July 2011

COUNTY _____

FIRE INSPECTION REPORT

Name of Program_____ **Director** _____

Street Address _____

City, State, Zip Code_____

Person with whom report was discussed_____

This is to certify that I inspected the buildings comprising this preschool program and collected the following information.

1. **Type of construction** [ ] Frame [ ] Brick [ ] Block [ ] Other_____
   Floors [ ] Wood [ ] Concrete [ ] Other_____
   Stairways [ ] Wood [ ] Concrete [ ] Other _____

2. **Number of floors** _____
   What floors have been approved for sleeping arrangements? [ ] First [ ] Second [ ] Third
   Explain limitations, if any, on approval for sleeping arrangements?

   _____

   _____

3. **Rule 3301-37-04, Ohio Administrative Code, requires that preschool programs have fire inspection approval for the care of infants (children under eighteen months of age) and/or nonambulatory children of any age on any floor besides the first floor of a building.**
   Has the building been approved for infant or nonambulatory care on any floor besides the first floor? [ ] Yes [ ] No
   Comments_____

   _____

4. **Are stairways enclosed?** [ ] Yes [ ] No
5. **Does facility have adequate and proper means of egress?** [ ] Yes [ ] No
6. **Does facility have the proper type and number of fire extinguishers? Number** _____ [ ] Yes [ ] No
7. **Is there evidence of good housekeeping?** [ ] Yes [ ] No
8. **Is there a fire service-approved evacuation procedure?** [ ] Yes [ ] No
9. **If the answer to number 8 is no, did you establish an evacuation plan?** [ ] Yes [ ] No
10. **Is the floor plan for fire evacuation posted?** [ ] Yes [ ] No
11. **If applicable, what type of fire alarm system is provided?** _____

    _____

    _____

-Over-

Is the facility reasonably free from conditions hazardous to the safety of children and approved as such? [ ] Yes [ ] No

If no, list violations: _____

_____

_____

_____

_____

_____

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_____

_____

Below, make the recommendations for correcting all violations listed.

_____

_____

_____

_____

_____

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_____

All violations must be corrected. Reinspection and approval are required if any violations listed are not corrected immediately.

Date Inspected _____ **Date Reinspected** _____

Inspected by: **Reinspected and Approved by:**

_____ _____
Signature **Signature**

_____ _____
Title **Title**

_____ _____
Name of Fire Department **Name of Fire Department**