

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
129 Pleasant Street, Brown Building, Concord, NH 03301-3857
Phone 603-271-9499 FAX 603-271-4968 TDD Access: 1-800-735-2964

**LIFE SAFETY REPORT FOR
ONE-TO-THREE PERSON PLACEMENT
COMMUNITY RESIDENCE**

IDENTIFYING INFORMATION (NAME OF RESIDENCE):		
Name: _____	Phone Number: _____	
Street: _____		
City: _____	State: _____	Zip Code: _____

The Department of Health and Human Services, Office of Legal and Regulatory Services, Health Facilities has the responsibility for certifying residences for individuals with a developmental disability, acquired brain disorder, or mental illness. Prior to the initial certification of a home or before an increase in the number of clients is approved the Office of Legal and Regulatory Services requires inspection of the residence by the local fire authority to determine compliance with New Hampshire RSA 126-A:21.

THIS FORM IS NOT INTENDED TO BE AN ALL-INCLUSIVE LIFE SAFETY/FIRE INSPECTOR

		YES	NO
1	The home shall have hard-wired, interconnected smoke detectors/alarms installed in each bedroom and on each level of the home, and be maintained as per manufacturer's recommendations.		
2	The home shall have working carbon monoxide detectors/alarms on each floor installed and maintained as per manufacturer's recommendations.		
3	The home has at least two remote ways out from each floor level. (Windows, staircases, etc.)		
4	All doorways, hallways, and stairs shall be clear, unobstructed, and uncluttered.		
5	The basement exit shall lead directly to the ground level. (If used for sleeping only.)		
6	A window in the designated sleeping room of the home shall open to a size that allows an occupant to escape and firefighter to enter.		
7	All flammable or combustible materials shall be stored at least 3 feet from electric heaters, wood/pellet/kerosene stoves, furnaces, boilers, or water heaters.		
8	If oxygen is used in the residence, all doors in the home shall be labeled accordingly. Any oxygen in the home shall be secured to a wall, stand, or rack		
9	All electrical outlets, switches and junction boxes shall have covers.		

NUMBER OF BEDS FOR NON-FAMILY MEMBERS INCLUDING INDIVIDUALS WITH DD, ABD, and BH DIAGNOSIS:	
This City/Town used the following fire code(s) for this inspection as specified in RSA 126-A:21; please check any or all options:	
<input type="checkbox"/>	NFPA 101, One & Two Family Dwelling Occupancy, Edition: _____
<input type="checkbox"/>	NFPA 101, Existing Apartment Buildings, Edition: _____
<input type="checkbox"/>	NFPA 101, New Apartment Buildings, Edition: _____

If any of the responses above are "NO", explain the plan to correct the problem

Provisional Approval Granted on: _____ Re-Inspection of the Home will be on: _____

This Home Meets the Requirements for a Community Residence on: _____

Signed: _____
Fire Inspector
Fire Department

RE-INSPECTION

Problems were corrected and the Home Meets the Community Residence Requirements on: _____

Signed: _____
Fire Inspector
Fire Department