



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Uniform Fire Safety Survey For All Child Care Facilities

Name of Facility, Telephone Number, Address, Emergency Contact, Operating Hours, Date of Inspection, Name of Owner, Distance to Water, Source/Fire Hydrant

A. General

- 1. Is facility address visible from street? Yes No NA
2. Is occupancy restricted to ground floor only? Yes No NA
3. Are monthly fire drills held with specific plan for evacuation of children? Yes No NA
4. Is the building free of dead-end corridors or hallways which exceed 20 feet? Yes No NA
5. Are fire extinguishers properly installed, tagged and located? Yes No NA
6. Are smoke detectors installed and operational in all areas used by children? Yes No NA
7. If facility is not all electric, are carbon monoxide detectors installed and operational in all areas used by children? Yes No NA

B. Building

- 1. Are there two exterior outward-opening doors designated as primary emergency exits? (Exit route shall not pass through the kitchen) Yes No NA
2. Can each exit door be opened by a child in case of emergency? Yes No NA
3. Are all exit doors equipped with a knob, handle, panic bar or other single-action releasing device? Yes No NA
4. Are all doors unlocked during hours of operation (all primary exit doors must remain unlocked during all hours of operation) Yes No NA
5. Are all gas heaters properly vented to outside? Yes No NA
6. Are all gas heaters approved by American Gas Association and have attached the Underwriters Laboratory Seals? Yes No NA
7. Is stove equipped with a hood vented to the outside? Yes No NA
8. All heat sources in children's area must be equipped with acceptable barriers or guards to prevent children being accidentally burned. What type of barrier is installed?

C. Evaluation/Comments/Correction Schedule

- 1. This facility complies with local fire safety codes and standards. Yes No
2. The following corrections must be completed by (month) (day) (year)
Corrections:
3. Follow-up inspection required for corrections listed above? Yes No NA
Date for follow-up inspection
4. Inspection: Pass Fail

Center Director/Designee

Fire Department Inspector & Title

Fire Department

Phone #

White Copy - Facility File Yellow Copy - Individual Pink Copy - Inspector