

FIRE INSPECTION REPORT

- You will need to call the Fire Department yourself to schedule an appointment for them to come out and inspect your home.
- The Fire Department will be looking for the following things when they come to your home for your inspection:
 - 1) A working smoke detector on each floor
 - 2) An approved Fire Extinguisher near cooking area
 - 3) Floor plan drawn out for escape route
 - 4) No storage within three feet of hot water tank and furnace
 - 5) Child's room must have two escape routes (i.e. a door and a window)
 - 6) No Loose wires or cords
- The cost may vary but it should be around \$35.00



Building Code Reference
Building code applied at time of last inspection report _____
No information available (new application) _____
Not applicable _____

County

FIRE INSPECTION REPORT
RESIDENTIAL FACILITIES LICENSED/CERTIFIED BY OHIO DEPARTMENT OF JOB + FAMILY SERVICES

- Foster Home, 5 or fewer foster children.
- Group Home, up to 10 children.
- Children's Residential Center, 11 or more children.

Name of Family/Facility	Recommending Agency
Street Address	Street Address
City, State, and Zip Code	City and Zip Code
Person with whom report was discussed	

This is to certify that I inspected the buildings comprising this child care facility and find:

Type of structure:	<input type="checkbox"/> Single Family <input type="checkbox"/> Mobile <input type="checkbox"/> Modular	<input type="checkbox"/> Two Family	<input type="checkbox"/> Apartment	<input type="checkbox"/> Group Home	<input type="checkbox"/> Residential Center
Type of construction:	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick	<input type="checkbox"/> Block	<input type="checkbox"/> Other _____	
Type of floors:	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other _____		
Type of stairways:	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Other _____	

Number of floors _____. What floors have been approved for sleeping arrangements? First Second Third
 Basement

Explain limitations, if any, on approval for sleeping arrangements. _____

* A working U.L. approved smoke alarm on each level of occupancy of the home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
* A U.L. approved portable fire extinguisher in working order in or near cooking area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
* Are unvented kerosene heaters U.L. approved and not prohibited by local ordinance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
**Are smoke detectors located according to the instructions of the local fire inspector or state fire marshall?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
**Free standing wood burning stoves and unvented kerosene gas or oil heater shall not be used. Is there evidence of usage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
**Is the written calendar of periodic fire drills (developed by the agency) approved by the fire inspector?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
**Is the evacuation plan approved?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

*Foster Homes.

**Group Homes or Children's Residential Centers.

Distribution for Family Foster Home: White - ODJFS Licensing; Canary - Recommending agency; Pink - Foster Parent; Blue - Fire Inspector.

Distribution for Group Home or Children's Residential Center: White - ODJFS Licensing; Canary/Pink - Facility; Blue - Fire Inspector.

If applicable, what type of fire alarm system is provided? _____

Is the facility reasonably free from conditions hazardous to the safety of children and approved as such? YES NO

If no, list violations: _____

State the recommendations for correction of all violations listed above.

All violations must be corrected. Reinspection and approval are required if any violations listed are not corrected on the spot.

Date Inspected	
Inspected by (Signature)	
Title	
Name of Fire Department	Telephone Number

Date Reinspected	
Reinspected and Approved by (Signature)	
Title	
Name of Fire Department	

Distribution for Family Foster Home: White - ODJFS Licensing; Canary - Recommending agency; Pink - Foster Parent; Blue - Fire Inspector.
Distribution for Group Home or Children's Residential Center: White - ODJFS Licensing; Canary/Pink - Facility; Blue - Fire Inspector.

Note: Completion of this form is required in order for this agency to carry out its obligation under Ohio Revised Code 5103.03.