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RATED HINGED DOOR ANNUAL INSPECTIONS

A RATED HINGED DOORS

Facility:

Inspector Name	Inspection Date
Documentation is on file that shows the person who performed tests has knowledge & understanding of the operating components of the door being inspected, per §5.2.3.1	Y N
A written Performance Based program is used for inspection, testing and maintenance as an alternative to the below check-points and provides assurance that the door will perform its intended function under fire conditions (attach Wis DHS documentation of acceptance), per §5.2.2.1	Y N

RATED DOOR Visual Inspection & Functional Testing:	NFPA 80-2010
If fail, enter # of checkpoint to indicate problem; Also describe details & corrective action on last page.	§5.2.4.2
Visual inspection performed from both sides of door prior to testing	
<ol style="list-style-type: none"> 1. No open holes or breaks in surfaces of the door or frame 2. Glazing is intact and securely fastened in place, if so equipped 3. Door, frame, hinges, hardware & noncombustible threshold secured, aligned, in working order with no damage 4. No parts are missing or broken 5. Door clearances do not exceed clearances 1/8" 6. No field modifications that void the label. 7. Gaskets and edge seals are inspected to verify their presence and integrity 	
Performance tests are performed	
<ol style="list-style-type: none"> 8. Self-closing device is operational so the active door completely closes from the full open position 9. If a coordinator is installed, the inactive leaf closes before the active leaf 10. Latching hardware operates and secures the door when it is closed 11. Auxiliary hardware items that interfere with operation are not installed 12. Automatic Closing doors close under fire conditions 	§5.2.6
Maintenance is performed	
<ol style="list-style-type: none"> 13. Hardware examined, and inoperative hardware, parts, or other defects replaced without delay 14. Guides and bearings kept well lubricated to facilitate operation 	§5.2.9 §5.2.12.1

Door ID	Floor	Wing	Room Name	Rating	LS Function	Pass - Fail	Failure Reasons (Use #); Describe Fix on last sheet
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	

add additional pages as needed

Receptacle Tests-Annual (Patient Care Areas)

Your Logo Here

Facility:

A	Receptacle Tests Annual
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Inspector's Signature: _____ DATE INSPECTED _____

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

B. All other receptacles (normal & emergency powered) in patient care rooms must be tested at intervals defined by documented performance data. (Facility must have performance data to prove "other than annual" testing is warranted; otherwise test annually)

TEST PROCEDURES: In each area, ID each outlet starting on the LH side of the main entry door and proceed counter-clockwise back to the entry door; test each individual outlet for the following 4 conditions. Record each on a separate line. Use added pages as needed.

- Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")
- Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")
- Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")
- Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

NPFA 99-2012	TJC EC: none
\$6.3.4.1.3	
\$6.3.4.1.2	
\$6.3.3.2.1	
\$6.3.3.2.2	
\$6.3.3.2.3	
\$6.3.3.2.4	

ROOM #	ROOM NAME	TYPE OUTLET	DEVICE ID <small>(start of door & test all ccw)</small>	Physical Condition <small>"a"</small>	Ground Continuity <small>"b"</small>	Polarity Check <small>"c"</small>	Tension <small>"d"</small>	If Fail, Describe Corrective Action, Who & Date
1								
2								
3								
4								
5								
6								
7								
8								
9								

*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested

Receptacle Tests-Annual (Patient Care Areas)

A Receptacle Tests Annual

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Facility:

Inspector's Signature: _____ DATE INSPECTED _____

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME		DEVICE ID	Physical Condition Pass/Fail	Ground Continuity Pass/Fail	Polarity Check Pass/Fail	Insulation > 4oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested
add pages as needed