



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		<input type="checkbox"/> Frame	<input type="checkbox"/> Brick	<input type="checkbox"/> Block	<input type="checkbox"/> Other
2. Number of floors	Floors approved for sleeping arrangements?		<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 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 non-ambulatory children of any age on any floor besides the first floor of a building.					
Has the building been approved for infant or non-ambulatory care on any floor besides the first floor <input type="radio"/> Yes <input type="radio"/> No					
Comments:					
4. Are stairways enclosed? <input type="radio"/> Yes <input type="radio"/> No					
5. Does facility have adequate and proper means of egress? <input type="radio"/> Yes <input type="radio"/> No					
6a. Does facility have the proper number of fire extinguishers? Number _____ <input type="radio"/> Yes <input type="radio"/> No					
6b. Does facility have the proper type of fire extinguishers? <input type="radio"/> Yes <input type="radio"/> No					
7. Is there evidence of good housekeeping? <input type="radio"/> Yes <input type="radio"/> No					
8. Is there a fire service-approved evacuation procedure? <input type="radio"/> Yes <input type="radio"/> No					
9. If the answer to number 8 is no, did you establish an evacuation plan? <input type="radio"/> Yes <input type="radio"/> No					
10. Is the floor plan for fire evacuation posted? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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.