

FIRE INSPECTION REPORT
All for LOVE Adoptions, Inc. a Licensed Child Placing Agency

Name of Family	Recommending Agency
Street Address	Street Address
City, State & Zip	City, State & Zip
County	County
Person with whom report was discussed	

This is to certify that I inspected the home and the findings are:

Type of Structure:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Two Family	<input type="checkbox"/> Apartment	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Modular Home
Type of Construction:	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick	<input type="checkbox"/> Block	Other:	
Type of Floors:	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	Other:		
Type of Stairways	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel	Other:	

Number of Floors _____ What floors have been approved for Sleeping Arrangements: First Second Third Basement

Explain limitations, if any on approval for sleeping arrangements

* A working UL approved smoke alarm on each level of occupancy of the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
* A UL approved portable fire extinguisher in working order in or near cooking area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
* Are un-vented kerosene heaters UL approved and not prohibited by local ordinance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
* Are smoke detectors located according to the instructions of the local fire inspector or state fire Marshall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
* Free Standing wood burning stoves are in good working order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
* Is there a written calendar of periodic fire drills in the home? Does the fire inspector approve of the calendar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
* Is there an evacuation plan for the home in case of an emergency? Does the fire inspector approve of this plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

PAGE 2 MUST BE COMPLETED

If applicable, what type of fire alarm system is provided? _____.

Is the home free from conditions hazardous to the safety of children? YES NO

If NO, list violations:

State the recommendations for correction of all violations listed above.

ALL VIOLATIONS MUST BE CORRECTED. REINSPECTION AND APPROVAL ARE REQUIRED IF ANY VIOLATION LISTED ARE NOT CORRECTED ON THE SPOT.

Date Inspected:	Date Re-inspected:
Inspected by:	Re-inspected and Approved by:
Signature:	Signature:
Title:	Title:
Name of Fire Department:	Name of Fire Department:
Telephone Number:	Telephone Number:

NOTE: Completion of this form is required in order for this agency to carry out its obligations for Adoption