



**CHECKLIST FOR DOCUMENTATION REVIEW**

Facility \_\_\_\_\_ Provider # \_\_\_\_\_ Medicaid # \_\_\_\_\_

Facility Type \_\_\_\_\_ Number Licensed For \_\_\_\_\_ Census \_\_\_\_\_ Date \_\_\_\_\_

**AUTOMATIC SPRINKLER SYSTEM – K351 Installation/K353 Maintenance**

Annual service report of Automatic Sprinkler System:  
 Date Performed \_\_\_\_\_ Company \_\_\_\_\_  
 Indicate when annual and quarterly testing of Automatic Sprinkler System was completed:

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Forward Flow Inspection  5 Year Hydro  5 Year Internal Pipe  Dry 3 Year FULL  Sprinkler Age

**AUTOMATIC/MANUAL FIRE ALARM SYSTEM – K341 Installation/K345 Maintenance**

Annual service report of Automatic Fire Alarm System:  
 Date Performed \_\_\_\_\_ Company \_\_\_\_\_  
 Semi-Annual Battery run down  Semi-Annual visual inspection  ICC/ESA Certificate

Smoke Detector Sensitivity Report: Date Performed \_\_\_\_\_  
 Nuisance log: Yes  No  N/A (if addressable system)

Dampers (K521) every 4 years (hospitals every 6 years): Date Performed \_\_\_\_\_

**KITCHEN SUPPRESSION SYSTEM – K324**

Semi-annual hood inspection: Date performed \_\_\_\_\_ Date performed \_\_\_\_\_  
 ICC/NAFED Certification Yes  No  Is all movable equipment secured? Yes  No

Annual wet-sprinkler inspection: Date Performed \_\_\_\_\_  
 Company \_\_\_\_\_  
 Quarterly/Semi-Annual cleaning for deep fat fryer/24 hour/high volume Cooking:  2nd  3rd  4th

**FIRE EXTINGUISHERS – K355**

Annual service report (hydro testing info, etc.): Date Performed \_\_\_\_\_ Company \_\_\_\_\_  
 Monthly inspection by facility maintenance: Yes  No

**EMERGENCY BATTERY LIGHTING and EXIT SIGNS (Exit signs must be inspected monthly, even if battery operated) – K291 and K293-must not be tested during generator run**

Maintenance Documentation – Monthly log of 30 second test: Yes  No   
 Maintenance Documentation – Annual 90-minute test: Yes  No

**GENERATORS – K918 Generator Maintenance and Testing**

Annual service report: Date Performed \_\_\_\_\_ Company \_\_\_\_\_  
 Weekly inspection log AND monthly load test: Met? If not 30 min for 30% or 1.5 load bank. Yes  No

**LEVEL 1 ONLY:** 96-hour supply on site: Yes  No   
 Tri-annual load bank: Yes  No   
 Natural gas generators secondary on-site supply of fuel: Yes  No   
 Monthly transfer switch operation: Yes  No   
 Lead-acid battery specific gravity or conductance testing monthly: Yes  No   
 Annual fuel test with passing results: Yes  No   
 Generator rooms have battery lights, 1 hour fire-rated walls, and emergency shut-off outside of room: Yes  No   
 Exterior generators have an emergency shut-off button outside of all-weather enclosure: Yes  No



**CHECKLIST FOR DOCUMENTATION REVIEW**

**FIRE-RATED DOORS – K761 Inventoried, Inspection, and Testing**

Annual inventory, inspection, and testing: Yes  No

**ELECTRICAL SYSTEMS – K914 Maintenance and Testing**

Periodic testing of hospital grade receptacles (defined by documented performance data): Yes  No

Annual testing of non-hospital grade receptacles: Yes  No

Monthly line isolation monitors (LIM): Yes  No

Annual (and after repair or renovation) testing of LIM circuits: Yes  No

**PATIENT CARE RELATED ELECTRICAL EQUIPMENT – K921 Maintenance and Testing**

Inventory log and testing dates: all equipment must have unique ID: Yes  No

Personnel responsible for testing and maintenance receive continuing training on equipment: Yes  No

Policy for testing, repairs, and modification of electrical equipment: Yes  No

**POLICIES, PROCEDURES, GUIDELINES, AND PLANS – K345, K354, K711, K741, K921, K926**

Fire watch procedures if fire alarm system is down for greater than 4 hours (K346): Yes  No

Fire watch procedures if fire sprinkler system is down for greater than 10 hours (K354): Yes  No

Evacuation procedure meets 8 points of 19.7.2.2 (Partial and full evacuation process) (K711): Yes  No

Smoking policy in place (K741): Yes  No

Guidelines for training and usage of medical gas equipment (qualification and training documents) (K926): Yes  No

**FIRE DRILLS – K712**

Drill reports with signatures of participants (alarm activation required between 0600 – 2100):

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
D												
S												
N												

**OPERATING ROOMS – K933**

Fire loss policy in place: Yes  No

Medical gas shut-offs outside of EACH operating room (only one OR on a shut-off valve): Yes  No

Battery lights that automatically illuminate upon power failure: Yes  No

Risk assessment in place for classification of non-wet procedure locations (K913): Yes  No

Is there a mechanical means of controlling humidity levels? Yes  No

Log of humidity levels: Yes  No

**LABORATORIES – K322**

Laboratories with flammable, combustible, or hazardous materials are protected by a 1HR wall: Yes  No

LAB-specific emergency plan: Yes  No

Annual hood inspection: Date Performed \_\_\_\_\_ Company \_\_\_\_\_

Is second exit required? Yes  No

**GAS AND VACUUM SYSTEMS – K908 and K924 Inspection and Testing / K910 Modifications**

Periodic testing of piped system: Yes  No

Documentation of medical gas administration equipment testing after adjustment or repair: Yes  No

Documentation on installer and verification testing modifications: Date \_\_\_\_\_ Company \_\_\_\_\_

Alarms are located at maintenance shops (persons responsible for system) and at nurses' station: Yes  No

**ELEVATOR TESTING – K531**

Monthly recall testing: Yes  No