



# CITY OF COEUR D'ALENE

## FIRE DEPARTMENT

300 E FOSTER AVENUE  
COEUR D'ALENE, IDAHO 83814  
TEL (208) 769-2340  
FAX (208) 769-2343

2017

### DAY CARE LICENSE FIRE INSPECTION

**Phone Number:** \_\_\_\_\_

**Concern and corrective action required:**

**Address Numbers** – visible from road Y\_\_\_N\_\_\_

**Facilities with over 50 children:** Exit doors swing outward with panic hardware. Y\_\_\_N\_\_\_ Exit Lights – operational when button depressed. Y\_\_\_N\_\_\_ Fire Alarm/Fire Sprinklers – date of annual service/inspection. \_\_\_/\_\_\_/\_\_\_

**Knox Box** - proper key(s) inside. Y\_\_\_N\_\_\_N/A\_\_\_

**Emergency Lights** - operational when tested. Y\_\_\_N\_\_\_ N/A\_\_\_

**Upper Floors** – being used for childcare. Y\_\_\_N\_\_\_  
N/A\_\_\_ Comments: \_\_\_\_\_

**Basement** – being used for childcare. Y\_\_\_N\_\_\_N/A\_\_\_  
Comments: \_\_\_\_\_

**Attached Garage** - Y\_\_\_N\_\_\_ N/A\_\_\_ Pet doors are not allowed; Self-closing door

**Windows** - sleeping rooms provided with at least one emergency egress. Y\_\_\_N\_\_\_ Window\_\_\_ Door\_\_\_  
Furniture or platform under window if over 44". Y\_\_\_N\_\_\_  
Comments: \_\_\_\_\_

**Electrical Panel** - all breakers labeled; maintained in good condition; accessible/3 foot clearance. Y\_\_\_N\_\_\_

**Flammable/Combustible Liquid Storage** – gasoline stored in garage. Y\_\_\_N\_\_\_

**Fire Extinguishers** – date of last annual service \_\_\_/\_\_\_/\_\_\_

**Smoke Detectors** – Inside and outside of sleeping room(s). Y\_\_\_N\_\_\_ Operational Y\_\_\_N\_\_\_ Batteries changed annually Y\_\_\_N\_\_\_

**Carbon Monoxide Detector** – outside of sleeping room(s) Y\_\_\_N\_\_\_ Operational Y\_\_\_N\_\_\_ Batteries changed annually Y\_\_\_N\_\_\_

**Extension Cords** - Y\_\_\_N\_\_\_  
Comments: \_\_\_\_\_

**Exits** - doors and windows operational and not blocked. Y\_\_\_N\_\_\_

**Portable Heaters** - Y\_\_\_N\_\_\_  
Comments: \_\_\_\_\_

**Kitchen** - cooking area free of grease on stovetop and in range hood. Y\_\_\_N\_\_\_

**Housekeeping** – Combustibles; egress pathways. Y\_\_\_N\_\_\_

**Telephone** – “911” sticker. Y\_\_\_N\_\_\_

**Monthly Checklist** – filled out correctly. Y\_\_\_N\_\_\_

**Does facility have adequate square footage (35 sf. per child)** – Y\_\_\_N\_\_\_

**Outside fenced play area** – Y\_\_\_N\_\_\_ 75 sf. per child – Y\_\_\_N\_\_\_

**Staff Ratio** \_\_\_:\_\_\_ (child:adult)

**Maximum occupancy allowed** \_\_\_\_\_

**Guns accessible to children** – Y\_\_\_N\_\_\_

**K9 rabies vaccination** – Y\_\_\_N\_\_\_

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**Inspected by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE: Please call \_\_\_\_\_ for a re-inspection. Date in compliance:** \_\_\_\_\_