

Inspection Checklist

Educational Occupancies

(Includes daycares or before and after care without napping)

School Name: _____

Address: _____

Inspector: _____

Date: _____ **Date of Last Inspection:** _____

Outstanding Violations: Yes No

General

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Address Correct? 6" | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Does the building have a Knox Box? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Are the keys correct? 2 sets, Color Coded | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 4. Does the building have operational permits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 5. Were alterations/renovations made since last inspection, Portables Added | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 6. Is building mixed occupancy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 7. What other occupancies? _____ | | | |

Occupant Load and Exits

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Is occupant load posted in assembly areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Are exit stairs enclosures fire rated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Are exit stair doors self closing and latching? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 4. Are exit enclosures free of storage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Doors

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Are doors blocked or obstructed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Do doors swing in direction of travel when appropriate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Is there panic hardware in assembly areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 4. Are there special locking devices? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Egress Arrangement

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Emergency Egress Windows (Non-Sprinkler) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Are there any dead-end corridors? (20'/50') | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Is travel through intervening rooms okay? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 4. Is aisle access width adequate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Emergency Lighting

- | | | | |
|---|------------------------------|-----------------------------|------------------------------------|
| 1. Is emergency lighting located appropriately? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Is it tested monthly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a 3. Is |
| exit signage appropriate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Corridors

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Are corridor walls rated 1 hr with 20-min doors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
|---|------------------------------|-----------------------------|------------------------------|

Protection Hazards

1. Are hazards protected by
 Fire-rated enclosures? Yes No n/a
 Extinguishing system? Yes No n/a
 Self-closing door? Yes No n/a
2. Is kitchen cooking protected? (Cafeterias) Yes No n/a
3. Date kitchen hood and duct last cleaned: _____

Interior Finish

1. Are curtains/drapes per code? (stages, auditoriums) Yes No n/a
2. Are Artwork and teaching materials on walls ≤20%/50% of wall area? Yes No n/a

Operating Features

1. Is there a written emergency plan? Yes No n/a
2. Are evacuation drills conducted? Yes No n/a
3. Number of drills per school year: _____
4. Has evacuation relocation area been established? Yes No n/a
5. Is there daily inspection of exits? Yes No n/a

Detection and Alarm

1. Date of last annual test: _____
2. Is there automatic fire department notification? Yes No n/a
3. Annunciator / Building Layout? Yes No n/a

Fire Protection Systems

1. Are there sprinklers throughout? Yes No n/a
2. Partial sprinklers? Yes No n/a
- Where: _____
5. Other extinguishing systems (not including kitchen):
 Type: _____
 Where: _____
6. Standpipe? Wet Dry None
7. Fire Pump? Yes No n/a
- GPM: _____ psi: _____
- Date last tested: _____
9. Are fire extinguishers inspected and tested as required? Yes No n/a

Exterior

1. Fire Department Connection signage is visible, legible? Yes No n/a
2. Private fire hydrants are being inspected and maintained? Yes No n/a
3. Cistern /Capacity _____ Yes No n/a

Building Utilities

1. Utility Access Yes No n/a
2. Emergency generator? Yes No n/a
- Size: _____
- Date last tested: _____

NOTES: