



# Independence Fire Department Residential Board and Care

**2012 International Fire Code  
2012 Life Safety Code**



Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Number Of Clients: \_\_\_\_\_ Number Of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

New  Existing

*Residential Board and Care Occupancies must also comply with any applicable State Code requirements. The stricter code will apply.*

1. Provide official documentation from a physician on evacuation capability. (LSC 3.3.57) *(Note: prompt, slow or impractical.)*

YES	NO	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Are address numbers on the building plainly legible and visible from the street fronting the property? (IFC 505.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

3. Is a minimum 2A10BC portable fire extinguisher on the premises, mounted on a bracket near an exit, having a current inspection tag within the last 12 months? (IFC 906)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

4. Are smoke detectors provided in every area or room used for client sleeping purposes, outside of each separate sleeping area in the immediate vicinity of the bedrooms, and on each additional story of the family living unit including basements? (LSC N-32.2.3.4.3 E-33.2.3.4.3)  
*(Note: All smoke detectors in sleeping areas must receive their primary power from the building's electrical system (hard-wired) with a battery backup. If one smoke detector goes off, they all must go off in the sleeping areas.)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

5. Is a manual fire alarm system installed? (LSC 32.2.3.4.1)  
*(Note: Plans must be submitted to Fire Prevention for review.)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

6. Facility shall be protected throughout by an approved automatic sprinkler system. (LSC N-32.2.3.5 E-33.2.3.5)  
*(Note: Not required when serving 8 or fewer residents with prompt evacuation capability.)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7. Does the residence have at least two remotely located means of escape that does not involve using windows? (LSC N-32.3.2.5 E-33.3.2.4)  
*(Note: In prompt evacuation facilities, a window is permitted.)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

8. Does each room used for sleeping, living or dining purposes have two ways out? (LSC N-32.2.2.3 E-33.2.2.3)  
*(Note: One way out must be a door or stairway leading to the outside at street or ground level. The second way out can be a window at least 20" wide, 24" high and must be operable without tools.)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

9. Is every closet door operable from the inside by a client? (LSC N-32.2.2.5.4 E-33.2.2.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

10. Is every bathroom door at least 24" wide? (LSC 7.2.1.2.4)

11. Is every bathroom door lock operable from the outside with a readily accessible device? (LSC N-32.2.2.5.5 E-33.2.2.5.5)

12. If clients are permitted to be located in the basement are there two approved ways out? (LSC N-32.2.2.2.2 E-33.2.2.2.2)

*(Note: One way out must be a door leading directly to the outside with a vertical travel distance of no more than 8 feet. The second way out can be a window at least 20" wide, 24" high and must be operable without tools.)*

13. Is heating equipment an approved type, clean and in good working condition? (LSC N-32.2.5.2.3 E-33.2.5.2.3)

*(Note: Unvented fuel-fired room heaters shall not be permitted.)*

14. Is heating equipment in spaces occupied by clients provided with partitions? Screens, or other means to protect children under six years of age from hot surfaces and open flames? (LSC N-32.2.3.2.4 E-33.2.3.2.4)

*(Note: If solid partitions are used, provisions shall be made to ensure adequate air for combustion and ventilation.)*

15. Are gas appliances equipped with a gas shut-off within 6 feet of the appliance? (UPC 1212.4)

16. Is the hot water heater equipped with a relief valve and a drain line that extends between 6" to 24" from the floor? (UPC 608.5)

17. Is storage of combustible materials maintained at least 36" from heat producing appliances such as furnaces, hot water heaters and dryers? (IFC 304, 305, 315)

18. Are breaker/fuse boxes accessible and maintained with 30 inches in width, 36 inches depth and 78 inches in height of clear space in front of the panel with breakers free to operate? (IFC 605.3)

19. Is electrical wiring free from hazardous conditions? (IFC 605.3, 605.4, 605.5, 605.6)

YES	NO	NA
<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"/>
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Owner: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Re-inspected by: \_\_\_\_\_