



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 quarterly 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:

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

**Inspection: PASS \_\_\_ FAIL \_\_\_**

\_\_\_\_\_  
Center Director/Designee

\_\_\_\_\_  
Fire Department Inspector & Title

\_\_\_\_\_  
Fire Department

\_\_\_\_\_  
Phone #