FIRE SAFETY SURVEY — 2000 LIFE SAFETY CODE

F-1 SIDE 1 Worksheet for Rating Residents Complete one Worksheet for each resident. Read Instruction Manual before filling out this form. Base ratings on commonly observed examples of poor performance.						
Resident's Name		Rater				
Facility		Date				
Write any explanate	ory remarks you may wis	sh to make here:				
urveyor (Signature)	Title	Date				
urveyor ID ire Authority Official <i>(Signature)</i>	Title	Date				
According to the Paperwork Reduction Act of 1995, no per number. The valid OMB control number for this informatio average 5 minutes per response, including the time to revie information collection. If you have any comments concerni Attn: PRA Reports Clearance Officer, 7500 Security Bouleva	on collection is 0938-0242. The time required to co w instructions, search existing data resources, gath- ing the accuracy of the time estimate(s) or suggesti	omplete this information collection is estimated to her the data needed, and complete and review the				

COMPLETE OTHER SIDE FIRST

F-1	SIDE	2

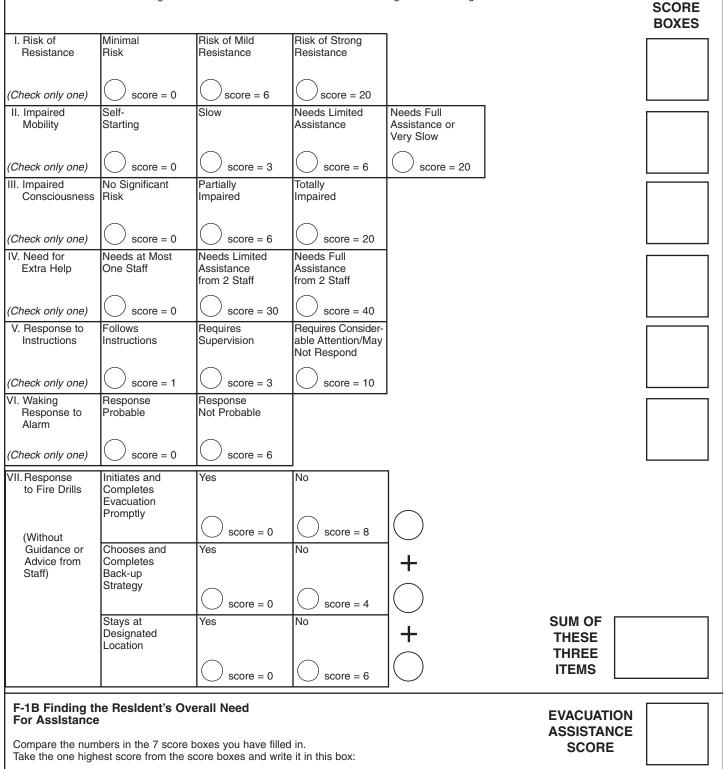
Worksheet for Rating Residents

Read Instruction Manual before filling out this form.

Base ratings on commonly observed examples of poor performance.

F-1A Rating the Resident on the Risk Factors

Rating the resident on each of the factors below by checking the one circle in each risk factor that best describes the resident. For the first six factors, write the scores for the circles you checked in the appropriate score boxes in the far right column. For "response to fire drills," write the three checked scores in the large circles. Write the sum of the 3 scores in the large box on the right.



FIRE SAFETY SURVEY REPORT CRUCIAL DATA EXTRACT (TO BE USED WITH CMS-2786 FORMS)

PR	OVIDE	ER NUMBER	FACILITY NAME				,	SURVEY DATE
K1								* K4
ка DATE OF PLAN APPROVAL K3 MULTIPLE CONST TOTAL NUMBER OF B NUMBER OF THIS BUI				- BUILDI	BUILDINGS			A BUILDING B WING C FLOOR D APARTMENT UNIT
LSC	C FOR	M INDICATOR	<u> </u>		COMP	LETE IF	ICF/MR IS SURVEYE	ED UNDER CHAPTER 21
	12 13	Health 2786R 2786R	Care Form 2000 EXISTING 2000 NEW		SMALL K8:	-	(16 BEDS OR LESS1 PROMPT2 SLOW3 IMPRACTICAL	S)
	14 15	2786U 2786U	C Form 2000 EXISTING 2000 NEW		LARG	E	4 PROMPT 5 SLOW 6 IMPRACTICAL	
* K7	16 17	2786V, W, X 2786V, W, X	MR Form 2000 EXISTING 2000 NEW R OF FORM USED FROM		APAR ⁻ K8:		HOUSE 7 PROMPT 8 SLOW 9 IMPRACTICAL	
•	the 27	K29 or K56 are 86 M, R, T, U, V, 29:	marked as not applicable W, X and Y.) K56:	;	K5:	R E – SC	CORE HERE e.g. 2.5	
*K9:	A	LITY MEETS LS	C BASED ON <i>(Check all</i> A2 (ACCEPTABLE POC)	A3		RS)	A4. FSES)	A5. PERFORMANCE BASED DESIGN
FAC	CILITY B	DOES NOT ME	ET LSC	FULLY	A. SPRINK		B PARTIALLY SPRINK (Not all required areas are s	

* MANDATORY