

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health

Protective Health Services - 0505

Medical Facilities

1000 NE 10th Street

Oklahoma City, OK 73117-1299

Telephone: (405) 271-6576

FAX: (405) 271-1308

LIFE SAFETY CODE INSPECTION REPORT FOR HOSPITALS

Name of Institution: _____

License Number: _____

Address: _____

City: _____

Administrator: _____

Surveyor: _____

INSTRUCTIONS

- I. Please mark EITHER the yes or the no box for each numbered item. Any item marked "no" represents a deficiency.
- II. Please provide an explanation for any item marked "no" in the comment area for that section. Additional comments may be recorded in the comment section at the end of the form.
- III. Please sign and date the form on the last page.

A. GENERAL

- 1. Grounds are free of trash and weeds? Yes No
- 2. Outbuildings and storage structures are separated from the facility? Yes No
- 3. Stored combustibles located in an electrical room are 30 feet from electrical equipment? Yes No

Comments:

B. EXIT SYSTEMS

- 1. Stairwells and exit corridors are not obstructed? Yes No
- 2. Doors equipped with closure devices are not blocked open? Yes No
- 3. Latching hardware, panic bars, and closure devices on corridor and exit doors are in good working condition? Yes No
- 4. Doors to patient rooms are of substantial construction and remain in their frames when closed and doors are not obstructed or blocked open? Yes No

Comments:

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C. FIRE PROTECTION

1. Automatic sprinkler systems are operational and have been inspected annually and maintained? Yes No
2. The fire and smoke alarm systems have been inspected annually and maintained? Yes No
3. Portable fire extinguishers are available in adequate numbers and have been inspected annually and maintained? Yes No
4. Kitchen grill and deep fryers are protected by a fire suppression system and venthood? Yes No

Comments:

D. FIRE PROTECTION PLAN

1. The facility has a current fire protection plan that is available to all personnel? Yes No
2. Fire evacuation plans are posted in prominent locations throughout the building? Yes No
3. Fire drills have been conducted quarterly on each shift at irregular intervals to familiarize employees on all shifts with their responsibilities? Yes No
4. Smoking policies have been adopted and are followed? Yes No

Comments:

E. EMERGENCY POWER, LIGHTS, AND ELECTRICAL

1. The emergency generator is operational and has been maintained? Yes No
2. Emergency exit and corridor lights are operational? Yes No
3. Space heaters are not in use in patient areas? Yes No
4. Extension cords are not in use? Yes No
5. Do exit signs illuminate? Yes No

Comments:

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F. HAZARDOUS STORAGE

1. Combustible materials are properly maintained in appropriate storage areas? Yes No
2. Are boiler rooms, bulk laundries, paint shops, soiled linen rooms and trash collection rooms protected by one hour enclosure or sprinkler system? Yes No

Comments:

G. NEW CONSTRUCTION AND RENOVATION

1. Any construction or renovation projects completed in the last year have been approved by the Department and appropriate state and local authorities? Yes No
2. Is any renovation or construction being done at the time of this inspection? Please comment. Yes No
3. In storage areas, are all penetrations sealed? Yes No
4. Are any ceiling tiles missing? Yes No

Comments:

H. COMPLIANCE WITH STATE AND LOCAL CODE

1. The facility is compliant with State and local building and fire codes? Yes No

Comments:

Additional Comments:

Surveyor Signature

Title

Date