear opening of 720 square inches shall be permitted for secondary means of escape at grade.
- If the bottom of the window is more than 44 inches, one step may be permanently attached to the wall. The step can be no more than 7 inches tall.



NOTES:

Universal Inspection Checklist – Fire Code Compliance (2015 NFPA 1)

Building: _____

Address: _____

POC Name: _____ POC Phone: _____

POC Email: _____ Inspector: _____

Date: _____ Date of Last Inspection: _____

Outstanding Violations: Yes No License # (if applicable): _____

Exterior

- | | | | | |
|---|------------------------------|-----------------------------|------------------------------|---------------|
| 1. Address numbers visible and at least 6" in height? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | MCC22-97 |
| 2. Does the building have a Knox Box? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | ER22.00.07.86 |
| 3. Are the keys correct? 2 sets, Color Coded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | ER22.00.07.86 |
| 4. If high-rise, windowless, or underground, are emergency plans present? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | NFPA1-10.8.1 |

FH Building Tab

- | | | | | |
|---|----------------------------------|-----------------------------------|--------------------------------|--|
| 1. Number of stories above: _____ | Below: _____ | | | |
| 2. Property ownership: | <input type="checkbox"/> Private | <input type="checkbox"/> County | <input type="checkbox"/> other | |
| 3. Structure type: | <input type="checkbox"/> Open | <input type="checkbox"/> Enclosed | <input type="checkbox"/> other | |
| 4. Building status | <input type="checkbox"/> Occup | <input type="checkbox"/> Vacant | <input type="checkbox"/> U/C | |
| 5. Building Class (Occupancy type): _____ | | | | |
| 6. Mixed use: _____ | | | | |
| 7. Construction Type: _____ | | | | |
| 8. Roof Covering: _____ | | | | |

General

- | | | | | |
|---|------------------------------|-----------------------------|------------------------------|------------|
| 1. Does the building have operational permits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-1.12.6 |
| 2. If there is a fire protection agreement, is it being complied with? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-1.12.3.1 |
| 3. Is there a valid U/O? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-1.7.14 |
| 4. Any alterations/renovations since last inspection done under permit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-1.3.6.3 |

Fire Rated Assemblies (FRA) n/a

- | | | | | |
|--|------------------------------|-----------------------------|------------------------------|--------------|
| 1. All FRA in hi-rises have been inspected within the last 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-12.3.3.3 |
| 2. All FRA doors have been inspected within the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-12.4.6.6.1 |
| 3. All FRA doors are self-closing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-12.4.6.2.2 |
| 4. All FRA doors latch? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-12.4.6.2.2 |
| 5. All fire resistive construction is free from damage or need of repair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-12.3.3.1 |

Vertical Protection n/a

- | | | | | |
|--|------------------------------|-----------------------------|------------------------------|----------|
| 1. Are vertical openings enclosed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-4.4.5 |
| 2. Are trash/linen chutes in good working order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-11.6.1 |

Fire Protection Systems n/a

- | | | | | |
|------------------------------|------------------------------|-----------------------------|------------------------------|----------|
| 1. Are hazards protected by: | | | | |
| Fire-rated enclosures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | |
| Extinguishing system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | |
| Self-closing door? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | MCC22-15 |

Water-based Systems n/a

- | | | | | |
|---|------------------------------|------------------------------|-------------------------------|---------------------------------|
| 1. Is sprinkler coverage throughout? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.3.2.1 |
| 2. Water flow alarm is present and working? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.7.1.7.8 |
| 3. Valves are supervised? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.3.1.8.1.1 |
| 4. Standpipe(s) are present and operational? | <input type="checkbox"/> Wet | <input type="checkbox"/> Dry | <input type="checkbox"/> Auto | <input type="checkbox"/> Manual |
| 5. Standpipe system has been tested within the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.2.3.3 |
| 6. Standpipes have been flow tested within the past 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.2.3.3 |
| 7. Appropriately signed and accessible FDC(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.2.2.4.2 |
| 8. Private hydrants have been tested and flowed within the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.5.4.2 |
| 9. NEMA 3 electrical receptacles at hose valve locations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | MFC22-16(a)(7) |
| 10. Fire Pump is present and operational? GPM: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.4.1.1 |
| 12. Fire pump has been tested within the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a | 1-13.4.8 |

13. Sprinkler system has been inspected within the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.3.3.2
14. Sprinkler heads >50 yrs old have been inspected, sampled, or replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.3.3.2
15. Is there a cistern? Capacity: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.5.2
Detection and Alarm <input type="checkbox"/> n/a				
1. Is there a fire detection system?	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> No	<input type="checkbox"/> n/a
Smoke detectors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	
Heat detectors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.7.1.7.1
2. Is it a manual alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.7.1.7.1
3. Are there audible alarms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.7.1.9.5
4. Are there visual alarms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.7.1.9.5
5. Is there automatic fire department notification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.7.1.10.1
6. Is there a graphic annunciator / Building Layout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.7.1.13.5
7. Are there hard wired smoke alarms in the units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	State Law for MFU
8. Are carbon monoxide alarms present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.7.1.14
9. Does the alarm have pre-recorded voice capability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.7.1.9.9.1
10. Is there a special egress strategy? (phased, special locks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	
11. Fire alarm system has been tested within last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.7.3.5.1
Smoke Control Systems <input type="checkbox"/> n/a				
1. Atrium smoke control has been tested within the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-11.8.2.1
2. Stair pressurization has been tested within the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-11.8.2.1
3. PRV's have been tested within the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-11.8.2.1
4. Type of PRV's:	<input type="checkbox"/> Factory	<input type="checkbox"/> Field Adjust		
5. Fire/smoke dampers have been tested within the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-11.8.2.1
Kitchen Supp Systems <input type="checkbox"/> n/a				
1. Is kitchen cooking protected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-50.4.3.2
2. Hood and duct have been inspected/cleaned within the last 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-50.5.4
3. Suppression system has been inspected within the last 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-50.5.2.1
4. Fusible links have been replaced within the last 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-50.5.3.2.1
Emergency Power <input type="checkbox"/> n/a				
1. Emergency generator is present and operational? Size: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-11.7.5
2. Is it tested monthly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-11.7.5
3. Fuel type: _____				
Other Systems <input type="checkbox"/> n/a				
1. BDA has been inspected within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-11.10.2
2. Fire extinguishers are located appropriately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.6.3.1.1.3
3. Fire extinguishers are inspected monthly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-13.6.4.2.1.2.1
4. Are all contents of the FCC present and in working order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-11.9.1
<hr/> Egress				
1. Is exiting appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-14.9/14.10
2. Are exits clear and unobstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-14.4.1
3. Are exit wall/ceiling/floor décor materials appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-14.10.2.2.1
4. Do doors swing in the direction of travel where required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-14.5.1.2
5. Is panic hardware appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-14.5.3.4
6. Is travel through intervening rooms appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-14.10.1.2
7. Are egress stairs appropriately marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-14.14.1.2.1
8. Are there interior stair signs if over 3 floors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-10.11.3
9. Are re-entry provisions appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-14.5.2.8
10. Is there adequate emergency lighting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	1-14.13.1
<hr/> Building Utilities				
1. Door signs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	ER22.00.07.42
2. Utility Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	ER22.00.07.40

Any "No" answers indicate non-compliance with the fire code. Explain all "No" answers below, and any additional areas of concern.

NOTES: