



STATE OF WEST VIRGINIA  
DEPARTMENT OF HUMAN SERVICES  
BUREAU FOR SOCIAL SERVICES

**Annual Fire Safety Review Adult Family Care**

Provider Name:

Date Completed:

Address:

Adult Family Care Homes must meet all the following fire and safety regulations. Responses are based on the worker's observations during the annual site visit to the home.

Area Evaluated	Ye s	No
Is the home adequately and safely ventilated?		
Does the home have at least 2 reasonably convenient exits?		
Is there a window to the outside in all bedrooms that could serve as an exit in an emergency?		
Is the home free from an accumulation of rubbish, particularly near the chimney, furnace, water heater, or other places where there's possibility of fire?		
Are the fuses used for light circuits in excess of 15 amperes?		
Are all extension cords approved by the Underwriters Laboratory, Inc. and in good condition?		
Is the furnace checked annually to assure proper functioning?		
Does the water heater have a pop-off valve that is connected to a pipe leading downward and no more than 6 inches from the floor?		
Does the home have an approved fire extinguisher?		
Is there a fire extinguisher in the kitchen of the home?		
Is there a fire extinguisher near the furnace or fireplace?		
Does more than one person in the home know how to operate the fire extinguisher?		
Is there a smoke alarm near the entrance to each bedroom in the home?		
Does the home have an adequate fire escape plan?		
Are fire drills routinely held?		

Was the Fire Safety Checklist given to the provider and later reviewed by the worker?		
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☐ Referral made to Fire Marshall for follow up: \_\_\_\_\_

☐ Referral made to Health Department for follow up:

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Recommendations and Comments: (list any hazardous objects or areas of the home)

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Completed By: \_\_\_\_\_ Title: \_\_\_\_\_