

# Facility - Self Inspection Form

This report is designed to help recognize and reduce potential loss within the residence. These reports should be completed monthly by a competent individual, preferably a housing corporation officer or chapter advisor.

## HOUSEKEEPING & STORAGE AREAS

YES NO

General interior and exterior housekeeping good -----  
Storage rooms neatly arranged with good access -----  
Floors and walls clean throughout -----  
Combustible trash removed from building daily -----

## HALLS

YES NO

All halls are free from obstructions -----  
All halls are well-lighted -----  
All stair steps and wells have secure banisters/railings -----

## BUILDING MAINTENANCE

YES NO

Roof covering in good condition with no leaks -----  
All interior and exterior walls in good condition -----  
All interior and exterior doors and windows in good condition -----  
All fire doors between floors marked as such and kept locked -----

## ELECTRICAL SYSTEM

YES NO

All circuits correctly fused -----  
All covers in place with none broken -----  
No multiple plug/appliances policy in force and posted -----  
Date of last electrician inspection -----

## FURNACES & HOT WATER HEATERS

YES NO

All located in separate rooms -----  
All doors to rooms closed completely -----  
All rooms free of combustible materials -----  
All covers to equipment in place -----  
Equipment inspected within last year by contractor -----

## SMOKING

YES NO

Allowed in safe locations only -----  
Is there a no smoking in bed rule -----  
Ashtrays with large lips used -----  
Butts collected in metal container -----

## SMOKE DETECTION, SPRINKLER AND FIRE ALARM SYSTEM

YES NO

Are there manual fire alarm pull boxes in all halls -----  
Is there a smoke detector in each room -----  
If smoke detectors are battery operated, are batteries changed every six months -----  
Date of last battery change -----  
If a hard-wired system is used, is it tested monthly by a responsible person and serviced bi-annually by an outside contractor -----  
Date of last monthly test -----  
Date of last contractor inspection -----  
Are fire sprinklers installed -----  
Are all individual fire sprinklers free from obstruction -----  
Is the main control valve open -----  
Is there pressure reading on the system gauges -----  
Date of last fire sprinkler inspection -----

**FIRE EXTINGUISHERS**

**YES NO**

- Is there at least one extinguisher on each floor -----
- Are there extinguishers in the kitchen -----
- Is there an extinguisher in the laundry room -----
- Are extinguisher locations accessible and clearly marked -----
- Does a responsible person make sure all extinguishers are in place and fully charged every month -----
- Are the extinguishers inspected and serviced by an outside contractor yearly -----
- Date of last contractor inspection -----

**KITCHEN AND COOKING**

**YES NO**

- Is all cooking equipment located under a hood -----
- Is the entire hood and ductwork system cleaned twice a year -----
- Date of last cleaning -----
- Are removable hood grease filters run through the dishwasher daily -----
- Is there an extinguishing system protecting all cooking equipment -----
- Does an outside contractor service the extinguishers system at least twice a year -----

**PLUMBING SYSTEM**

**YES NO**

- Plumbing in good condition with no leaks -----
- Has sprinkler system been checked in the last few months -----

**LAUNDRY ROOM**

**YES NO**

- Are lint filters cleaned after each load -----
- Are areas behind dryers free of lint -----

**FIRE DRILLS**

**YES NO**

- Is there a practice fire drill every six months -----
- Date of last drill -----

**INSPECTION**

**YES NO**

- Has campus fire marshal inspected building within the last six months -----
- Has city/town fire department inspected building within last six months -----

**COMPLIANCE**

Explain any "No" answers from above:

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Explain corrective action taken:

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**YES NO**

Have all deficiencies from previous reports been corrected: -----

Signature and title of person performing inspection: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_