

ICF/DD Life Safety Code Entrance Conference Checklist



February 5, 2026

- ___ 1. Provide Copies of the Personal Evacuation Score Form for Each Client (**F-1 form**)
- ___ 2. Required Policies for Life Safety
 - ___ a. Fire Response and Evacuation Plan/Written Fire Safety Plan
 - ___ b. Fire Watch Policy and Procedure
 - ___ c. Smoking Policy for STAFF and Residents
- ___ 3. Fire Drills with Fire Alarm System Activation and Evacuation (once per shift per quarter)
- ___ 4. Inspection, Testing, and Maintenance of the Fire Sprinkler System
 - ___ a. Annual, Semi-Annual, and 2 Quarterly Sprinkler System Inspections (total of 4)
 - ___ b. Monthly Inspections of the System Gauges and Valves
 - ___ c. Annual Sprinkler Backflow Preventer Test, if applicable
 - ___ d. 5 Year Internal Pipe Inspection for Metallic Sprinkler Piping Only if applicable
 - ___ e. Results of the Annual Antifreeze Test, if applicable
 - ___ f. Monthly System Pump Inspection, if applicable
- ___ 5. Sprinkler Head Sampling or Replacement
 - ___ a. 5 Years Harsh Environments
 - ___ b. 10 Years for Dry Barrel Pendent Sprinklers
 - ___ c. 20 Years for Quick Response Sprinklers
 - ___ d. 50 Years for Standard Response Sprinklers (allowed in hazardous areas & unheated areas not intended for living purposes).
- ___ 6. Annual & Monthly Fire Extinguisher Inspection and 6 Year Maintenance
- ___ 7. Inspection, Testing, and Maintenance of Fire Alarm System
 - ___ a. Annual Testing and Inspection
 - ___ b. Visual Semi-Annual Inspection
 - ___ c. Sensitivity Testing Once Every Other Year with Factory Range and Results
- ___ 8. Preventative Maintenance of Battery Operated or Hard-Wired Smoke Alarms.
 - ___ a. Weekly or Monthly Testing According to Manufacturer's Instructions
 - ___ b. Monthly, Quarterly, or Annually Cleaning According to Manufacturer's Instructions
 - ___ c. Manufacturer's Date of the Smoke Alarms (cannot exceed 10 years)

___ d Battery Replacement Date 9 Volt Batteries

___ 9. Flame Spread Rating for Wall Covering and Loose Hanging Fabric.

___ 10. Weekly Generator Checks and Monthly Run Under Load if applicable

Emergency Preparedness Program (EPP)

Please See State Operation Manual Appendix Z for Complete EPP Requirements

___ 1. Provided a Complete Copy of the EPP that is Kept in the Home at all Times

___ a. Documentation Date of Review of the EPP Program once every other year (2 years)

___ 2. Hazardous Vulnerability Assessment (HVA)/Risk Assessment

___ 3. Policies and Procedures Identified by the HVA

___ a. Substances Needs policies (i.e. emergency food, water, sewer outage)

___ 4. All Components of Evacuations and Sheltering in Place

___ a. Including Tracking of Residents/Staff, Medical Documentation, Volunteers, Roll Under the 1135
Waver

___ 5. All Components of the Communication Plan

___ a. Emergency Contact numbers

___ b Primary and Alternate Means of Communication

___ c. Methods for Sharing Information and Occupancy Needs

___ d. Sharing EPP Information with Family/Representatives

___ 6. Training and Testing Program

___ a. EPP Training initially for New Staff and Once Every Other Year (2 years) for Existing Staff with Staff
Demonstration of Knowledge

___ b. Annual Community EPP Exercise, Facility Based Exercise or Actual Emergency Event.

___ After Action Report

___ c. Second EPP Drill of Choice

___ After Action Report

