

NEW YORK STATE
OFFICE OF CHILDREN & FAMILY SERVICES
**FIRE/SAFETY INSPECTION REPORT
FOR FAMILY-TYPE HOMES FOR ADULTS**

Name of Operator(s): _____

Address: _____

Telephone: _____

A Family-Type Home for Adults provides long-term residential care to a maximum of four individuals who are unable or substantially unable to live alone. A fire/safety inspection must be completed at initial application, at time of application renewal, if changes to the home occur or upon request due to a potential fire/safety concern. A typical resident may be an elderly person or an intellectually disabled person who requires supervision or assistance with the activities of daily living. Family-Type Homes for Adults are not nursing homes. All residents must be able to ambulate independently with or without a reasonable accommodation to safely evacuate the premises if a fire or other emergency occurs.

INSTRUCTIONS: The following statements should be completed by either a local code or state enforcement officer or building inspector for the jurisdiction in which the premises is located; or a third party with current New York State certification as either a code enforcement official, building safety inspector, fire safety officer or other authority approved by a waiver submitted in accordance with Part 489 of the New York Codes, Rules and Regulations (NYCRR). A Family-Type Home for Adults is considered to be a family residence and, therefore, must comply with the New York State Uniform Fire Prevention and Building Code as it applies to family residences. There are **two** sections to this fire/safety inspection report.

- **Section A** covers special structural requirements for Family-Type Homes for Adults.
- **Section B** covers general fire/safety issues. Your cooperation in completing this report is greatly appreciated.

If building or installation is questionable and manufacturing specifications are unavailable, a new inspection may need to be conducted for that component to confirm installation was completed as required in compliance with specification.

Description

- One Family**
- Two Family**
- Manufactured Housing**
- Other (describe):**

SECTION A: SPECIAL STRUCTURAL REQUIREMENTS FOR FAMILY-TYPE HOMES FOR ADULTS

	Compliance		
	Yes	No	N/A
1. No resident can occupy any portion of the third or higher floor in a building of wood frame or unprotected ordinary construction, as defined by the NYS Uniform Fire Prevention and Building Code. <i>(A Family-Type Home for Adults that was certified before September 22, 1978 is exempt from this requirement.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. No resident can occupy any portion of the seventh or higher floor in a building of protected ordinary construction, as defined by the NYS Uniform Fire Prevention and Building Code. <i>(A Family-Type Home for Adults that was certified before September 22, 1978 is exempt from this requirement.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Manufactured housing cannot be used as a Family-Type Home for Adults unless it was constructed and installed in accordance with the requirements of this code and the New York State Uniform Fire Prevention and Building Code bears an Insignia of Approval issued in accordance with the "Official Compilation of Codes Rules and Regulations of the State of New York," 19 NYCRR part 1209, Regulations and Fees for Factory Manufactured Homes, and complies with the requirements of this report and such other fire and safety applications or building standards as OCFS or the local code officer may require.* *This category also includes mobile homes (built before 1976).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: GENERAL FIRE/SAFETY REQUIREMENTS

	Compliance		
	Yes	No	N/A
1. The home has a permanently installed heating system, which is operating according to manufacturer's specifications and is inspected and cleaned annually according to manufacturer's instructions by a trained HVAC professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Self-contained, solid fuel burning heaters or stoves can only be used if the operator complies with the following: a) The installation of the stove and chimney is approved by the local building inspector or authority having jurisdiction in which the premises is located; b) Documentation that semiannual cleaning of stovepipes and chimney is performed unless an inspection of the fuel source and chimney indicates more frequent cleaning is necessary; c) Only metal containers with tight fitting metal lids are used for ashes; and d) The system is inspected semiannually (fall and spring) by a certified contractor or person approved by the local department of social services or authority having jurisdiction to perform the inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Portable heaters of any kind (electric, kerosene, gas etc.) are not permitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: GENERAL FIRE/SAFETY REQUIREMENTS-Continued			
	Compliance		
	Yes	No	N/A
4. Permanently mounted gas-fired heaters are installed and used according to manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Resident bedrooms are at or above grade level and are adequately lighted and adequately ventilated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Access to resident bedrooms is not through other bedrooms or bathrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Hot plates, and other portable heating, warming, and cooking elements are not permitted in resident rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Smoking in bed is prohibited. Residents may only smoke in designated smoking areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. All smoking materials are disposed of in non-combustible receptacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Receptacles for smoking materials are emptied regularly into a metal can with a tight-fitting metal lid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Chain locks, hasps, bars, padlocks and similar devices are not used in a way that would inhibit access to an exit or the free movement of residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If doors to resident bedrooms are lockable from the inside, an operator and/or substitute caregiver is able to unlock and gain access to the room in case of emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Underwriters Laboratory (UL) listed battery-operated smoke detectors or hard wired with battery-backup smoke detectors meet the requirements of current code and/or manufacture specification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Smoke detectors are placed and operational in the following locations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) On the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Each room that is used for sleeping purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Each story within a dwelling unit, including basements, but not including crawl spaces and uninhabitable attics; in dwellings or dwelling units with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the adjacent lower level provided that the lower level is less than one full story below the upper level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Where it is recommended by the local authority having jurisdiction in which the premises is located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Smoke detectors are tested by operator(s) monthly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Smoke detectors have not been in service longer than 10 years from the manufacture date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Carbon monoxide detectors are required in all multilevel and single level FTHA that have fuel-fired and/or solid-fuel-burning appliances, equipment, devices and systems, and any other items that may emit carbon monoxide such as fireplaces and attached garages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: GENERAL FIRE/SAFETY REQUIREMENTS-Continued			
	Compliance		
	Yes	No	N/A
18. Combination smoke and carbon monoxide detectors are permitted, provided the alarm is listed for such use it must have distinctly different alarm signals for smoke and carbon monoxide alarm activation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Carbon monoxide detectors have not been in service longer than five years of the date of manufacture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Underwriters Laboratory (UL) listed battery or plug-in detectors with battery backup carbon monoxide detectors are placed and operational in the following locations of single and multi-level FTHAs: a) In all levels of the home that contain sleeping areas carbon monoxide detectors shall be located within 15 feet of the sleeping area; b) Basement (not in the immediate area of a heating system or hot water tank).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. An ABC-rated fire extinguisher that meets National Fire Protection Association standards is installed in the kitchen. The extinguisher is properly charged and within manufacturers expiration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Clothes dryer is exhausted to the outside in accordance with manufacturer's instructions. The duct is galvanized steel or aluminum and is the thickness specified in the building code or recommended by the manufacturer and is independent of other exhaust systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Building exits are adequate and kept free of obstructions (<i>including snow and ice</i>) at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. There is no accumulation of combustible material in any part of the building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Flammable materials are safely stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Electrical circuits are not overloaded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Electrical wiring and equipment are maintained and protected to prevent them from being a fire hazard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Electrical wiring and equipment are firmly secured to the surface on which they are mounted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Electrical panel boxes and overcurrent devices are maintained in a safe operating condition, are not fastened in the "on" position, and are accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: GENERAL FIRE/SAFETY REQUIREMENTS-Continued			
	Compliance		
	Yes	No	N/A
30. Electrical wiring and equipment are grounded to provide protection against shock. GFI/GFCI receptacles are installed in the following locations: a) Outdoor b) Garage c) Kitchens that serve countertop surfaces d) Countertops within six feet of a wet bar sink e) Unfinished basement sump pumps f) Crawl spaces at or below grade g) Spas, hydro massage, hot tubs, and associated electrical components h) Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Extension cords and flexible cords are not a substitute for permanent wiring. Power, extension, and flexible electrical cables or cords are not run through holes in walls, ceiling or floors; through doorways, windows or similar openings; attached to building surfaces, or concealed behind or under walls, ceilings, floors or floor coverings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Multiplug adapters, such as cube adapters, infused plug strips, and non-UL listed power supply devices are not in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. All interior and exterior stairs have a handrail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Heating pipes and radiators, with which residents may come in contact, are shielded to prevent burns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Hallways and corridors are not used for storage and are kept free from obstruction, at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. The operator has available a nonflammable, emergency source of light that does not rely on commercial electric power (such as a battery-operated flashlight).			
37. Emergency phone numbers are posted by each telephone.			
38. Fire escapes, where required by codes, are installed and maintained according to those codes.			
COMMENTS:			
Signature of Inspector:		Date of Inspection: / /	
Inspector's Name (Print):			

Inspected by:			
1. Local or state code enforcement officer or building inspector			
2. A third party with current New York State certification as either a code enforcement official or building safety inspector and is the authority having jurisdiction.			
3. Other authority approved by an Office of Children and Family Services waiver.			
If violations are present during the initial inspection, a reinspection is required to confirm that the violations have been corrected.			
COMMENTS:			
Reinspected by (Print Name):			
Reinspected by (Signature):		Date of reinspection:	/ /