

FINAL OCCUPANCY INSPECTION CHECKLIST

Name - Facility	Name – DHS Inspector	DHS Inspector No.	Inspection Date
Project	Area Inspected		Anticipated Occupancy Date
Distribution To		Tour With	

Item	ID	Inspection Spot Check Method and Code <i>(NFPA 101, unless otherwise shown)</i>	No.	ID+No.	Issue Locations
Building Construction					
Fireproofing	A	(1) Beam clamps; (2) Adjacent pipe/duct; (3) Missing insul [220 §3]			
Penetration – Floor	B	(1) Qual seals per UL design [§8.2.3.2.4.2]			
Penetration – Wall	C	(1) Qual seals per UL design [§8.2.3.2.4.2]			
Wall / Ceiling Construction	D	(1) Rated walls constr; (2) Ceiling not light			
Suite	E	(1) <100' TD w/1 rm; (2) <50" w/2 rms; (3) <5 ksf-sleep; (4) <10 ksf-other; (5) 2 exits >2.5 ksf [§18.2.5.1]			
Exits					
Egress Path	F	(1) To public way [§7.7.1]; (2) multi lamp/fixt [§7.8.1.4]; (3) no haz [§7.5.1.7]; (4) min 3' [§7.3.4.1]			
Exits	G	(1) No pass-thru util [§7.1.3.2.1]			
Exit Signs	H	(1) Path not apparent [§7.10.1.4]; (2) No exit if may be mistaken [§7.10.8.1]; (3) Stair sign [§7.10.1.3]			
Corridors	I	(1) Open rms w/smk det [§18.3.6.1]; (2) Dead end < 20'; (3) InPt = 8'; (4) Other = 4' [§18.2.3.3]			
Doors					
Fire Barrier Doors	J	(1) Self-close; (2) Latch; (3) Hold open w/smk det; (4) Rated; (5) 1/8" gap; (6) 30# open [§8.2.3.2]			
Smoke Barrier Door	K	(1) Self-close; (2) Astragal; (3) Hold open w/smk det; (4) Dual egress; (5) 1 ¾" / 20m [§18.3.7.5-8]			
Corridor Doors	L	(1) Latch [18.3.6.3], dbl drs; (2) Astragal; (3) Auto-flush [18.2.3.5], out-swing; (4) > 50%; (5) > 7" [7.2.1.4.4]			
Dutch (in corr)	M	(1) Self-latch; (2) Sealed gap [§18.3.6.3.6]			
Auto Operators	N	(1) 50# open; (2) signs; (3) Latch w/smk det / both sides [§7.2.1.9]			
Delayed Egress	O	(1) 15s open; (2) Signed; 3) 1/path; (4) Fully sprkled; (5) FA open; (6) Elec open [18.2.2.2.4; 7.2.1.6.1]			
Won / Vert	P	(1) Open at > 6"/s < 24"/s			
Locking / Mag	Q	(1) For pt safety [§18.2.2.2.4]; (2) Sensor w/button within 5'; (3) FA/Elec open [§7.2.1.6.2]			
Sprinkler					
Fire Extinguisher	R	(1) Conspicuous; (2) Accessible; (3) Tagged; (4) < 150' apart [§7.9.4 – NFPA 10]			
Sprinkler Block	S	(1) Ceiling blockage; (2) Shelf blockage; (3) Wall shadow [13 §6-5]; (4) Open ceiling			
Spacing	T	(1) No spklr; (2) > 6'; (3) < 15' apart; (4) > 4" corners; (5) > 7 ½ ' to wall; (6) 12" to ceiling [13 §5-6.3]			
Valves	U	(1) Valves supervise; (2) QR in sleep smk comp [§18.3.5]			
Fire Alarm					
Fire Alarm Op	V	(1) Doors close; (2) Strobes visible; (3) Audible volume [§18.3.4]			
Smoke Detectors	W	(1) > 3' to air grills; (2) @ door holds; (3) 2 @ 24" hdr [72 §2-10.6]			
Staff Training	X	(1) Staff know how to respond; (2) Know compartments [§18.7.2]			

Med Gas					
Piping	Y	(1) Labeled with gas and (2) Flow direction [99 §4-3.1.2.14]			
Valve, Isolation	Z	(1) Labeled; (2) Locked [99 §4-3.1.2.3]			
Zone Valve and Alarm	AA	(1) Labeled with gas and (2) Space served; (3) Close-caution sign [99 §4-3.1.2.14]			
Ventilation					
Air Flow	BB	(1) Hold tissue strip at cross-corr smoke/fire/rm drs to check neutral air flow [90A §2-3-11]			
Fire Dampers	CC	(1) At 2 hr walls/shafts [90A §3-3.1]; (2) Mfgr install [§3-4.6]; (3) Access door; (4) Label [§2-3.4]			
Smoke Dampers	DD	(1) Iso AHU > 15 kcfm on SA and (2) RA [90A §2-3.9.2]; (3) RA into riser [IBC]			
Duct Smoke Detectors	EE	(1) AHU > 2 kcfm: SA main prior to branch; (2) AHU > 15 kcfm: RA @ shafts and (3) AHU [§4-4.2]			
Electrical					
Panels	FF	(1) Directory complete [70 §384-13]; (2) > 3' work space [70 §110-26]			
Patient Care Bed Areas	GG	(1) Min 4 HG recpt on (2) 2 ckts [70 §517-18]			
Light Switching	HH	(1) Daylight > 250sf; (2) Occup sen; (3) Dual switch [COMM 63.1050]			
Emergency Lighting	II	All norm off, check emergency lights (1) > 1fc; (2) Multi lamp/fixture > 2fc [§7.8.1]			
Specialty Areas					
Kitchen Hoods	JJ	(1) UL300 sys; (2) FA connect; (3) w/utility shut-down; (4) K exiting [96 §7]; (5) Hood MU air [96 §5-3]			
Anesthetizing Loc	KK	(1) Med gas valves; (2) Alarm [99 §4-3.1.2.2&3]; (3) Smoke vent sys seq of op [99 §5-4]			
Life Support – Med Gas	LL	(1) Med gas valves; (2) Alarm [99 §4-3.1.2.2&3]			
Life Support – Electrical	MM	(1) Min 6 HG recpt; (2) 1 norm; (3) 1 ded ESS ckt; (4) Labeled w/panel and ckt [70 §517-19]			
Documents					
<input type="checkbox"/>	Local BI and FD				
<input type="checkbox"/>	Sprinkler				
<input type="checkbox"/>	Alarm				
<input type="checkbox"/>	Generator Tests				
<input type="checkbox"/>	Outlet Tests				
<input type="checkbox"/>	Air Balance				
<input type="checkbox"/>	Med Gas Certification				
<input type="checkbox"/>	Compliance Statement Form (F-62494)				
Misc					
	NN				
	OO				
	PP				
	QQ				
	RR				
<input type="checkbox"/>	It is acceptable to use the space , provided (1) the local AHJ gives approval, (2) all issues are corrected, and (3) certification of correction is e-mailed to the state inspector.				
<input type="checkbox"/>	The construction manager must submit photographic evidence of correction of items marked with a "P."				
<input type="checkbox"/>	Reinspection is required. Please call to schedule.				SIGNATURE - Inspector
					Date Signed