

Fire Safety Audit Checklist

Project Details

Project Name:

Location:

Auditor:

Date:

Checklist

Item	Yes	No	Remarks
1. Fire extinguishers provided, accessible, and serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Fire alarm systems installed and operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Emergency exits marked, unlocked, and free from obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Fire evacuation plans displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Emergency lighting installed and working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Fire doors functional and not propped open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7. Electrical wiring and installations checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8. Storage of flammable materials is safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
9. Fire fighting equipment signage visible and adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10. Fire drills conducted at required intervals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments

Auditor Signature:

Date: