



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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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