

Assisted Living Supplemental Application

Property & Life Safety Information

The facility is located in a: Commercial area Residential area Mixed use area

Is the facility located In a Converted structure? Yes No

If yes, please explain modifications made end month/year of modifications made.

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- 1). Is there more than one building? Yes No
 - 2). If yes, what is the minimum distance between buildings? _____
 - 3). Do you have a written building maintenance program? Yes No
 - 4). Do you meet all NFPA Life Safety Code requirements? Yes No
 - 5). Is the facility completely sprinklered including the attic? Yes No
 - 6). Is the facility connected to a central station alarm for fire and burglary? Yes No
 - 7). Are all exits properly marked and lighted? Yes No
 - 8). Is smoking on the premise permitted? Yes No
 - 9). Are Smoke detectors property maintained? Yes No
 - 10). Are smoke detectors hard wired? Yes No
 - 11). If yes, do you have a battery backup for the smoke detectors? Yes No
 - 12). Are fire extinguishers located in the kitchen area? Yes No
 - 13). Do you have a semi or quarterly contract to clean hoods and ducts in the kitchen area? Yes No
 - 14). Does the kitchen have a deep fat fryer? Yes No
 - 15). What year was the cooling system updated? Yes No
 - 16). What year was the heating system updated? Yes No
 - 17). Is wiring Aluminum wiring? Yes No
 - 18). If electrical wiring was replaced, give the year the wiring was replaced _____
 - 19). Any auxiliary electrical supply systems? Yes No If yes describe _____
 - 20). Date that your premises was last Inspected? _____
 - 21). Name of company that inspected your building _____
 - 22). Please check the type of roof Pitched or Flat