

Home Inspection Checklist

Occupant/owner name: _____ Phone: _____

Address: Street _____

City: _____ Prov.: _____ Postal Code: _____

Inspector: _____ Date: _____

Wood Stoves/Fireplace

This item applies to this residence Yes No

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. The wood stove or fireplace has been installed according to existing building codes and manufacturer's instructions. WETT certified (Wood Energy Technology Transfer). | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The chimney and stovepipe are checked frequently during the heating season for creosote buildup and are cleaned when necessary. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Annually cleaned by a professional. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The stove sits on a non-combustible or on a code-specified or listed floor protector. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Combustibles such as curtains, chairs, firewood, etc., are at least three feet away from the stove. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Only proper fuel is used in the stove. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. A metal container with a tight-fitting lid is used for ash removal. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the fireplace have a sturdy screen to catch sparks? | <input type="checkbox"/> | <input type="checkbox"/> |

Discussion items:

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Central Heating

This item applies to this residence Yes No

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Furnace cleaned and inspected at least once a year by a qualified professional. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Furnace area is clean and uncluttered, with items stored at least three feet away. | <input type="checkbox"/> | <input type="checkbox"/> |

Discussion items:

Portable Electric Heaters

This item applies to this residence Yes No

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. The heater is operated at least three feet away from upholstered furniture, drapes, bedding and other combustible materials. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The heater is used on the floor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The heater is turned off when family members leave the house or are sleeping. | <input type="checkbox"/> | <input type="checkbox"/> |

Discussion items:

Cooking

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. The storage area above the stove is free of flammable and combustible items. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Short or tight-fitting sleeves, and tight-fitting shirts, robes, gowns, etc., are worn while cooking. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Items that could attract children (e.g. cookies and candy) are not kept above the range and are kept out of the immediate area. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The stove is not left unattended when cooking. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Keeping a set of pot holders handy but not near the heat while cooking, as well as the lid to the pan. | <input type="checkbox"/> | <input type="checkbox"/> |

Discussion items:

Home Inspection Checklist

Lighters/Matches/Smoking/Candles

This item applies to this residence Yes No

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Cigarette lighters and matches are kept out of the reach of children. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Smokers always smoke outside. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ashtrays are checked to ensure cigarettes are extinguished before emptying. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. No smoking is allowed where oxygen is in use. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. "No smoking in bed" is a rule that is practiced in the home. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Candles have sturdy, safe holders and are a safe distance away (12 inches) from anything that can burn. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Candles are not used where oxygen is in use. | <input type="checkbox"/> | <input type="checkbox"/> |

Discussion items:

Flammable Liquids

Examples: gasoline, acetone benzene, lacquer thinner, alcohol, turpentine, contact cements, paint thinner, kerosene, and charcoal lighter fluid.

This item applies to this residence Yes No

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Flammable liquids are stored in properly labelled, tightly closed, non-glass containers. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. These products are stored away from heaters, furnaces, water heaters, ranges, and other gas appliances. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Flammable liquids are stored out of reach of children. | <input type="checkbox"/> | <input type="checkbox"/> |

Discussion items:

Home Inspection Checklist

Electrical Hazards

This item applies to this residence Yes No

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do qualified electricians install or extend wiring when necessary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Extension cords used for temporary purposes and unplugged when finished. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are extension cords used safely (e.g. Not placed under carpets or across doorways)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are electrical cords in good condition, without cracks or frayed areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. When purchasing electrical equipment and appliances, does the resident always look for the ULC label of Underwriters Laboratories? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have the kitchen appliances (e.g. coffeemaker, toaster or other small appliances) been plugged into separate outlets with no multi-plug adapters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are small appliances unplugged when not in use? | <input type="checkbox"/> | <input type="checkbox"/> |

Discussion items:

General Housekeeping Hazards

This item applies to this residence Yes No

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the resident keep basement, closets and attic clear of rags, papers and other combustible materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If paint and varnish and other items are stored, are the containers tightly closed and not stored under the stairs, and are quantities limited? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the lint filter of the dryer cleaned after each use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the green number or address clearly visible from the street/road etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all occupants of the home aware of the correct address and closest cross streets for direction purposes if 9-1-1 should be dialled? | <input type="checkbox"/> | <input type="checkbox"/> |

Discussion items:

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Early Warning

Even when you have complied with every item in this Home Fire Safety Checklist, you still need to have a plan for early warning and escape in case a fire does occur. Survival depends on being warned as early as possible and having an escape plan.

Smoke Alarms

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. At least one smoke alarm is located on every floor of my home. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Smoke alarms are tested according to manufacturer's instructions on a regular basis (at least once a month) and are kept in working condition at all times. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Batteries are replaced according to manufacturer's instructions, at least annually (This also applies to hard-wired with battery back-up). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Batteries are never disconnected. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The alarm has a distinct warning signal that can be heard whether asleep or awake. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the unit less than 10 years old? | <input type="checkbox"/> | <input type="checkbox"/> |

Discussion items:

Carbon Monoxide Alarms

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Home has at least one carbon monoxide alarm located near bedroom. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Carbon monoxide alarms are tested according to manufacturer's instructions on a regular basis (at least once a month) and are kept in working condition at all times. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Batteries are replaced according to manufacturer's instructions, at least annually (This also applies to hard-wired with battery back-up). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Batteries are never disconnected. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The alarm has a distinct warning signal that can be heard whether asleep or awake. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the unit less than 10 years old? | <input type="checkbox"/> | <input type="checkbox"/> |

Discussion items:

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Escape Plan

Planning ahead, rehearsing, thinking, and acting clearly are keys to surviving a fire. Ensure that all windows open properly and the exits are not obstructed.

Smoke Alarms

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the family/person have an escape plan with alternate exits from each room? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the escape routes and plans rehearsed periodically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the escape plan include a meeting place safely outside the house where the family can meet? | <input type="checkbox"/> | <input type="checkbox"/> |

Discussion items:

Older Adults (living in own home or apartment)

When it comes to fire, adults over age 65 are at greater risk than any other group. As most fire deaths occur in the home, it is important that older people know how to protect themselves.

This item applies to this residence Yes No

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Make sure the older person can hear the smoke alarm when it activates. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Check for scorch marks on pots and pans. If you find scorch marks, discuss with the older person. He/she may be leaving cooking unattended. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Check that clothing, bedding, furniture and floors are free of cigarette burns, if the residents and/or frequent guests are smokers. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the person have a neighbour who can help in an emergency? Could they walk to a neighbour's house to call the fire department? In apartments, is there a neighbour who can help when the alarm sounds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a phone near the bed in case they need help? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. (For apartment dwellers) Do they know the sound of the fire alarm and what to do when the alarm sounds? Find out the correct procedures from building management. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the person know what to do if a pot on the stove catches fire? Keep a proper fitting lid nearby and slide it over the burning pot. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the person take medications and do they make them drowsy? | <input type="checkbox"/> | <input type="checkbox"/> |

Discussion items:

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Additional Items: