Fire Safety Attestation

I ______________________________________________ attest to the following:
(foster parent)

My residence at _____________________________________________________________ was last inspected by _____________________________________________ on ____________________
(local fire inspector’s name) (date)

and found to be in compliance with the following fire safety requirements set forth in 10A NCAC .1108 (b) All homes shall be protected from all fire hazards including the following:
(1) all hallways, doorways, entrances, ramps, steps, and corridors shall be kept clear and unobstructed at all times;
(2) an evacuation plan shall be developed, and all persons in the home shall be knowledgeable of the plan;
(3) a mounted "ABC" fire extinguisher with a rating not less than 1-A shall be installed and readily available in the residence;
(4) homes built prior to July 1975 shall have a battery or electric smoke alarm installed outside every sleeping area. Homes built between July 1975 and June 30, 1999, shall have electric smoke alarms placed outside sleeping areas as required by the NC Residential Code in effect at construction time. Homes built after June 30, 1999 shall have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the NC Residential Code;
(5) a Carbon Monoxide (CO) detector shall be installed in homes that use fuel oil products, coal, wood or gas to heat, cool, cook, operate a hot water heater or gas logs;
(6) all homes shall have telephone service;
(7) no egress door shall have a double keyed dead bolt; and
(8) extension cords shall not be used as a substitute for permanent wiring. Extension cords shall be used only for portable appliances and shall be listed by Underwriters Laboratory (UL).

The conditions listed above have not changed and my home remains in compliance with these requirements.

Supervising Agency Name: _______________________________________________________________

Foster Parent Names: _______________________________________________________________

Foster Parent signature: __________________________ Date: ___________________

Social Worker Name: _______________________________________________________________

Social Worker Signature: __________________________ Date: ___________________