



Report of Inspection at Group Home

Inspected Property _____

Inspected by _____

Date _____

Monthly Safety/Housekeeping			
	Yes	No	N/A
1. Are hallways and aisles and exits free and clear of objects?			
2. Are fire extinguishers visible and unobstructed?			
3. Are smoke detectors in place and unobstructed?			
4. Have the batteries in smoke detectors been changed? (November and May) (N/A for Group Home)			
5. Are all the emergency exits marked?			
6. Are all the emergency exit lights working?			
7. Are cleaning products/supplies stored in the appropriated area?			
8. Are the evacuation signs posted by doors and in the appropriate place?			
9. Do the doors open and lock correctly?			
10. Have the air filters been checked? (every six months) Jan, July			
11. Are furnace filters dirty?			
12. Are the restrooms kept clean?			
13. Are the kitchens kept clean?			
14. Are all power strips plugged directly into the wall?			
Items needing attention?	Date Completed		

Monthly Inspection of Sprinkler System			
	Y	N/A	N
System in service on inspection			
Supply pressure gauge psi			
System pressure gauge psi			
Gauges appear to be in good condition			
Control valves in normal open or closed position			
Control valves properly locked or supervised			
Control valves accessible			
Control valves free from external leaks			
Control valve identification signs in place			
System control valve sign indicates area served			
Reduced pressure backflow prevention assembly not in continuous discharge			
Alarm valve gauges indicate normal supply water pressure			
Alarm valve free of physical damage			
Alarm valve trim valves are in appropriate open or closed position			
Alarm valve retarding chamber or alarm drain not leaking			
Alarm panel clear			

Monthly Maintenance Inspection

Number of Fire Extinguishers Checked _____ *Date and Initial tag on device* _____ *Fire Drill Procedure Completed?* YES/NO

Time completed _____ am/pm *Time called* _____ am/pm *Operator #* _____/_____*Signals received?* YES/NO

Magnetic Doors Released Properly? YES/NO *Time called to reconnect* _____ am/pm *Comments* _____

Emergency Light Test Completed? YES/NO *Time completed* _____ am/pm *Length of Test* _____

Date and Initial tag on device _____ *Tested all GFCI Outlets?* YES/NO *Comments* _____

Inspect Garage and Furnace Rooms for Inappropriate Storage (where applicable) _____ *Inspect all Egress Exits for*

Clearance and Appropriate Level Change? YES/NO *Number of Dryers Inspected* _____ *Were dryers taken apart to clean and*

vacuum? YES/NO *Dryer exhaust blown out with leaf blower?* YES/NO *Belt checked?* YES/NO *Wiring checked?* YES/NO

Is there evidence that smoking is taking place in designated areas only? YES/NO *Are there holes in walls?* YES/NO *When will they be*

repaired? _____ *Other issues needing attention* _____