



South Carolina DSS

Child Care Services
Child Care Licensing & Regulatory
Fire & Life Safety Office
“Records and Reports”
Questions 7 - 12
For Educational Child Care Facilities



Presentation is designed to:

- Review the questions answered by inspectors in the “Records and Reports” section of the DSS Child Care Inspection Reports.
- cover typical application of code requirements for child care.



Presentation is not designed to:

- cover all aspects of each code requirement.
- cover Child Care Licensing regulations.
- provide case by case interpretations



Preparing for Fire Inspections

- Review all required paperwork. For example: inspection reports, fire plans, fire drills, etc.
- Follow-up on the deficiencies identified and document that the deficiencies are corrected.
- Do a WALK THROUGH
- Check fire extinguishers, dietary hoods, emergency lights, etc.
- If you have questions, ASK!



Preparing for Fire Inspections

- Is the staff encouraged to look for fire and life safety problems?
- Does the staff know how to report problems?
- Safety is everyone's job!
- Who is responsible for having records available? Do you have more than one person who knows where the records are?
- Who will walk with the fire inspector?

Inspection Reports

- DSS Fire and Life Safety reports are provided to the inspected facility.
- Inspection reports contain questions that the fire inspector will answer.
- Inspector answers the questions that apply to your specific facility; therefore not all questions will be on every report.
- This module relates to the questions 7-12 listed under Records and Reports.



Inspection Report

Child Care - Educational

South Carolina DSS
Child Care Licensing and Regulatory Services
2638 Two Notch Road, Suite 200
Columbia, SC 29204
Phone: 803-898-9020
Fax: 803-898-9029

Activity Date: 03/13/2009 12:00:00AM
Activity Number: I-Bridwell-09-0003
Activity Cause: Complaint
Inspector Name:
Inspector Phone:

Occupancy Type: Educational
Property Use: Child Care - Educational
Total Violation: 0
Corrected Violation: 0
Hours: 2.00

Party:

West Child Care
(0000000)
Daisywood Ln. Main Bld.
SC ;
803-898-9020

YOU ARE HEREBY NOTIFIED that this is an official Fire and Life Safety REPORT of the SC DSS Child Care Regulatory Services, in accordance with SC 23 9 30, stating the defects found to exist in the herein referenced structure or building, and further requiring that you as owner, agent, or person in control of said structure or building have 30 days, unless other wise stated below, to complete the specified repairs or improvements. If corrections are not completed within the time set above, both this REPORT and a SUPPLEMENTAL REPORT detailing the failure to comply with the Fire codes will be provided to the licensing department which requested this inspection.

You are further notified that the owner, agent, or party in control of said building or structure may request "Administrative Reconsideration" for finding/s of this REPORT within fourteen (14) days of receipt, by writing to the SC DSS CCL Director at the address above and stating the specified ground for reconsideration.

Director:

Name::

Violations Corrected.

Are all violations corrected?: No

Rooms for 30 months old and younger

Rooms approved for 30 mths.: 1
Number of children 30 mths.: 20

Records and Reports

1. Is written "Fire Evacuation Plan" available in accordance with the International Fire Code?
Yes
Ref. Number: IFC (2006) 404.3.1 Fire evacuation plans....
2. Is "Fire Safety Plan" posted to include Site and Floor Plan?
Yes
Ref. Number: IFC (2006) 404.3.2 Fire safety plans....
3. Is the "Fire Evacuation Plan" and "Fire Safety Plan" maintained and reviewed annually?
Yes
Ref. Number: IFC (2006) 404.4 Maintenance....
4. Are employees trained in the contents of the Fire Evacuation and Safety Plan and documented at least annually?
Yes
Ref. Number: IFC (2006) 406.2 Frequency....
5. Are monthly fire drills conducted in accordance with the International Fire Code?
Yes
Ref. Number: IFC (2006) 405.2 (Table E) Frequency....
6. Are fire drills documented in accordance with the International Fire Code?
Yes
Ref. Number: IFC (2006) 405.5 Record keeping....
7. Is Fire Alarm Inspected, Tested, Maintained and Documented per NFPA 72 by a SC Licensed person?
Yes
Ref. Number: IFC (2006) 907.20 Inspection, testing and...
8. Are deficiencies noted on Fire Alarm Inspection report/s corrected?
Yes
Ref. Number: IFC (2006) 907.20.5 Maintenance, inspecti...
9. Is Sprinkler System Inspected, Tested, Maintained and Documented per NFPA 25 by a SC Licensed person?
Yes
Ref. Number: IFC (2006) 901.6.1 Standards....
10. Are deficiencies noted on Sprinkler System Inspection report/s corrected?
Yes
Ref. Number: IFC (2006) 901.6 Inspection, testing and ...
11. Is hood suppression system serviced and maintained every 6 months by a SC licensed Company?
Yes
Ref. Number: IFC (2006) 904.11.6.4 Extinguishing syste...
12. Are deficiencies noted on Hood Suppression Inspection report/s corrected?
Yes
Ref. Number: IFC (2006) 901.6 Inspection, testing and ...

DSS Fire & Life Safety "Periodic" Inspection Report.

This module is addressing
Records and Reports.

“Records and Reports”

Questions Cont.

(Click on the question you wish to review or you may review the full session)

7. [Is the fire alarm inspected, tested, maintained and documented per NFPA 72 by a SC licensed person?](#)
8. [Are the deficiencies noted on the Fire Alarm Inspection report corrected?](#)
9. [Is the sprinkler system inspected, tested, maintained and documented per NFPA 25 by a SC licensed person?](#)

“Records and Reports”

Questions Cont.

(Click on the question you wish to review or you may review the full session)

10. [Are the deficiencies noted on the Sprinkler System Inspection report corrected?](#)
11. [Is the hood suppression system serviced and maintained every 6 months by a SC licensed company?](#)
12. [Are the deficiencies noted on the Hood Suppression Inspection report/s corrected?](#)

7. Is fire alarm inspected, tested, maintained and documented per NFPA 72 by a SC licensed person?

- **International Fire Code 907.20 Inspection, testing and maintenance.** The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with this section and Chapter 10 of NFPA 72.
 - State Law requires person conducting the inspection, testing and maintenance be licensed by South Carolina.
 - Inspection, testing and maintenance is required to be documented by a SC licensed person per NFPA 72

INSPECTION AND TESTING FORM

DATE: July 4, 2006

TIME: 2:30 pm

Example of NFPA 72 Form Pg. 1

SERVICE ORGANIZATION

Name: ABC Fire Service Co.

Address: 5678 Testing Ave., Anytown, FL 00000

Representative: Benjamin Franklin

License No.: F12345

Telephone: 444/444-4444

PROPERTY NAME (USER)

Name: Buy American, Inc.

Address: 1776 Freedom Lane, Anytown, FL

Owner Contact: George Washington

Telephone: 666/666-6666

MONITORING ENTITY

Contact: Abraham Lincoln, Monitoring Co., Inc.

Telephone: 987/654-3210

Monitoring Account Ref. No.: A103

APPROVING AGENCY

Contact: Fred Firestop, Fire Chief, Anytown FD

Telephone: 888/888-8888

TYPE TRANSMISSION

McCulloh

Multiplex

Digital

Reverse Priority

RF

Other (Specify) _____

SERVICE

Weekly

Monthly

Quarterly

Semiannually

Annually

Other (Specify) Initial Acceptance

Inspection & Test

Control Unit Manufacturer: Alarm MFG Co.

Circuit Styles: 4 (SLC)

Number of Circuits: 3 SLC, 4 NAC

Software Rev.: X 2.3.4.5.6.7.8

Last Date System Had Any Service Performed: —

Last Date That Any Software or Configuration Was Revised: January 1, 2006

Model No.: F301

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>22</u>	<u>4</u>	<u>22</u>	Manual Fire Alarm Boxes
<u>0</u>	↓ See next page	<u>0</u>	Ion Detectors
<u>42</u>		<u>42</u>	Photo Detectors
<u>16</u>		<u>16</u>	Duct Detectors
<u>8</u>		<u>8</u>	Heat Detectors
<u>2</u>		<u>2</u>	Waterflow Switches
<u>0</u>		<u>0</u>	Supervisory Switches
			Other (Specify): _____

Alarm verification feature is disabled enabled

FIGURE A.10.6.2.3 Example of a Filled-Out Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>0</u>			Bells
<u>14</u>	<u>(Class B)</u>	<u>14</u>	Horns <i>with strobes</i>
<u>0</u>			Chimes
<u>6</u>		<u>6</u>	Strobes
<u>0</u>			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 4

Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>0</u>			Building Temp.
<u>0</u>			Site Water Temp.
<u>0</u>			Site Water Level
<u>0</u>			Fire Pump Power
<u>1</u>	<u>4</u>	<u>1</u>	Fire Pump Running
<u>1</u>	<u>4</u>	<u>1</u>	Fire Pump Auto Position
<u>1</u>	<u>4</u>	<u>1</u>	Fire Pump or Pump Controller Trouble
<u>1</u>	<u>4</u>	<u>1</u>	Fire Pump Running <i>Low Fuel</i>
<u>1</u>	<u>4</u>	<u>1</u>	Generator in Auto Position
<u>1</u>	<u>4</u>	<u>1</u>	Generator or Controller Trouble
<u>0</u>			Switch Transfer
<u>1</u>	<u>4</u>	<u>1</u>	Generator Engine Running
<u>1</u>	<u>4</u>	<u>1</u>	Other: <i>Generator low fuel</i>
<u>4</u>	<u>4</u>	<u>4</u>	<i>Valve position</i>

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 3 Style(s) 4

SYSTEM POWER SUPPLIES

- (a) Primary (Main): Nominal Voltage 120 VAC Amps 8.5
 Overcurrent Protection: Type Circuit Breaker Amps 20
 Location (of Primary Supply Panelboard): Electric Room 103, Panel EP-2
 Disconnecting Means Location: Electric Room, Panel EP-2
- (b) Secondary (Standby):
Generator & Battery Storage Battery: Amp-Hr Rating 12 (Battery)
 Calculated capacity in 5.5 Amp-Hrs to operate system for 24 hours
 Engine-driven generator dedicated to fire alarm system: Basement Generator Room
 Location of fuel storage: Adjacent to Generator Room

TYPE BATTERY

- Dry Cell Lead-Acid
 Nickel-Cadmium Other (Specify):
 Sealed Lead-Acid

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Operator 115</u>	<u>8:15 AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Lamps/LEDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Tested OK</u>

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	_____	_____
Load Voltage	_____	<input checked="" type="checkbox"/>	<u>26.2 VDC</u>
Discharge Test	_____	<input checked="" type="checkbox"/>	<u>Simulated</u>
Charger Test	_____	<input type="checkbox"/>	_____
Specific Gravity	_____	<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS

_____	<input checked="" type="checkbox"/>	_____	_____
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REMOTE ANNUNCIATORS

_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
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NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Low in Conference Room 2</u>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>1st F1E</u>	<u>Main box</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Corr NR 103</u>	<u>SD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>3.2</u>	<u>3.1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Corr NR 105</u>	<u>SD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>3.2</u>	<u>3.2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Corr NR 107</u>	<u>SD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>3.2</u>	<u>3.1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>E Stairs</u>	<u>WF</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>E Stairs</u>	<u>Tamper</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: Additional inspection and test sheets attached

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____

COMBINATION SYSTEMS

	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) <u>AHU #1 shutdown</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>Elevator recall</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>Elevator fire hat</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>9:45 AM</u>	<u>OK</u>
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<u>OK</u>
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<u>OK</u>
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<u>OK</u>
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<u>OK</u>
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<u>OK</u>

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Bldg. manager</u>	<u>2:15</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Operator 97</u>	<u>2:15</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: Audibility low in Conference Room 2. Corrected by installer and retested OK.

System restored to normal operation: Date: July 4, 2006 Time: 2:15

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Benjamin Franklin Date: July 4, 2006 Time: 2:30
 Signature: _____
 Name of Owner or Representative: George Washington Date: July 4, 2006 Time: 2:35
 Signature: _____

Example of NFPA 72 Form Pg. 4

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8. Are deficiencies noted on Fire Alarm Inspection report/s corrected?

- **International Fire Code 907.20.5 Maintenance, inspection and testing.** The building owner shall be responsible for ensuring that the fire and life safety systems are maintained in operable conditions at all times. The service personnel shall meet the qualification requirements of NFPA 72 for maintaining, inspecting and testing such systems. A written record shall be maintained and shall be made available to the fire code official.
 - Deficiencies noted on the inspection and testing form are to be corrected.
 - Person making repairs to a fire alarm system are required to be licensed in SC.
 - Fire alarms are required to meet the code requirements that were applied at the time the child care center was last licensed.
 - In some cases the repairs are made at the time of the inspection and testing. If not, the owner or designee is required to ensure the deficiencies noted on the inspection and testing form are corrected.

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) <u>AHU #1 shutdown</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>Elevator recall</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>Elevator fire hat</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____
 Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9:45 AM	OK
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		OK
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		OK
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		OK
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		OK
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		OK

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bldg. manager	2:15
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Operator 97	2:15
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

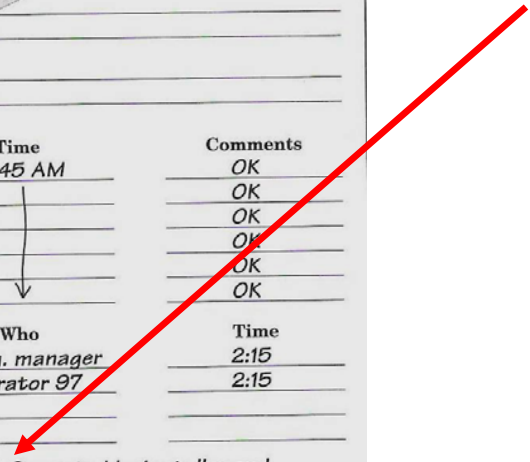
The following did not operate correctly: Audibility low in Conference Room 2. Corrected by installer and retested OK.

System restored to normal operation: Date: July 4, 2006 Time: 2:15

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.
 Name of Inspector: Benjamin Franklin Date: July 4, 2006 Time: 2:30
 Signature: _____
 Name of Owner or Representative: George Washington Date: July 4, 2006 Time: 2:35
 Signature: _____

8. Fire Alarm deficiency example:

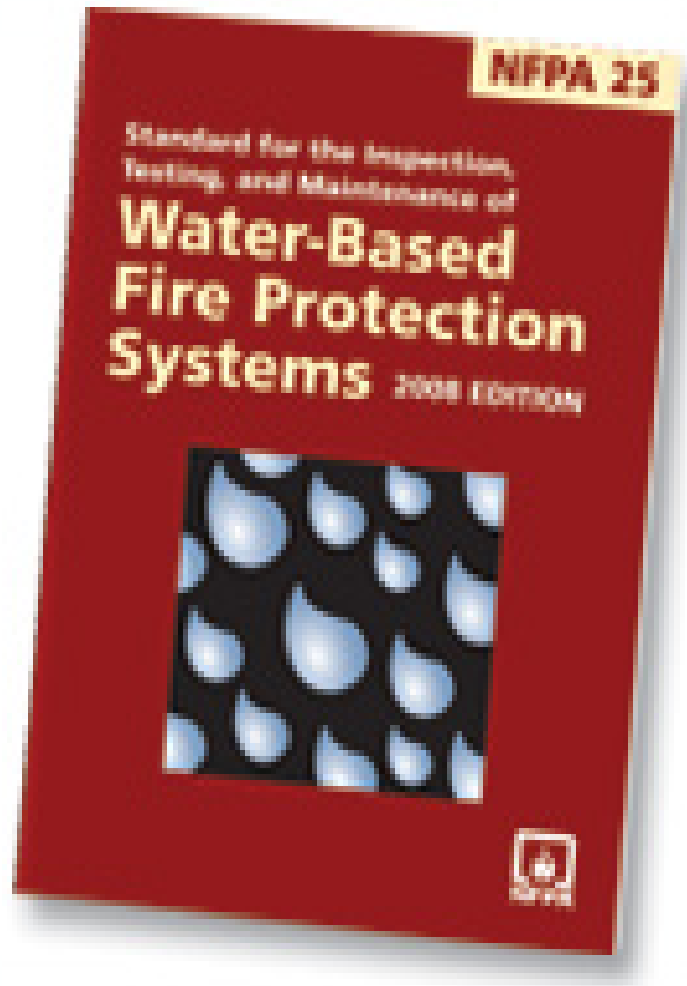
In this example, the deficiency noted on the report was corrected during the inspection.



[Click here to return to questions.](#)

9. Is Sprinkler System inspected, tested, maintained and documented per NFPA 25 by a SC licensed person?

- **International Fire Code 901.6.1 Standards.** Fire protection systems shall be inspected, tested and maintained in accordance with the referenced standards listed in Table 901.6.1.
 - Table 901.6.1 requires the sprinkler be maintained in accordance with NFPA 25. (Monthly, Quarterly, Semiannual, Annual Etc.)
 - International Fire Code 901.6.2 Records – requires the records of inspections, tests and maintenance be maintained at the facility.
 - SC requires inspections, tests and maintenance to be conducted by a SC licensed company.
 - Inspection and maintenance is also required for fire hydrant and standpipe systems.



[Click here to return to questions.](#)

10. Are the deficiencies noted on the sprinkler system inspection report/s corrected?

- **International Fire Code 901.6 Inspection, testing and maintenance.** Fire detection, alarm and extinguishing systems shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed.
 - Deficiencies noted on the inspection and testing form are to be corrected.
 - Person making repairs to a sprinkler system are required to be licensed by SC.
 - In some cases the repairs are made at the time of the inspection and testing. If not, the owner or designee is required to ensure the deficiencies noted on the inspection and testing form are corrected.

Table 5.1 Summary of Sprinkler System Inspection, Testing, and Maintenance

Item	Frequency	Reference
Inspection		
Gauges (dry, preaction, and deluge systems)	Weekly/monthly	5.2.4.2, 5.2.4.3
Control valves	Weekly/monthly	Table 13.1
Waterflow devices	Quarterly	5.2.6
Valve supervisory devices	Quarterly	5.2.6
Supervisory signal devices (except valve supervisory switches)	Quarterly	5.2.6
Gauges (wet pipe systems)	Monthly	5.2.4.1
Hydraulic nameplate	Quarterly	5.2.7
Buildings	Annually (prior to freezing weather)	5.2.5
Hanger/seismic bracing	Annually	5.2.3
Pipe and fittings	Annually	5.2.2
Sprinklers	Annually	5.2.1
Spare sprinklers	Annually	5.2.1.3
Fire department connections	Quarterly	Table 13.1
Valves (all types)		Table 13.1
Obstruction	5 years	14.2.2
Test		
Waterflow devices	Quarterly/semiannually	5.3.3
Valves supervisory devices	Semiannually	Table 13.1
Supervisory signal devices (except valve supervisory switches)	Semiannually	Table 13.1
Main drain	Annually	Table 13.1
Antifreeze solution	Annually	5.3.4
Gauges	5 years	5.3.2
Sprinklers — extra-high temperature	5 years	5.3.1.1.3
Sprinklers — fast-response	At 20 years and every 10 years thereafter	5.3.1.1.2
Sprinklers	At 50 years and every 10 years thereafter	5.3.1.1.1
Maintenance		
Valves (all types)	Annually or as needed	Table 13.1
Obstruction investigation	5 years or as needed	13.2.1, 13.2.2
Low-point drains (dry pipe system)	Annually prior to freezing and as needed	13.4.4.3.2
Investigation		
Obstruction	As needed	14.2.1

Example from NFPA 25

[Click here to return to questions.](#)

11. Is hood suppression system serviced and maintained every 6 months by a SC licensed company?

- **International Fire Code 904.11.6.4 Extinguishing system service.** Automatic fire-extinguishing systems shall be serviced at least every 6 months and after activation of the system. Inspection shall be by a qualified individual, and a certificate of inspection shall be forwarded to the fire code official upon completion.
 - Service is required to be conducted by a SC licensed company and permitted person.
 - Service is to be documented.
 - System is to be tagged.
 - System is to be checked monthly by a qualified employee and documented on the tag.

Kitchen Hood



System Tag

[Click here to return to questions.](#)

12. Are deficiencies noted on hood suppression inspection report/s corrected?

- **International Fire Code 901.6 Inspection, testing and maintenance.** Fire detection, alarm and extinguishing systems shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed.
 - Not all Hood System Reports will look the same.
 - Deficiencies noted on the “Hood System Report” are to be corrected.
 - Person making repairs are to be with a SC licensed company and have a SC permit.
 - In some cases the repairs are made at the time of the inspection and testing. If not, the owner or designee is required to ensure the deficiencies noted on the inspection and testing form are corrected.

Range Hood Systems Report

SERVICE COMPANY				DATE OF SERVICE	TIME	AM	PM
[Redacted]				1-18-09	1:00		
				ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION
LOCATION OF SYSTEM CYLINDERS				1-18-09 1:00			
MANUFACTURER		MODEL NUMBER		WET		DRY CHEMICAL	
Aval		321					
CYLINDER SIZE MASTER		CYLINDER SIZE SLAVE		CYLINDER SIZE SLAVE			
FUSE LINKS 360° F		FUSE LINKS 450° F		FUSE LINKS 500° F		OTHER	
10							
FUEL SHUT OFF		ELECTRIC		GAS		SIZE	
None				✓		2	
SERIAL NUMBER		LAST HYDRO TEST DATE		LAST RECHARGE DATE			
		2002					
MANUFACTURER'S MANUAL REFERENCE							
PAGE NUMBER:				DRAWING NUMBER:			

Name of Service Company and Facility Name and Address in this area.

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

guit / 1-18-09 Page		
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- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| 1. All appliances properly covered w/correct nozzles | <input checked="" type="checkbox"/> | 20. Replaced fuse links | <input checked="" type="checkbox"/> |
| 2. Duct and plenum covered w/correct nozzles | <input checked="" type="checkbox"/> | 21. Check travel of cable nuts/S-hooks | <input type="checkbox"/> |
| 3. Check positioning of all nozzles. | <input checked="" type="checkbox"/> | 22. Piping & conduit securely bracketed | <input type="checkbox"/> |
| 4. System installed in accordance w/MFG UL listing | <input checked="" type="checkbox"/> | 23. Proper separation between fryers & flame | <input type="checkbox"/> |
| 5. Hood/duct penetrations sealed w/weld or UL device | <input checked="" type="checkbox"/> | 24. Proper clearance-flame to filters | <input type="checkbox"/> |
| 6. Check if seals intact, evidence of tampering | <input checked="" type="checkbox"/> | 25. Exhaust fan in operating order | <input type="checkbox"/> |
| 7. If system has been discharged, report same | <input checked="" type="checkbox"/> | 26. All filters replaced | <input type="checkbox"/> |
| 8. Pressure gauge in proper range (If gauged) | <input checked="" type="checkbox"/> | 27. Fuel shut-off in on position | <input type="checkbox"/> |
| 9. Check cartridge weight (If applicable) | <input checked="" type="checkbox"/> | 28. Manual & remote set/seals in place | <input type="checkbox"/> |
| 10. Hydrostatic test date | <input checked="" type="checkbox"/> | 29. Replace systems covers | <input type="checkbox"/> |
| 11. 6 year maintenance date | <input checked="" type="checkbox"/> | 30. System operational & seals in place | <input type="checkbox"/> |
| 12. Inspect cylinder and mount | <input checked="" type="checkbox"/> | 31. Slave system operational | <input type="checkbox"/> |
| 13. Operate system from terminal link | <input checked="" type="checkbox"/> | 32. Clean cylinder & mount | <input type="checkbox"/> |
| 14. Test for proper operation from remote | <input checked="" type="checkbox"/> | 33. Fan warning sign on hood | <input type="checkbox"/> |
| 15. Check operation of micro switch | <input checked="" type="checkbox"/> | 34. Personnel instructed in manual operation of system | <input type="checkbox"/> |
| 16. Check operation of gas valve | <input checked="" type="checkbox"/> | 35. Proper hand portable extinguishers | <input type="checkbox"/> |
| 17. Clean nozzles | <input checked="" type="checkbox"/> | 36. Portable extinguishers properly serviced | <input checked="" type="checkbox"/> |
| 18. Proper nozzle covers in place | <input checked="" type="checkbox"/> | 37. Service & Certification tag on system | <input type="checkbox"/> |
| 19. Check fuse links and clean | <input checked="" type="checkbox"/> | | |

Deficiencies typically noted here.

COMMENTS: _____

S y s t e m t e s t e d 1/18/09

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X	[Signature]	1/18/09	1:00			[Signature]
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

[Click here to return to questions.](#)

SC DSS Child Care Licensing

- Central Office 800-556-7445
803-898-9020
- Region I – Greenville 800-637-8550
864-250-5576
- Region II – Columbia 888-202-1469
803-898-9001
- Region III- Charleston 800-260-0211
843-953-9780
- Region IV – Florence 800-464-9138
843-661-6623

Fire Code Questions

- Contact SCDSS CCL Fire & Life Safety Office @ (803) 898-9020 or 800-556-7445
 - You may ask for a Fire & Life Safety Inspector for code questions.



Resources

- <http://www.nfpa.org>
National Fire Protection Association
- <http://www.iccsafe.org>
International Code Council

[Restart Program](#)