

# Checklist

## Fire Safety Systems



Category:	Hazard:	Response:	Action Required:	Comments:
<b>Life Safety</b>				
General	Emergency Action Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Evacuation Maps Posted:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Emergency Evacuation Practiced:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	Frequency:
	Fire Department has visited the Site for response planning:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	Date:
Exits	Emergency Exits Signs Adequate:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Emergency Exit Signs Lit:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Emergency Exit Signs Tested:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	Date:
	Emergency Lighting in Corridors:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Emergency Lighting Operational:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Emergency Lighting Tested:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	Date:
	Emergency Lighting Test Frequency:	<input type="checkbox"/> Monthly by Staff <input type="checkbox"/> Annually by Third Party		Date:
	Exits Free of Obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
	Exit Doors Open in Direction of Travel:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
	Panic Hardware on Exit Doors:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Not Adequate
Fire Protection:	Exit doors open in single hand motion:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Exit Stairwells unobstructed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Areas of Refuge Clear of Storage:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Fire Escapes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Not Adequate
	Fire Extinguisher clearly visible:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Installed where required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Service tags on each extinguisher:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	The correct type as per NFPA 10:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Seals and tamper indicators:	<input type="checkbox"/> Good <input type="checkbox"/> Deficiencies	<input type="checkbox"/>	
	Pressure gauges: fully charged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
Portable Fire Extinguishers	Corrosion or damage noted:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Visually inspected monthly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Serviced Annually:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Date of last Service:		<input type="checkbox"/>	
	Service tags present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	

<b>Portable Fire Extinguishers</b>	Hydrostatic test date noted:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	Date:
	Hydrostatic test within last 6 yrs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Installed where required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Connected to fire alarm system:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
<b>Smoke Detectors</b>	Serviced Annually:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Date of last Service:		<input type="checkbox"/>	
	Replaced if over 10 years old:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Sprinkler System Installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Unprotected Areas:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Valve in Open Position:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Water flow alarms or locked:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Sprinklers Obstructed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Paint or corrosion on Sprinklers:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
<b>Sprinkler System</b>	Serviced Annually:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Date of last Service:		<input type="checkbox"/>	
	Contractor Name:		<input type="checkbox"/>	
	Testing Certification Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Notify insurance broker in the event of a Sprinkler Impairment (shut down)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
<b>Fire Alarm System</b>	Fire Alarm System Operational:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Fire Alarm System Monitored:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Fire Alarm System tested annually:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Date of last Service:		<input type="checkbox"/>	
<b>Standpipe System:</b>	Standpipe System Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	If Yes: water flow alarms present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	If Yes: Serviced Annually:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	If Yes: Date of last Service:		<input type="checkbox"/>	
<b>Fire Hydrants:</b>	Private Hydrants on site:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	If Yes: Tested & Flushed Annually:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	If Yes: Protective barriers in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	If Yes: Clear Access Maintained:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
<b>Specialized Systems:</b>	Wet Chemical Extinguishing System:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Dry Chemical Extinguishing System:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Clean Agent System:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	
	Specialized system serviced:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	Date:

<b>Summary</b>	
<b>Total Number of Action Items:</b>	

**Action Items:**

#	Description	Timeline
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

**Note:** If additional space is needed please use a separate piece of paper.

**General Comments:**