



MISSISSIPPI DIVISION OF
MEDICAID

Uniform Fire Safety Survey for Adult Day Care Facilities

Name of Facility	Telephone Number
Address	Emergency Contact
Operating Hours	Telephone Number
Name of Owner	Date of Inspection

1. Is facility address visible from street? YES ___ NO ___ N/A ___
2. Are there two exterior outward-opening doors designated as primary emergency exits? (Exit route shall not pass through kitchen or bathroom.) YES ___ NO ___ N/A ___
3. Can each exit be easily opened by individuals with limited mobility? YES ___ NO ___ N/A ___
4. Are all doors unlocked from the inside during hours of operation? YES ___ NO ___ N/A ___
5. Are all doors equipped with audible alarm? (Doors should notify staff to prevent potential wandering) YES ___ NO ___ N/A ___
6. Are Exit Signs lighted and in good condition? YES ___ NO ___ N/A ___
7. Are exit doors blocked? YES ___ NO ___ N/A ___
8. Are all aisles free and clear? YES ___ NO ___ N/A ___
9. Is evacuation plan posted in all rooms? YES ___ NO ___ N/A ___
10. Are monthly fire drills held with specific plan of evacuation for all participants? YES ___ NO ___ N/A ___
11. Are all workers familiar with evacuation plan? YES ___ NO ___ N/A ___
12. Are records kept of fire drills? YES ___ NO ___ N/A ___
13. Date of last fire drill: _____
14. Is there one (1) accessible, visible, fire extinguisher within 75 feet of exits? YES ___ NO ___ N/A ___
15. How many fire extinguishers are in facility? Total _____
16. Have all fire extinguishers been serviced within the past year? YES ___ NO ___ N/A ___
17. Are smoke detectors installed and operational in all areas? YES ___ NO ___ N/A ___
18. If facility is not all electric, are carbon monoxide detectors installed and operational in all areas? YES ___ NO ___ N/A ___
19. If facility has stove, is it properly vented to outside? YES ___ NO ___ N/A ___
20. Are extension cords used appropriately? YES ___ NO ___ N/A ___
21. Does permanent wiring appear to be in good condition? YES ___ NO ___ N/A ___
22. Are all gas heaters properly vented to outside? YES ___ NO ___ N/A ___

23. Are all heat sources equipped with acceptable barriers/guards to prevent accidental burns? YES ___ NO ___ N/A ___

Evaluation/Comments/Corrections

1. This facility complies with local fire safety codes and standards. YES ___ NO ___
2. The following corrections must be completed by (month) _____ (day) _____ (year) _____

Corrections:

3. Follow-up inspection required for corrections listed above? YES ___ NO ___

Inspection: PASS ___ FAIL ___

Center Director/Designee

Fire Department Inspector & Title

Fire Department

Phone #