

FIRE SAFETY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Fire Extinguishers

- Yes No — Extinguishers are accessible and clearly labeled
- Yes No — Inspection tags are up to date
- Yes No — Units show no signs of damage or leakage

Alarm Systems

- Yes No — Fire alarm panels are operational
- Yes No — Audible and visual alarms are functioning properly
- Yes No — Alarm testing is documented regularly

Emergency Lighting

- Yes No — Emergency lights activate during power failure
- Yes No — Exit signs are illuminated and visible
- Yes No — Backup batteries are tested and working

Sprinkler Systems

- Yes No — Sprinkler heads are unobstructed
- Yes No — Control valves are open and monitored
- Yes No — Maintenance records are available and current

Escape Routes

- Yes No — Emergency exits are clearly marked and unlocked
- Yes No — Hallways and stairwells are free of obstructions
- Yes No — Evacuation maps are posted in visible areas

Flammable Materials

- Yes No — Stored away from ignition sources
- Yes No — Properly labeled and contained
- Yes No — Quantities comply with regulations

Fire Drills and Training

- Yes No — Staff receive regular fire safety training
- Yes No — Fire drills conducted and documented
- Yes No — Assigned fire wardens are identified

Electrical Hazards

- Yes No — No exposed wiring or overloaded outlets
- Yes No — Electrical panels are labeled and accessible
- Yes No — Extension cords used safely and temporarily

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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