

2005 REPORT OF THE GENERAL MANAGER
FIRE PROTECTION & SAFETY LEGISLATIVE COMPLIANCE REPORT LTC FACILITY PROGRAM
LOCATION: NEWMARKET HEALTH CENTRE

Page 1 of 3

STATUS REPORT RATING SCALE:

1 = Full Compliance
 2 = Partial Compliance
 3 = Non-Compliance
 4 = Not Applicable

STANDARDS REGULATION 17(1)	COMPLIANCE STATUS	COMMENTS, ACTION TAKEN AND/OR FOLLOW-UP ACTIVITIES PLANNED
A) All fire hazards in the facility are eliminated, the centre is inspected at least once a year by an officer authorized to inspect buildings under the Fire Marshals Act and the recommendations of the officer are carried out.	1	Annual Inspection-Dec 6, 2005 All recommendations and follow up inspection completed
B) There is adequate protection from radiators or other heating equipment.	1	Full Compliance
C) The water supplies are adequate for all normal needs, including those of fire protection.	1	Full Compliance
D) The fire protection equipment, including the sprinkler system, fire extinguishers, hose and stand pipe equipment are visually inspected at least once a month and serviced at least once a year.	1	Annual Service completed July 2005 Inspections-Jan. 4, Feb. 2, Mar. 1, Apr. 4, May 3, June 1, July 5, Aug. 2, Sept. 13, Oct. 4, Nov. 1, Dec. 6/05
E) The fire detection and alarm system is inspected at least once a year by qualified fire alarm maintenance personnel, and tested at least every month.	1	Annual Inspection completed July 6-10, 2005
F) At least once a year the heating equipment is serviced by qualified personnel and the chimneys are inspected and cleaned if necessary.	1	Annual Inspection completed Oct 2005
G) A written record is kept of each inspection and test of fire equipment, fire drill, the fire detection and alarm system, the heating system, chimneys and smoke detectors, and each record shall be retained for at least two years from the date of the inspection test.	1	Records kept on file in Administrators and Maintenance offices for the period prescribed by the regulations
H) The staff and residents are instructed in the method of sounding the fire detection and alarm system.		Staff In-services- Jan 27, Feb 17, Mar 24, Apr 28, May 26, Jun 16, July 28, Sept 15, Oct 27, Nov 24, Dec. 6/05 Fire Drills Jan. 21 X 2, Jan. 27; Feb 17, 24, 27; Mar. 10, 22, 31; Apr. 5, 27, 28; May 12, 26, 31; June 16 X 2, 21; July 7, 17, 28; Aug. 26 X 2, 31; Sept. 15, 28, 29; Oct. 25, 27, 31; Nov. 14, 17, 24; Dec. 6, 8, 16/05
I) The staff are trained in the proper use of the fire extinguishing equipment.	1	Staff In-service - Oct 13, 2005
J) A directive setting out the procedures that must be followed and the steps that must be taken by the staff and residents when a fire alarm is given is drawn up and posted in conspicuous places in the centre.	1	Full Compliance-Fire alarm procedures developed in consultation with and approved by the Fire Department. Fire alarm procedures are posted throughout the Facility

2005 REPORT OF THE GENERAL MANAGER
FIRE PROTECTION & SAFETY LEGISLATIVE COMPLIANCE REPORT LTC FACILITY PROGRAM
LOCATION: NEWMARKET HEALTH CENTRE

STATUS REPORT RATING SCALE:

1 = Full Compliance

2 = Partial Compliance

3 = Non-Compliance

4 = Not Applicable

STANDARDS REGULATION 17(1)	COMPLIANCE STATUS	COMMENTS, ACTION TAKEN AND/OR FOLLOW-UP ACTIVITIES PLANNED
K) The staff and residents are instructed in the procedures set out in the directive referred to in clause (j) and the procedures are practiced by staff and residents at least once a month using the fire alarm to initiate the drill.	1	Fire Drills Jan. 21 X 2, Jan. 27; Feb 17, 24, 27; Mar. 10, 22, 31; Apr. 5, 27, 28; May 12, 26, 31; June 16 X 2, 21; July 7, 17, 28; Aug. 26 X 2, 31; Sept. 15, 28, 29; Oct. 25, 27, 31; Nov. 14, 17, 24; Dec. 6, 8, 16/05 Residents-Jan. 17, Volunteers-Feb 23 Staff In-services-Jan 27, Feb17, Mar 24, Apr 28, May 26, Jun 16, July 28, Sept 15, Oct 27, Nov 24, Dec. 6/05
L) An inspection of the building, including the equipment in the kitchen and laundry, is made each night to ensure that there is no danger of fire and that all doors to stairwells, all fire doors and all smoke barrier doors are kept closed.	1	Full Compliance-Inspections completed and documented on a daily basis
M) Adequate supervision is provided at all times for the security of the residents and the Centre.	1	Staffing levels meet or exceed MOHLTC guidelines.
N) Oxygen is not used or stored in the centre in a pressure vessel.	1	Full Compliance
O) Combustible rubbish is kept to a minimum. Inspection by qualified personnel and the chimneys inspected and cleaned if necessary.	1	Combustible rubbish is collected and removed on a regular basis.
P) All exits are clear and unobstructed at all times.	1	Full Compliance
Q) Combustible draperies, mattresses, carpeting, curtains, decorations and similar materials are suitably treated to render them resistant to the spread of flame and are retreated when necessary.	1	Purchasing specifications for all combustible furnishings require that materials be in accordance with the Ontario Fire Marshall's regulations governing the same. Materials are retreated the same
R) Receptacles into which electric irons or other small appliances are plugged are equipped with pilot lights which glow when the appliance is plugged in.	1	All small appliances are equipped with an automatic shut-off of are equipped with appliance specific pilot lights
S) Lint traps in the laundry are cleaned out after each use of the equipment.	1	Lint Traps are checked regularly and cleaned as required
T) Flammable liquid and paint supplies are stored in suitable containers in non-combustible cabinets.	1	Full Compliance
U) Suitable non-combustible ashtrays are provided where smoking is permitted.	1	Ashtrays are made of non-combustible material

2005 REPORT OF THE GENERAL MANAGER
FIRE PROTECTION & SAFETY LEGISLATIVE COMPLIANCE REPORT LTC FACILITY PROGRAM
LOCATION: NEWMARKET HEALTH CENTRE

STATUS REPORT RATING SCALE:

1 = Full Compliance

2 = Partial Compliance

3 = Non-Compliance

4 = Not Applicable

STANDARDS REGULATION 17(1)	COMPLIANCE STATUS	COMMENTS, ACTION TAKEN AND/OR FOLLOW-UP ACTIVITIES PLANNED
V) No portable electric heaters are issued in the centre that are not in accordance with standards of approval set down by the Canadian Standards Association.	1	LTCF purchasing policies require that all electrical equipment purchased and used in the facility must meet or exceed applicable CSA OR ULC standards
W) No vaporizing liquid fire extinguishers are kept or used in centre.	1	Full Compliance
X) No sprinkler heads, fire or smoke detector heads are painted or otherwise covered with any material or substance that is likely to prevent them from functioning normally.	1	Full Compliance