

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Regulatory Licensing Unit/Facility Licensing Group
1100 West 49th Street
Austin, Texas 78756

Fire Safety Survey Report for Hospitals and Crisis Stabilization Units

A completed Fire Safety Survey Report form must be submitted with an Initial or Change of Ownership License Application for a hospital or CSU. Annual fire safety inspections are required for continued licensure status. Two annual Fire Safety Survey Report forms must be submitted with Renewal License Applications (one report for each year).

Name of Hospital: _____

License No.: _____ Physical Address: _____

Type of Building Construction _____ No. of Stories _____ Date of Inspection _____

EXITS

	Yes	No
1. Are exits and egress corridors and exits unobstructed?		
2. Is car parking at least 10 feet from exit door?		
3. Are exit signs operative and on emergency generator?		
4. Do exit doors swing outward and equipped with panic hardware?		

LAUNDRY

	Yes	No
1. Are laundry doors to main building kept closed?		
2. Is tumbler free from lint and dust?		
3. Do electric devices and irons have operative automatic heat controls?		
4. Do safety pilot lights operate?		

HEATING EQUIPMENT

	Yes	No
1. Are doors to furnace room equipped with automatic closers and are they kept closed?		
2. Are flues, pipes and steam lines--In good condition and properly insulated?		
3. Date of last boiler inspection: From _____ To _____		
4. Is there a gas cut-off outside the building?		

LABORATORY

	Yes	No
1. Are flammable liquids stored properly?		
2. Are acids stored and handled properly?		
3. Are connections of Gas fired or open flame equipment in good condition?		
4. Are type and number of fire extinguishers proper for this area?		

KITCHENS

	Yes	No
1. Is there a steel range hood over cooking equipment?		
2. Are the hood and listed filters clean?		
3. Is hood properly insulated and vented to open air?		
4. Is cooking equipment protected with a fire extinguisher?		
(a) Does discharge of automatic extinguisher sound the fire alarm signal or at least ring a local alarm?		
(b) Do nozzles cover all cooking surfaces?		
(c) Are gas or electricity automatically cut off?		
(d) Does automatic extinguisher have remote manual pull near egress?		
(e) Date of last automatic extinguisher inspection _____		
(f) Lights in hood have protective covers?		
5. Are doors to refrigeration machinery room kept closed?		
(a) Are motors and cooling coils clean?		
(b) Is room properly ventilated?		
(c) Are pressure relief valves and vents operative?		

OXYGEN & NITROUS OXIDE STORAGE

	Yes	No
1. Are Oxygen, Nitrous Oxide cylinders stored separately from other gases?		
(a) Are storerooms ventilated?		
(b) Are storerooms constructed as hazardous areas?		
(c) Are No Smoking signs and Nitrous Oxide warnings posted on storeroom doors?		
(d) Are cylinders stored to prevent tipping?		
(e) Are cylinders protected from the sun?		
(f) Are cylinders removed from steam pipes or radiators to prevent contact?		
(g) Is storage room equipped with automatic closed door and door kept closed?		
(h) Is light switch outside storage room 5 feet above floor, if in room?		
2. In operating and delivery rooms-- (a) Are explosive anesthetics used such as: Cyclopropane, Ethylene or Ether?		
(b) If above answer is yes, is conductive floor and other conductive equipment tested monthly?		
(c) Is a conductive shoe tester used in operating and delivery room areas?		

GENERATORS

Generator	Yes	No
1. Is it in good operating condition?		
2. Is it automatic starting?		
3. Is generator tested underload monthly?		

WATER HEATERS

	Yes	No
1. Are water heaters properly vented?		
2. Are water heaters equipped with 100% safety pilots?		
3. Are water heaters equipped with pressure relief valves?		

INCINERATORS

	Yes	No
1. Is there an approved incinerator?		
2. Does incinerator appear in good repair?		

GENERAL

	Yes	No
1. Check following locations where accumulations of waste paper, rubbish, old furniture, etc., are, and explain under "Remarks": attic, basement, furnace or boiler room, laundry, kitchen, sewing room, pharmacy, laboratory, maintenance shop, other locations.		
2. Corridors free from storage of beds, linen carts, etc?		
3. Is space beneath stairs and elevator and dumbwaiter shafts free from storage of any materials?		
4. Are elevator, dumbwaiter, laundry and trash chute shafts made of fire resistant material?		
(a) Does each opening have a labeled frame with 1 1/2 B label fire door?		
(b) Are trash and laundry chutes sprinklered?		
5. Are covers on breaker panels and face plates in good condition?		
6. Are appliance cords in good condition?		
(a) Are appliance cords located as not to be subject to mechanical injury?		
(b) Is all permanent wiring in conduit?		
7. Are approved metal containers used for all oily waste, polishing or cleaning materials?		
8. Are ether and acetone kept in approved metal cans?		
9. Are all other combustible liquids kept in approved metal cans?		
10. Is refuse removed from premises or burned daily?		
11. Are grounds free from trash and weeds?		

PROTECTION

	Yes	No
1. Are all building sections of combustible and/or non-fireproof construction provided with automatic sprinklers?		
2. Where sprinklers are installed: (a) Are heads unobstructed?		
(b) Nothing is stored within 18" of heads (measured vertically)?		
(c) Sprinkler valves open?		
(d) Date of last fire sprinkler inspection _____.		
(e) Are water flow indicating devices connected to fire alarm system and alarm bell?		
3. All employees know location of fire extinguishers and know how to use them?		
4. Date of last fire drill you attended _____.		
5. Are fire alarm devices on each floor in each section of building operative?		
6. Are signs giving location of pull stations properly maintained?		
7. Are pull stations unobstructed and plainly marked?		
8. Date system last fire alarm tested _____.		
9. Plan for evacuation of patients?		
10. Interior fire hose in good condition?		
11. Are waste containers in designated smoking areas, metal or listed approved materials?		
12. Are privacy curtains and drapes fire-retardant?		
13. (a) Does all the carpeting in corridors and exits pass the flame-spread test (b) or the radiant panel test?		
14. Are portable heaters used?		

THIS FACILITY MEETS LOCAL FIRE AND BUILDING CODES FOR A HEALTH CARE FACILITY
YES _____ NO _____

Signature of Local Fire Authority **Date**

Printed Name of Local Fire Authority

Badge/License # _____

Local Fire Authority Phone Number (____) _____

COMMENTS:

If Code Violations are noted, has a Re-inspection been scheduled? YES _____ NO _____