

Fire Safety Inspection Checklist

Workplace Name/Location

Date of Inspection

Inspector Name

INSTRUCTIONS:

This checklist is designed to assess the fire safety measures in the workplace. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas for improvement. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

FIRE EXITS AND EVACUATION

Emergency Exits: Verify that all emergency exits are clearly marked and unobstructed.

Yes No NA

Exit Signs and Lighting: Check if exit signs are illuminated and visible in case of power failure.

Yes No NA

Evacuation Plan: Ensure that the workplace has an updated evacuation plan posted.

Yes No NA

Observations / Notes:

[Insert Fire Safety checklist observations and corrective actions, if any]

FIRE ALARM SYSTEM

Fire Alarms: Inspect fire alarm systems for proper functioning and regular testing.

Yes No NA

Audible Alarms: Check if audible alarms can be heard throughout the workplace.

Yes No NA

Fire Drills: Verify that regular fire drills are conducted with documented results.

Yes No NA

Observations / Notes:

[Insert Fire Safety checklist observations and corrective actions, if any]

FIRE EXTINGUISHERS

Extinguisher Types: Inspect fire extinguishers for the appropriate type based on potential hazards.

Yes No NA

Extinguisher Locations: Check if fire extinguishers are easily accessible and properly mounted.

Yes No NA

Extinguisher Inspections: Ensure that fire extinguishers are inspected as required.

Yes No NA

Observations / Notes:

[Insert Fire Safety checklist observations and corrective actions, if any]

SPRINKLER SYSTEMS

Sprinkler Locations: Verify that sprinkler heads are not blocked and provide adequate coverage. Yes No NA

System Maintenance: Check if sprinkler systems are properly maintained and inspected. Yes No NA

Activation Mechanism: Ensure that the sprinkler system is automatically activated when needed. Yes No NA

Observations / Notes:
[Insert Fire Safety checklist observations and corrective actions, if any]

FIRE SUPPRESSION EQUIPMENT

Suppression Equipment: Inspect any additional fire suppression systems in place (e.g., foam, gas). Yes No NA

Proper Functioning: Check that fire suppression equipment is in good working condition. Yes No NA

Maintenance Records: Verify that maintenance records for fire suppression equipment are available. Yes No NA

Observations / Notes:
[Insert Fire Safety checklist observations and corrective actions, if any]

FIRE HAZARDS AND HOUSEKEEPING

Combustible Materials: Identify and address potential fire hazards related to combustible materials. Yes No NA

Housekeeping: Ensure that work areas are kept clean and free from clutter. Yes No NA

Electrical Hazards: Check for electrical hazards that may lead to fire incidents. Yes No NA

Observations / Notes:
[Insert Fire Safety checklist observations and corrective actions, if any]

FIRE SAFETY TRAINING

Fire Safety Training: Review training records to ensure employees have received fire safety training. Yes No NA

Training Frequency: Verify that fire safety training is conducted at least annually. Yes No NA

Fire Safety Roles: Ensure that designated employees understand their roles during emergencies. Yes No NA

Observations / Notes:
[Insert Fire Safety checklist observations and corrective actions, if any]

FIRE SAFETY SIGNAGE

Fire Safety Signs: Check if fire safety signs are placed appropriately (e.g., "No Smoking" signs).

Yes No NA

Fire Extinguisher Signs: Ensure that fire extinguisher location signs are visible and legible.

Yes No NA

Exit Signs: Verify that exit signs are properly illuminated and well-maintained.

Yes No NA

Observations / Notes:

[Insert Fire Safety checklist observations and corrective actions, if any]

ADDITIONAL NOTES/OBSERVATIONS

[Insert any additional notes or Aviation Safety checklist observations made during the inspection]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above Aviation Safety Inspection checklist and that the aviation operation has been assessed for safety and compliance. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :