

FOSTER HOME FIRE INSPECTION REPORT NORTH CAROLINA DIVISION OF SOCIAL SERVICES

NAME OF FOSTER HOME _____ PERSON IN CHARGE _____
STREET ADDRESS _____ PHONE # _____

Foster Parent's signature on this form indicates that he/she understands that any item marked **NO** on this form will result in non-approval of the home until the items in question are brought into compliance with licensing regulations.

DOCUMENT THE APPROPRIATE ANSWERS AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION		YES	NO	N/A
1	Are Underwriters Laboratory (UL) extension cords used only for portable appliances and not substituted for permanent wiring? (Check N/A if the occupant does not use extension cords for permanent wiring.)			
2	Is a Carbon Monoxide (CO) detector installed in homes that use fuel oil products, coal, wood or gas to heat, cool, cook, operate a hot water heater or gas logs?			
3	Is a working, mounted "ABC" fire extinguisher(s), with a rating not less than 1-A installed and readily available in the residence?			
4	Do emergency telephone numbers and a fire evacuation plan remain posted continually in a prominent location, and are they visible to all residents and guests?			
5	Does the home have a working telephone?			
6	Are there working smoke alarms in the residence that comply with the appropriate rule? CHECK ONE OF THE FOLLOWING			
	<ul style="list-style-type: none"> • Houses built prior to 1976: must have a battery or electric smoke alarm installed outside every sleeping area. 			
	<ul style="list-style-type: none"> • Houses built 1976 – June 30, 1999: electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time. 			
	<ul style="list-style-type: none"> • Houses built after June 30, 1999: must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building code. 			
7	Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage, and readily accessible?			
8	Do doors and windows in rooms used for sleeping open properly with little effort?			
9	Are all designated egress (exit) doors free of double key dead bolt locks?			
10	Designate Primary heat source: _____ Designate Secondary heat source (if applicable): _____			
11	List any substandard components or hazards found which are not addressed above or which require additional inspections. _____ _____ _____			

INSPECTOR'S SIGNATURE / TITLE _____ DATE OF INSPECTION _____

PRINT NAME OF INSPECTOR _____ INSPECTOR'S PHONE# _____

FOSTER PARENT'S SIGNATURE _____ DATE _____