

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"/>	<input type="text"/>
2	Portable fire extinguishers placed as per plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3	Fire hose reels accessible and functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4	Automatic sprinkler system installed and tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5	Clear emergency exit routes and signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6	Emergency lighting operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7	Fire doors are properly installed and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8	Fire pump and water supply checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
9	Smoke control and ventilation systems verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10	Evacuation plan posted in common areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Observations / Recommendations:

Inspector's Signature:

Date: