



NURSING HOME LIFE SAFETY CODE ENTRANCE CONFERENCE DOCUMENTATION CHECKLIST

Indiana State Department of Health-Division of Long Term Care

- ___ 1. Floor Plan of the Facility
- ___ 2. Interior Finish Flame Spread Rating for Wallpaper, Paneling etc.
- ___ 3. Drapery, Curtain, Hanging Fabric, Flame Retardancy Documentation
- ___ 4. Fire Drills and Evidence of Activation of the Fire Alarm System
- ___ 5. Annual Fire alarm Testing and Maintenance
- ___ 6. Smoke Detector Sensitivity Testing
- ___ 7. Automatic Sprinkler System
 - ___ - Annual, Quarterly and Monthly Inspections
 - ___ - 5 Year Internal Pipe Inspection
 - ___ - Annual Backflow Preventer Test
 - ___ - Annual Private Hydrant Testing
 - ___ - Sprinkler Head Testing
- ___ 8. Kitchen Extinguishing System Inspection
- ___ 9. Kitchen Range Hood Exhaust Cleaning & Inspection
- ___ 10. Weekly Generator Inspection & Monthly Generator Load Test (Annual Log Bank)
- ___ 11. Battery Operated Emergency Lighting Monthly & Annual Inspection & Testing
- ___ 12. Fire Extinguisher Annual, Monthly & 6 year Maintenance & Inspection
- ___ 13. Annual Fire Door Assembly Inspection
- ___ 14. Annual Rolling Fire Door Test and Inspection
- ___ 15. Fire/Smoke Damper Testing
- ___ 16. Boiler/Water Heater Inspections
- ___ 17. Smoking Policy
- ___ 18. Fire & Disaster Plan Policy & Procedures
- ___ 19. Fire Watch Policy & Procedure

____ 20. Policy for Admission of Residents who require Life Support

____ 21. Policies regarding Oxygen Transfilling, Power Strips, Portable Heaters & Generator Malfunction

____ 22. Battery Operated Smoke Detector Preventative Maintenance Documentation