

Fire & Life Safety Division

Physical: 1911 S Terrace Court, Palmer

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Family Home Day Care – Up to 12 occupants SELF-INSPECTION CHECKLIST - Biennial

NAME OF FAMILY HOME DAY CARE:							
BUSINESS OWNER/ADMINISTRATOR:				Primary Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
FACILITY ADDRESS:							
CITY, STATE, ZIP CODE							
TELEPHONE (with area code):							
E-MAIL ADDRESS:							
Hours of Operation:		Days of the week:	From	AM	# of Children Licensed by DHSS:		
			To	PM			
Last year's inspection must have been conducted by a Deputy Fire Marshal		Date of last inspection:	Name of Deputy Fire Marshal:				
BEGIN THE SELF INSPECTION BELOW...							
1. Are address numbers clearly visible from the street?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2. Has there been any changes in use or construction since the last Inspection? If yes, explain here:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3. Is the building used for any purpose other than your primary residence and the proposed home day care facility? If yes, explain here:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
EGRESS/EXITING							
4. Are all exit ways including halls, stairs, corridors, doorways, and emergency escape windows clear of obstructions and operable?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
5. Do all sleeping areas have two means of egress? (<i>i.e., door and emergency escape window</i>)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6. Are all fire-rated doors or doors to special hazard areas kept closed at all times?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7. If you have a garage, does the entry door include a self-closing and latching device?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
ELECTRICAL							
8. Are approved covers on all electrical switches, outlets, and junction boxes?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
9. No extension cords are permitted. Are any in use in the home?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
FIRE EXTINGUISHERS							
10. Are all required fire extinguishers installed and accessible? NOTE: Extinguishers must be mounted on the wall not less than four (4) inches off the floor and not more than five (5) feet above the floor.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
11. If new, what is the date of purchase:							
12. Are all fire extinguishers annually serviced, tested, and tagged? NOTE: Extinguishers must be serviced and tagged every year by a qualified person.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
13. List the UL Classification on the fire extinguisher(s)? NOTE: A rating of at least 2-A:10-B:C is required.							
14. Name of Service Company:				<input type="checkbox"/> N/A			
15. Date of Last Service:				<input type="checkbox"/> N/A			
HOUSEKEEPING AND STORAGE							
16. Is all storage maintained 24 inches below the ceiling in non-sprinklered areas?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
17. Is all storage of combustible materials orderly and separated from heat sources by a distance of three (3) feet?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
18. Are all flammable or combustible liquids in proper containers and locations?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

SMOKE ALARMS AND CARBON MONOXIDE DETECTION		
19. Are Smoke alarms located in every sleeping/napping area(s) and in the hallway adjacent to them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
20. Are smoke alarms tested and working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
21. List the manufacturing date listed on the devices? NOTE: Smoke alarms that are 10 years or older must be replaced.		
22. Are carbon monoxide alarms located on each floor where sleeping/napping takes place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
23. Are the carbon monoxide alarms tested and working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
24. List the manufacturing date listed on the devices? NOTE: Carbon monoxide alarms that are 10 years or older must be replaced.		
25. Have you attached photographs showing the sleeping/napping areas(s) with smoke alarm and CO detection?	<input type="checkbox"/> Yes	
EVACUATION FIRE DRILLS		
26. Are employees/staff trained in emergency evacuation, fire reporting procedures, and fire drills?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
27. Are monthly fire drills accomplished and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
28. What is the date of the last fire drill?		
29. Have you attached an updated floor plan of the day care area?	<input type="checkbox"/> Yes	

The Home Day Care Facility self-inspection shall be completed by a competent person and filled out completely. If there are items not checked or completed as described above, the Fire and Life Safety Division will not approve the inspection. You will be contacted by a CMSFD Deputy Fire Marshal to address any discrepancies.

I, the undersigned, do confirm that I have conducted a complete walk-through inspection of the facility using this checklist		
Printed Name of Person Completing Form:	Signature:	Date:
Reviewed and approved by Name & Title:	Signature:	Date:
Notified SOA DHSS Staff	Email address:	Date: