

Fire & Life Safety Division

Physical: 1911 S Terrace Court, Palmer

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Assisted Living Facilities – Up to 16 Residents SELF-INSPECTION CHECKLIST

FACILITY NAME:	
BUSINESS OWNER/ADMINISTRATOR:	
FACILITY ADDRESS:	
CITY, STATE, ZIP CODE	
TELEPHONE (with area code):	
E-MAIL ADDRESS:	
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 last inspection? If yes, explain here:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Number of residents the Facility is licensed for:	
4. Is the Facility equipped with a fire alarm system? If yes, provide copy of the most recent systems report.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Is the Facility equipped with a fire sprinkler system? If yes, provide copy of the most recent systems report.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
EGRESS/EXITING	
6. 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
7. Do all sleeping rooms 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
8. 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
9. If you have a garage, does the door include a self-closing and latching device?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ELECTRICAL	
10. Are approved covers on all electrical switches, outlets, and junction boxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. 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
HOUSEKEEPING AND STORAGE	
12. Is all storage maintained 24 inches below the ceiling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. 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
14. Are all flammable or combustible liquids in proper containers and locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
FIRE EXTINGUISHERS	
15. Are all fire extinguishers provided, 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
If new, what is the date of purchase:	
16. 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
17. List the UL Classification on the fire extinguisher(s)? NOTE: A rating of at least 2-A:10-B:C is required on each floor.	
18. Name of Service Company:	<input type="checkbox"/> N/A
19. Date of Last Service:	<input type="checkbox"/> N/A

SMOKE ALARMS AND CARBON MONOXIDE DETECTION		
20. Are Smoke alarms located in every sleeping/napping room and in the hallway to the sleeping/napping rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
21. Are smoke alarms tested and working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
22. List the manufacturing date listed on the devices? NOTE: Smoke alarms that are 10 years or older must be replaced.		
23. Are carbon monoxide alarms located on each floor where sleeping takes place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
24. Are the carbon monoxide alarms tested and working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
25. List the manufacturing date listed on the devices? NOTE: Carbon monoxide alarms that are 10 years or older must be replaced.		
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 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?		

The Assisted Living 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 CMSFD Fire and Life Safety Division (F&LSD) 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 CMSFD/F&LSD Name & Title:	Signature:	Date:
Notified SOA DHSS Staff	Email address:	Date: