FOSTER HOME FIRE INSPECTION REPORT
NORTH CAROLINA DIVISION OF SOCIAL SERVICES

NAME OF FOSTER HOME_____ PERSON IN CHARGE_____
STREET ADDRESS_____ PHONE #_____

Foster parents' signatures on this form indicates that they understand that any item marked NO on this form will result in the application being returned until the items in question are brought into compliance with licensing regulations.

	DOCUMENT THE APPROPRIATE ANSWERS AS TO THE CONDITIONS IN THE HOME RELATING TO THE INSPECTION	YES	NO	N/A
1	Are Underwriters Laboratory (UL) extension cords used only for portable appliances and not substituted for permanent wiring? (Check N/A if the occupant does not use extension cords for permanent wiring.)			
2	Is a Carbon Monoxide (CO) detector installed in homes that use fuel oil products, coal, wood or gas to heat, cool, cook, operate a hot water heater or gas logs?			
3	Is a working, mounted "ABC" fire extinguisher(s), with a rating not less than 1-A installed and readily available in the residence?			
4	Do emergency telephone numbers and a fire evacuation plan remain posted continually in a prominent location, and are they visible to all residents and guests?			
5	Does the home have a working telephone that does not leave the home and is in an accessible location to all members in the home.			
6	Are there working smoke alarms in the residence that comply with the appropriate rule? **CHECK ONE OF THE FOLLOWING**			
	• Houses built prior to 1976: must have a battery or electric smoke alarm installed outside every sleeping area.			
	• Houses built 1976 – June 30, 1999: electric smoke alarms shall be placed outside sleeping areas as required by the code in effect at construction time.			
	• Houses built after June 30, 1999: must have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the N.C. Building code.			
	• Manufactured homes are in compliance with HUD requirements Subpart C – **3280.209** at the time the foster home was initially licensed. HUD requirements can be found at: (http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title24/24cfr3280_main_02.tpl) or by contacting the NC Office of State Fire Marshal at (919) 661-5880 and requesting to speak to someone in the Manufactured Building Section.			
7	Are all hallways, doorways, entrances, ramps, steps, and corridors unobstructed, free of storage, and readily accessible?			
8	Do doors and windows in rooms used for sleeping open properly with little effort?			
9	Are all designated egress (exit) doors free of double key dead bolt locks?			
10	How many bedrooms are identified on the floor plan? _____ How many of the bedrooms meet building codes?			
11	Designate Primary heat source:_____ Designate Secondary heat source (if applicable):			
12	List any substandard components or hazards found which are not addressed above or which require additional inspections. _____ _____ _____			

INSPECTOR'S SIGNATURE / TITLE_____ **DATE OF INSPECTION**_____

PRINT NAME OF INSPECTOR_____ **INSPECTOR'S PHONE#**_____

FOSTER PARENT'S SIGNATURE_____**DATE**_____