

## GREEK HOUSING - LIFE SAFETY INSPECTION (RENTER)

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 <b>grounded</b> 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: \_\_\_\_\_