

ENTRANCE CONFERENCE CHECK LIST RALF SURVEY

FIRE/LIFE SAFETY

FACILITY NAME: _____

SURVEY DATE: _____ TIME: _____

ADMINISTRATOR: _____ PERSONNEL ASSISTING _____

The surveyor/survey team will need to review the following documentations

- ☐ 415.02 INSPECTION RECORDS OF FUEL FIRED HEATING SYSTEMS/DEVICES. (ANNUAL)
- ☐ 415.05 INSPECTION RECORDS OF SPRINKLER SYSTEM. (ANNUAL)
- ☐ 415.04 INSPECTION RECORDS OF SMOKE ALARM SYSTEM. (ANNUAL)
- ☐ 415.05 KITCHEN HOOD SUPPRESSION SYSTEM INSPECTION REPORT (SEMI-ANNUAL)
- ☐ 415.05 KITCHEN HOOD INSPECTION/CLEANING REPORT (SEMI-ANNUAL)
- ☐ 161.01 SMOKING POLICY.
- ☐ 410.01 FACILITY DISASTER PLAN/ RELOCATION AGREEMENT.
- ☐ 625.03(e) STAFF ORIENTATION TRAINING RECORDS ON HOW TO RESPOND IN AN EMERGENCY.
- ☐ 410.02 FIRE DRILL REPORTS. (1 PER SHIFT PER QUARTER)
- ☐ 750.01 ADMINISTRATOR ASSURES FIRE DRILL REPORTS ARE MAINTAINED
- ☐ 415.03 MONTHLY/ANNUAL INSPECTION RECORD OF FIRE EXTINGUISHERS.
- ☐ 405.05 TESTING RECORDS OF EMERGENCY LIGHTING (if installed) 30 seconds monthly 90 minutes annually.
- ☐ RESIDENT CENSUS _____
- ☐ SECURED BEDS Y/N _____ NUMBER _____
- ☐ MAP OF FACILITY.

# OF SHIFTS: _____	1 ST QUARTER [1-3]	2 ND QUARTER [4-6]	3 RD QUARTER [7-9]	4 TH QUARTER [10-12]
AM TIME				
AM DATE				
PM TIME				
PM DATE				
NOC TIME				
NOC DATE				