

Fire Prevention Inspection Report

Housekeeping/Maintenance

- | <u>OK</u> | <u>NOT</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. All no smoking regulations being observed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Proper ashtrays, receptacles being used. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Combustible waste placed in proper/approved containers. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Trash/rubbish removal made on a regular basis. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Flammable liquids safely stored in approved containers. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. "No Smoking" signs posted in above areas. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Proper/approved ventilation provided in above areas. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. All electrical plugs, switches and in good repair. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Adequate clearance maintained at all sub-panels (3 feet). |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Electrical and devices turned off when not in use. |

Fire/Life Protection Systems

- | <u>OK</u> | <u>NOT</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Adequate lighting in corridors, exits and stairwells. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Exit signs illuminated as required. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Evacuation routes adequately posted. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Evacuation signs maintained – none defaced or missing. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Fire doors in operable condition – none wedged or blocked open, especially at stairwells. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Stairwells free of obstacles, storage, refuse, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Corridors and exits maintained unobstructed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Fire alarm systems tested regularly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Fire sprinkler inlets and shutoff valves visible/accessible. |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Fire sprinkler heads clean and unobstructed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Adequate clearance (3 feet) for all fire extinguishers/hoses. |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Fire equipment in proper/legal locations, in undamaged condition and properly/regularly tested (see tag). |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Floor Warden System personnel updated, fully staffed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Tenants/new employees instructed on emergency plans. |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Other observations (use another sheet). |

Report submitted by: _____ Date: _____ Suite: _____