FIRE PROTECTION BUREAU - FIRE AND LIFE SAFETY INSPECTIONS
PO Box 42642
Olympia WA 98504-2642
(360) 596-3911

FACILITY INSPECTION CHECKLIST

Facility Name _____ **Date of Inspection** _____

License Expiration Date _____ **Provider License #** _____ ☐ ALF ☐ RTF ☐ OTHER

DOCUMENT REVIEW

Automatic Sprinkler System (903.5) ☐ N/A

☐ Annual (*9-15 months*) Report Inspected Date: _____ By: _____

☐ 5-Year Internal Pipe Testing (NFPA 25 14.2) Conducted on: _____ ☐ N/A

☐ 3-Year Dry System Full Flow Trip Test (NFPA 25 13.1.1.2) Conducted on: _____ ☐ N/A

☐ Annual Trip Test (NFPA 25 13.1.1.2) Conducted on: _____ ☐ N/A

☐ Annual Forward Flow test (NFPA 25 13.7.2) Conducted on: _____ ☐ N/A

☐ 5-Year FDC Hydro Testing (NFPA 25 – 13.8.5) Conducted on: _____ ☐ N/A

☐ Quarterly (*2-4 months*) Inspections ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Automatic Fire Alarm (907.8) ☐ N/A

☐ Annual (*9-15 months*) Report Inspected Date: _____ By: _____

☐ Sensitivity Testing (907.8.3) Conducted on: _____ ☐ N/A

☐ Monthly Single and Multiple Station Alarms Test (907.8) ☐ N/A

Carbon Monoxide Detection (915) ☐ N/A

☐ Carbon Monoxide Alarms and Detectors Testing & Maintenance (915.6) ☐ N/A

Kitchen Suppression System (every 6 months for both wet and chemical) (904.13.5.2) ☐ N/A

☐ First Semi-Annual Servicing Date Serviced: _____ By: _____

☐ Second Semi-Annual Servicing Date Serviced: _____ By: _____

Hood Cleaning (606.3.3) ☐ N/A

☐ First Semi-Annual Hood Cleaning

☐ Second Semi-Annual Hood Cleaning

Generator (1203.4/ NFPA 110 8.4) ☐ N/A

☐ Annual Servicing Date Serviced: _____ By: _____

☐ Log of Weekly Inspections and Monthly 30-Minute Full Load Test

Fire and Smoke Protection Features (Chapter 7**)**

☐ Fire Door Annual Insp. (705.2/NFPA 80 5.2) Conducted on: _____ ☐ N/A

☐ Fire / Smoke Damper 4-year Insp. (706.1/NFPA 80 19.5.1) Conducted on: _____ ☐ N/A

☐ Annual Inspection of fire-resistance-rated construction (701.6) Conducted on: _____ ☐ N/A

Exit and Emergency Lights Battery Testing ☐ N/A

☐ 30-Second Monthly Activation Test (1032.10.1)

☐ Annual 90-minute Power Test (1032.10.2)

Fire Extinguishers (906.2) ☐ N/A

☐ Annual Servicing (NFPA 10 7.3) Date Serviced: _____ By _____

☐ Monthly Inspections by Facility Maintenance Log Provided (NFPA 10 7.2)

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☐ **Fire Drills** (404.2/WAC 212-12-044)) ☐ N/A

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
D	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
S	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
N	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

FACILITY INSPECTION

Room Inspections ☐ N/A

Oxygen Rooms: _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

Resident Rooms: _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

Inspector Notes

Inspected by DSFM (Signature) **CDSFM Name** **CDSFM Initials** **Date sent to DSHS/DOH**