Ohio Department of Job and Family Services

FIRE INSPECTION REPORT FOR HOMES OR RESIDENTIAL FACILITIES CERTIFIED BY ODJFS

This form may be used to inspect any other facility at the discretion of the fire inspector

FACILITY TYPE			BUILDING CODE REFERENCES				OUNTY		
Foster or Adoptive Home, 5 or fewer foster or adoptive children				Building code application		<u> </u>			
Group Home, up to 10 children			No information available (new application)						
Children's Residential Center, 11 or more children			Not applicable						
☐ Crisis Care Facility									
Other									
Name of Family/Facility				Recommending Agency					
Street Address				Street Address					
City, State, Zip Code				City, State, Zip Code					
Person with whom report was discussed									
This is to certify th	at I inspected the	building(s)	comp	orising this fac	cility and find				
Type of Structure	Single Family Mobile Modular	☐ Two Fami	ly	Apartment	Group Home	Children's Residential Center	Crisis Care Facility		
Type of Construction	Frame	☐ Brick		Block	Other (specify)				
Type of Floors	☐ Wood	☐ Concrete		Other (specify)					
Type of Stairways	☐ Wood	☐ Concrete		☐ Steel	Other (specify)				
Number of floors What floors have been approved for sleeping arrangements?									
First Sec			aseme	ent					
Explain limitations, if any, on approval for sleeping arrangements									
Check Items In Compliance									
 □ 1. Two remote means of escape from each level where child care is provided. (Foster and Adoptive Homes are Exempt) □ 2. Means of escape free from clutter and other obstructions. □ 3. Stairs, hallways, and passages to exit are adequately lighted. □ 4. No room used for children is reached only by ladder or trapdoor. □ 5. Child-proof covers are used on electrical receptacles. (If required by fire inspector) □ 6. Extension cords are used only as temporary wiring. □ 7. Flammable and combustible materials are properly stored. □ 8. Floor plan is posted showing fire and emergency evacuation route from facility. (Residential Facilities Only) □ 9. Record is kept of practice fire drills. (Residential Facilities Only) 									

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F4			
Foster and Adoptive Homes A working approved smoke alarm and carbon monoxide detector on each level of occupancy of the	☐ Yes	□ Na	D NI/A
home?		□ No	□ N/A
A U.L. approved portable fire extinguisher in working order in or near cooking area?	Yes	No	□ N/A
Approved portable heater?	☐ Yes	∐ No	☐ N/A
Unvented kerosene or oil heaters shall not be used. Is there any evidence of usage?	Yes	☐ No	□ N/A
Residential Facilities (Group Home, CRC or Crisis Care Facility)	 	<u> </u>	<u> </u>
Are smoke detectors located according to instructions of the local fire inspector or state fire marshal?	Yes	☐ No	□ N/A
Free standing wood burning stoves and unvented kerosene gas or oil heaters shall not be used. Is there any evidence of usage?	☐ Yes	☐ No	□ N/A
Is the written calendar of periodic fire drills (developed by the agency) approved by fire inspector?	☐ Yes	☐ No	□ N/A
Is the evacuation plan approved?	☐ Yes	☐ No	□ N/A
If applicable, what type of fire alarm system is provided? Smoke Detector Other (specify)			
Is the facility reasonably free from conditions hazardous to the safety of children and approved as such?	?	Yes	☐ No
If no, list violations:			
State the recommendations for correction of all violations listed above.			

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Check one of the foll	owing:						
☐ At the time of ini	tial inspection, thi	s home/facility is fou	nd	to be in compliance a	nd is approve	ed.	
☐ Reinspection and	approval are req	uired if any violation	s li	sted are not immedia	tely corrected	l at the initial visit.	
Date of Initial Inspection				Date of Reinspection			
Inspected By (Signature)			Reinspected and Appro	ved By (Signat	ure)	
Title	Must select one: ☐ State certified fire safety inspector			Title	Must select one:		
					State certified fire safety inspector		
State fire marshal's office			State fire m		e marshal's office		
Name of Fire Departmen	nt	Telephone Number		Name of Fire Departme	ent	Telephone Number	

Distribution for Foster and Adoptive Homes: A copy to each of the following:

- 1. Recommending Agency
- 2. Family
- 3. Fire Inspector

Distribution for Residential Facilities: A copy to each of the following:

- 1. ODJFS Licensing
- 2. Facility
- 3. Fire Inspector

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