

**WILLIAM J. HENRY & ASSOC. INC.**

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**QUESTIONNAIRE FOR CARE CENTERS**

NAME OF APPLICANT: \_\_\_\_\_  
ADDRESS OF RISK: \_\_\_\_\_

- 1. Number of persons attended to: \_\_\_\_\_
- 2. Are there any disabled patients or patients who require medical attention: \_\_\_\_\_ Yes/No  
If yes, are they kept in an area which would allow easy evacuation: \_\_\_\_\_ Yes/No
- 3. Description of day care personnel: \_\_\_\_\_  
Description of night care personnel: \_\_\_\_\_
- 4. Number of rooms: \_\_\_\_\_
- 5. Number of patients per room: \_\_\_\_\_
- 6. Number of patients per room authorized by the Government: \_\_\_\_\_
- 7. Is cooking permitted in the rooms: \_\_\_\_\_ Yes/No
- 8. Are patients permitted to smoke in their rooms: \_\_\_\_\_ Yes/No
- 9. Are there special ashtrays for this purpose in each room: \_\_\_\_\_ Yes/No
- 10. Are the rooms equipped with carpets and drapes: \_\_\_\_\_ Yes/No  
If yes, are they treated with a fire retardant: \_\_\_\_\_ Yes/No
- 11. Are emergency exits well indicated: \_\_\_\_\_ Yes/No
- 12. Are there fire doors: \_\_\_\_\_ Yes/No  
If yes, are they always closed: \_\_\_\_\_ Yes/No
- 13. Is there an established evacuation plan: \_\_\_\_\_ Yes/No  
If yes, is it approved: \_\_\_\_\_ Yes/No
- 14. Are the patients made aware of this plan: \_\_\_\_\_ Yes/No
- 15. Are there regular evacuation drills: \_\_\_\_\_ Yes/No
- 16. Are these drills supervised by a Government Inspector  
or a Fire-Chief to establish any shortcomings: \_\_\_\_\_ Yes/No
- 17. Is there an automatic heat and smoke alarm: \_\_\_\_\_ Yes/No  
If yes, is it connected to a central station: \_\_\_\_\_ Yes/No
- 18. Is there a fire alarm connected directly to a fire station: \_\_\_\_\_ Yes/No
- 19. Distance to nearest fire station: \_\_\_\_\_  
Describe fire equipment protection: \_\_\_\_\_
- 20. In the event of fire, time for the fire department to arrive: \_\_\_\_\_
- 21. Does the Government regularly inspect the premises: \_\_\_\_\_ Yes/No  
If yes, at what intervals: \_\_\_\_\_

\_\_\_\_\_  
Broker's signature

\_\_\_\_\_  
Date