

Industrial Facility Fire Safety Inspection Report

General Information

Date of Inspection

Inspection Time

Inspected By

Facility Name

Facility Address

Facility Contact Person

Fire Safety Checks

| Area/Item | Status (Pass/Fail) | Comments |
|---|--------------------|----------|
| Fire Alarm System | | |
| Fire Extinguishers | | |
| Emergency Exits | | |
| Emergency Lighting | | |
| Sprinkler System | | |
| Electrical Equipment | | |
| Chemical Storage | | |
| Housekeeping (no obstructions, safe storage) | | |
| Personnel Training (fire drills, documentation) | | |

Additional Observations

Deficiencies & Recommendations

List deficiencies and recommendations for corrective action...

Inspector's Signature

Name

Inspector Name

Date

YYYY-MM-DD

Facility Representative Signature

Name

Representative Name

Date

YYYY-MM-DD