RALF ENTRANCE CONFERENCE CHECK LIST
FIRE LIFE SAFETY SURVEY

FACILITY NAME: _____________________________________ DATE_________________ TIME_______________

ADMINISTRATOR: _________________________ PERSONNEL ASSISTING: ______________________________

LICENSED BEDS: ______________ SECURED BEDS ______________ RESIDENT CENSUS _______________________

The surveyor/survey team will need to review the following documentation:

FACILITY DATA

☐ MAP OF FACILITY
☐ RESIDENT ROSTER
☐ DISASTER PLAN INCLUDING PROCEDURES & TWO (2) SEPARATE EVACUATION LOCATIONS
☐ EMERGENCY ACTION PLAN PROCEDURES
☐ FIRE DRILLS
☐ FIRE WATCH (SYSTEM OUT OF SERVICE) PROGRAM PROCEDURES AND DOCUMENTATION
☐ SMOKING POLICY
☐ FURNISHINGS/DECORATIONS DOCUMENTATION

INSPECTION REPORTS

☐ FIRE ALARM SYSTEM INSPECTION, TESTING, AND MAINTENANCE
  ☐ SMOKE DETECTOR SENSITIVITY TESTING
☐ FIRE SPRINKLER SYSTEM INSPECTION, TESTING, AND MAINTENANCE
  ☐ QUARTERLY
  ☐ ANNUAL
  ☐ 5 YEAR ASSESSMENT INTERNAL PIPING CONDITIONS
  ☐ DRY SYSTEM FULL TRIP (3 YEARS)
☐ SEMI-ANNUAL KITCHEN HOOD SUPPRESSION SYSTEM INSPECTION (IF APPLICABLE)
☐ SEMI-ANNUAL KITCHEN HOOD CLEANING/INSPECTION (IF APPLICABLE)
☐ DOOR INSPECTION/TESTING
☐ MONTHLY/ANNUAL PORTABLE FIRE EXTINGUISHER MAINTENANCE
☐ EMERGENCY LIGHTING ☐ 30 SECONDS MONTHLY ☐ 90 MINUTES ANNUAL
☐ GENERATOR (IF APPLICABLE) ☐ WEEKLY INSPECTION ☐ MONTHLY LOAD TEST ☐ FUEL TEST FOR DIESEL
☐ ABHR DOCUMENTATION FOR REFILLING BOTH MANUAL AND AUTOMATIC DISPENSERS
☐ DAMPER TESTING REPORT [4 YEARS] (IF APPLICABLE)
☐ PRIVATE WATER SUPPLY RECORDS AND LABORATORY REPORTS (IF APPLICABLE)
☐ FUEL FIRED HEATING SYSTEM INSPECTION REPORTS (IF APPLICABLE)

This document is not all inclusive. Additional information may be requested.