

Fire Safety Systems Inspection Checklist

Project Name:

Location:

Date of Inspection:

Inspected By:

Checklist

| Item | Description | Yes | No | N/A | Comments |
|------|--|--------------------------|--------------------------|--------------------------|-------------|
| 1 | Fire detection and alarm systems installed and operational | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| 2 | Portable fire extinguishers placed as per plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| 3 | Fire hose reels accessible and functional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| 4 | Automatic sprinkler system installed and tested | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| 5 | Clear emergency exit routes and signage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| 6 | Emergency lighting operational | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| 7 | Fire doors are properly installed and unobstructed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| 8 | Fire pump and water supply checked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| 9 | Smoke control and ventilation systems verified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| 10 | Evacuation plan posted in common areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |

Additional Observations / Recommendations:

Inspector's Signature:

Date: