

GREEK HOUSING - LIFE SAFETY INSPECTION (AFFINITY)

Chapter: _____

Address: _____

Date: _____

Chapter Representatives Present for Inspection (Chapter President is required):

1) _____

2) _____

3) _____

GENERAL INSPECTION:

Yes No

- 1) ___ ___ During the current quarter, have you or anyone else made a personal inspection of the chapter facility from top to bottom?

Documentation: _____

- 2) ___ ___ Has your chapter facility been checked by the fire department for security in the past year?

Documentation: _____

- 3) ___ ___ Has your chapter facility been checked by the health department in the past year?

Documentation: _____

- 4) ___ ___ Is the heating system serviced annually (or as required by manufacturer) by contractor?

Documentation: _____

- 5) ___ ___ Has your chapter facility undergone any plumbing system repairs or updates within the past year?

Documentation: _____

- 6) ___ ___ Has your chapter facility undergone any electrical repairs or updates within the past year?

Documentation: _____

- 7) ___ ___ Has your chapter facility undergone any roof repairs within the past year?

Documentation: _____

- 8) ___ ___ Does the chapter facility have an air conditioning system or individual air conditioning units?
- 9) ___ ___ Are fireplace(s) provided in chapter facility?
- 10) ___ ___ Do the fireplaces work properly?
 ___ Wood fireplace
 ___ Gas Fireplace

EXIT WAYS:

Yes No

- 1) ___ ___ Do all meeting and/or chapter (social) rooms have two separate exits?
- 2) ___ ___ Are all exit signs lit and visible as required by fire codes?
- 3) ___ ___ Do exit doors on rooms accommodating fifty or more people open outward?
- 4) ___ ___ Are all emergency lighting units tested quarterly?
- 5) ___ ___ Are self-closing doors provided on all sleeping rooms?
- 6) ___ ___ Are all stairwell doors (fire doors) operable and kept closed?
- 7) ___ ___ Are all doors, windows, hallways, stairwells and fire escapes free from blockage (no chairs, boxes, trash cans, etc.)?
- 8) ___ ___ Are all windows free of cracks, breaks and in overall good condition?

FIRE DETECTION/ALARM SYSTEMS:

Yes No

- 1) ___ ___ Is the chapter facility provided with smoke/heat detectors?
 Type of detectors:
 ___ battery-powered
 ___ powered by chapter facility's electrical system
- 2) ___ ___ Are detectors provided throughout chapter facility?
 Detectors located in:
 ___ hallways ___ sleeping rooms
 ___ stairwells ___ kitchen
 ___ laundry room ___ common areas (dining/living/study)
 ___ boiler room ___ other
- 3) ___ ___ Are detectors tested quarterly?
- 4) ___ ___ Do you have a fire alarm system?
 ___ ___ Are detectors connected to chapter facility's alarm system?

___ ___ Is the chapter facility provided with manual pull alarms?

If smoke/heat detectors and/or pull alarms are connected to the chapter facility's alarm system, does this alarm ring at?

___ chapter facility only ___ police station
___ alarm company ___ campus security

5) ___ ___ Is the chapter facility provided with an automatic sprinkler system?

___ ___ Is this system serviced annually by contractor?

6) ___ ___ Are portable fire extinguishers available throughout chapter facility?

Extinguisher provided in:

___ hallways ___ kitchen
___ boiler room ___ laundry room

7) ___ ___ Are all extinguishers serviced annually by contractor (check tags attached to units)?

8) ___ ___ Are all extinguishers checked monthly by chapter?

9) ___ ___ Is the University Smoking Policy adhered to?

10) ___ ___ Are candles used in the house (ONLY) for ritual purposes?

11) ___ ___ Are fire drills held at beginning of each quarter?

12) ___ ___ Are all members required to participate in drills?

13) ___ ___ Is there an assigned place outside the chapter facility for all to meet during a fire drill? Location: _____

14) ___ ___ Is someone assigned to take roll call after evacuating the chapter facility?

15) ___ ___ Are emergency evacuation diagrams posted throughout chapter facility (at least twice) as required by local fire codes?

KITCHEN:

Yes No

1) ___ ___ Is all cooking equipment under an exhaust hood?

___ ___ Is an automatic extinguishing system provided in exhaust hood?

___ ___ Has the extinguishing system been serviced by contractor?

Cooking equipment in kitchen includes:

___ deep fryer ___ range
___ oven ___ grill

2) ___ ___ Are all kitchen appliances operable and in good condition?

- 3) ___ ___ Are kitchen walls, surfaces, stoves, ovens, fryers, and all other cooking appliances clean and free from grease?

ELECTRICAL EQUIPMENT:

- | | Yes | No | |
|-----|-----|-----|--|
| 1) | ___ | ___ | Are all electrical cords and plugs/outlets in good condition? |
| 2) | ___ | ___ | When extension cords are used, are they of a heavy duty quality? |
| 3) | ___ | ___ | Are all extension cords above or beside furniture items rather than under them? (rugs, sofas, chairs, etc.) |
| 4) | ___ | ___ | Are all extension cords out of the flow of traffic? |
| 5) | ___ | ___ | Are all electrical devices in good working order? |
| 6) | ___ | ___ | Are all circuit breakers and fuses working properly (not needing to be replaced)? |
| 7) | ___ | ___ | Are all lights in the chapter facility in working condition? |
| 8) | ___ | ___ | Are electrical appliances (hair dryers, shavers, curling irons, hot rollers, hot pots, etc.) plugged into a grounded power strip? |
| 9) | ___ | ___ | Are power strips plugged directly into wall outlets (not extension cords)? |
| 10) | ___ | ___ | Are washers and dryers with ducts and vents in good repair and free from lint accumulation? |

STORAGE:

- | | Yes | No | |
|----|-----|-----|---|
| 1) | ___ | ___ | Is all motorized equipment stored outside the chapter facility (lawn mowers, snow blowers, mopeds, etc.)? |
| 2) | ___ | ___ | Are all flammable cleaning fluids, paints, and solvents kept in original containers or safety cans and stored in closed metal cabinets away from heating equipment? |
| 3) | ___ | ___ | Are basements, boiler rooms and attics kept clear of storage of old furniture, junk, decorations, etc? |

SECURITY & SAFETY:

- | | Yes | No | |
|----|-----|-----|--|
| 1) | ___ | ___ | Are members assigned to routine security checks (lock doors, windows and verify safety of the facility)? |
| 2) | ___ | ___ | Are chapter facility locks and keys in working condition? |
| 3) | ___ | ___ | Are written emergency plans reviewed at beginning of each quarter? |

Plans cover procedures for:

fire weather

security medical emergency

4) Are emergency phone numbers posted at all common-area phones?

911 ONU Health Center

Ada Police Department Other (Specify)

Campus Security

CHAPTER PRESIDENT

Name: _____

Signature: _____

Address: _____

Phone: _____ Date: _____

HOUSE CORPORATION/ALUMNI BOARD REPRESENTATIVE

Name: _____

Signature: _____

Address: _____

Phone: _____ Date: _____

CHAPTER ADVISOR(S)

Name: _____

Signature: _____

Address: _____

Phone: _____ Date: _____

LIFE SAFTEY COMMITTEE - INSPECTOR

Name: _____

Signature: _____

Address: _____

Phone: _____ Date: _____