**FIRE EXTINGUISHERS:** Employees are to verify that each extinguisher is properly charged and mounted. Each extinguisher must be listed separately by location in the facility. Fire extinguishers mounted in agency provided vehicles are to be included in the review. (If a fire extinguisher needs attention, please notify the CA or supervisor.)

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| **Location** | **Location** | **Staff Initials/Date Checked** |
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**FIRE/SMOKE DETECTORS**: Employees are to verify each detector is working properly by testing the audible signal. Each detector is to be listed separately by location in the facility. (If a fire/smoke detector is beeping or is not working, please notify the CA or supervisor.)

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| **Location** | **Date Checked** | **Staff Initials** |
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**REQUIRED LOCAL INSPECTION:** Each service location must be inspected and approved by appropriate local and/or state fire, health, and safety agencies at least annually (within the anniversary month of the last inspection), and there must be written records at each location of fire and health inspections. (Please verify that your building has current applicable inspections and document the date of the most recent inspection below. If the inspection is out of date, please notify the CA or supervisor.)

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| **Date of Annual Inspection** | **Date Checked** | **Staff Initials** |
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**CARBON MONOXIDE DETECTORS:** Employees are to verify each detector is working properly by testing the audible signal. Each detector is to be listed separately by location in the facility. (If a carbon monoxide detector is beeping or is not working, please notify the CA or supervisor.)

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| **Location** | **Date Checked** | **Staff Initials** |
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**LIGHTED EXIT SIGNS:** Employees are to verify each sign is working properly by interrupting the power supply to the sign. Each sign is to be listed separately by location in the facility. (If an exit sign isn’t lighted, please notify the CA or supervisor.)

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| **Location** | **Date Checked** | **Staff Initials** |
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**EMERGENCY LIGHTS:** Employees are to verify each emergency light is working properly by interrupting the power supply to the light for at least thirty (30) seconds. Each emergency light is to be listed separately by location in the facility. (If an emergency light isn’t working, please notify the CA or supervisor.)

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| **Location** | **Date Checked** | **Staff Initials** |
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**HOT WATER FIXTURES:** Employees are to verify the hot water at each fixture in the facility measures between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit. Each fixture is to be listed separately by location in the facility and the temperature recorded at each fixture tested. (If a temperature is below 100 or above 120, please notify the CA or supervisor.)

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| **Location** | **Temperature****(100-120F)** | **Date Checked** | **Staff Initials** |
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**FIRST AID KIT:** Each service location must have a first aid kit. Employees are to verify that all items are present and not expired. (If a first aid kit is missing any of the items below or if any of the items are expired, please notify the CA or supervisor.)

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| **Date Checked:**  |  | **Staff Initials:** |  |
| Gloves |  | First Aid Tape  |  |
| Adhesive Bandages |  | Sterile Pads  |  |
| Gauze |  | Antiseptic wipes |  |
| First Aid Booklet |  |  |  |

**SAFE AND SANITARY:** Employees are to verify the service location’s environment is safe and sanitary through visual inspection. (If you have any concerns, please notify the CA or supervisor.)

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| --- | --- | --- |
| **Acknowledgment** | **Building Inspection Date** | **Staff Initials** |
| By initialing the statement, staff is verifying the program’s environment is safe and sanitary through visual inspection. |  |  |