



FIRE PROTECTION BUREAU – INSPECTION SECTION
PO Box 42642
Olympia WA 98504-2642
(360) 596-3906 FAX: (360) 596-3934



CHECKLIST FOR DOCUMENTATION REVIEW

Facility _____ Provider # _____ Medicaid # _____

Facility Type _____ Number Licensed For _____ Census _____ Date _____

AUTOMATIC SPRINKLER SYSTEM – K351 Installation/K353 Maintenance

Annual service report of Automatic Sprinkler System:

Date Performed _____ Company _____

Indicate when annual and quarterly testing of Automatic Sprinkler System was completed:

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Forward Flow Inspection ☐ 5 Year Hydro ☐ 5 Year Internal Pipe ☐ Dry 3 Year FULL ☐ Sprinkler Age ☐

AUTOMATIC/MANUAL FIRE ALARM SYSTEM – K341 Installation/K345 Maintenance

Annual service report of Automatic Fire Alarm System:

Date Performed _____ Company _____

Semi-Annual ITM ☐ Semi-Annual visual inspection ☐ ICC/ESA Certificate ☐

Smoke Detector Sensitivity Report: Date Performed _____

Nuisance log: Yes ☐ No ☐ N/A (if addressable system) ☐

Dampers (K521) every 4 years (hospitals every 6 years): Date Performed _____

KITCHEN SUPPRESSION SYSTEM – K324

Semi-annual hood inspection: Date performed _____ Date performed _____

ICC/NAFED Certification Yes ☐ No ☐ Is all movable equipment secured? Yes ☐ No ☐

Annual wet-sprinkler inspection: Date Performed _____

Company _____

Quarterly/Semi-Annual cleaning for deep fat fryer/24 hour/high volume Cooking: ☐ 2nd ☐ 3rd ☐ 4th

FIRE EXTINGUISHERS – K355

Annual service report (hydro testing info, etc.): Date Performed _____ Company _____

Monthly inspection by facility maintenance: Yes ☐ No ☐

EMERGENCY BATTERY LIGHTING and EXIT SIGNS (Exit signs must be inspected monthly, even if battery operated) – K291 and K293-must not be tested during generator run

Maintenance Documentation – Monthly log of 30 second test: Yes ☐ No ☐

Maintenance Documentation – Annual 90-minute test: Yes ☐ No ☐

GENERATORS – K918 Generator Maintenance and Testing

Annual service report: Date Performed _____ Company _____

Weekly inspection log AND monthly load test: Met? If not 30 min for 30% or 1.5 load bank. Yes ☐ No ☐

LEVEL 1 ONLY: 96-hour supply on site: Yes ☐ No ☐

Tri-annual load bank: Yes ☐ No ☐

Natural gas generators secondary on-site supply of fuel: Yes ☐ No ☐

Monthly transfer switch operation: Yes ☐ No ☐

Lead-acid battery specific gravity or conductance testing monthly: Yes ☐ No ☐

Annual fuel test with passing results: Yes ☐ No ☐

Generator rooms have battery lights, 1 hour fire-rated walls, and emergency shut-off outside of room: Yes ☐ No ☐

Exterior generators have an emergency shut-off button outside of all-weather enclosure: Yes ☐ No ☐



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FIRE-RATED DOORS – K761 Inventoried, Inspection, and Testing

Annual inventory, inspection, and testing: Yes ☐ No ☐

ELECTRICAL SYSTEMS – K914 Maintenance and Testing

Periodic testing of hospital grade receptacles (defined by documented performance data): Yes ☐ No ☐

Annual testing of non-hospital grade receptacles: Yes ☐ No ☐

Monthly line isolation monitors (LIM): Yes ☐ No ☐

Annual (and after repair or renovation) testing of LIM circuits: Yes ☐ No ☐

PATIENT CARE RELATED ELECTRICAL EQUIPMENT – K921 Maintenance and Testing

Inventory log and testing dates: all equipment must have unique ID: Yes ☐ No ☐

Personnel responsible for testing and maintenance receive continuing training on equipment: Yes ☐ No ☐

Policy for testing, repairs, and modification of electrical equipment: Yes ☐ No ☐

POLICIES, PROCEDURES, GUIDELINES, AND PLANS – K345, K354, K711, K741, K921, K926

Fire watch procedures if fire alarm system is down for greater than 4 hours (K346): Yes ☐ No ☐

Fire watch procedures if fire sprinkler system is down for greater than 10 hours (K354): Yes ☐ No ☐

Evacuation procedure meets 8 points of 19.7.2.2 (Partial and full evacuation process) (K711): Yes ☐ No ☐

Smoking policy in place (K741): Yes ☐ No ☐

Guidelines for training and usage of medical gas equipment (qualification and training documents) (K926): Yes ☐ No ☐

FIRE DRILLS – K712

Drill reports with signatures of participants (alarm activation required between 0600 – 2100):

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
D												
S												
N												

OPERATING ROOMS – K933

Fire loss policy in place: Yes ☐ No ☐

Medical gas shut-offs outside of EACH operating room (only one OR on a shut-off valve): Yes ☐ No ☐

Battery lights that automatically illuminate upon power failure: Yes ☐ No ☐

Risk assessment in place for classification of non-wet procedure locations (K913): Yes ☐ No ☐

Is there a mechanical means of controlling humidity levels? Yes ☐ No ☐

Log of humidity levels: Yes ☐ No ☐

LABORATORIES – K322

Laboratories with flammable, combustible, or hazardous materials are protected by a 1HR wall: Yes ☐ No ☐

LAB-specific emergency plan: Yes ☐ No ☐

Annual hood inspection: Date Performed _____ Company _____

Is second exit required? Yes ☐ No ☐

GAS AND VACUUM SYSTEMS – K908 and K924 Inspection and Testing / K910 Modifications

Periodic testing of piped system: Yes ☐ No ☐

Documentation of medical gas administration equipment testing after adjustment or repair: Yes ☐ No ☐

Documentation on installer and verification testing modifications: Date _____ Company _____

Alarms are located at maintenance shops (persons responsible for system) and at nurses' station: Yes ☐ No ☐

ELEVATOR TESTING – K531

Monthly recall testing: Yes ☐ No ☐