



This form meets Ohio Administrative Code. Programs may use this form or build their own.

### Section I - Program Information

Program Name \_\_\_\_\_ County \_\_\_\_\_

Street Address \_\_\_\_\_ Person with whom report was discussed \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Program Director \_\_\_\_\_

### Section II - Fire Inspection Certification

1. Type of Construction  Frame  Brick  Block  Other

2. Number of floors \_\_\_\_\_ Floors approved for sleeping arrangements?  1st  2nd  3rd

Limitations, if any, on approval for sleeping arrangements:

3. Ohio Administrative Code Rule [3301-37-04](#) & [3301-32-04](#) require that programs have fire inspection approval for the care of infants (children under 18 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

6a. Does facility have the proper number of fire extinguishers? Number \_\_\_\_\_  Yes  No

6b. Does facility have the proper type of fire extinguishers?  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? \_\_\_\_\_

12. Is the facility reasonably free from conditions hazardous to the safety of children?  Yes  No

If no, list violations:

## Section II - Fire Inspection Certification (continued)

Below make the recommendations for correcting all violations listed:

This is to certify that we inspected the buildings comprising this program & verify we information collected above.

Date Inspected \_\_\_\_\_

Date Reinspected \_\_\_\_\_

Inspected by:

Reinspected and Approved by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Fire Department

\_\_\_\_\_  
Name of Fire Department

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