

Industrial Facility Fire Safety Inspection Report

General Information

Date of Inspection

YYYY-MM-DD

Inspection Time

HH:MM

Inspected By

Inspector Name(s)

Facility Name

Facility Name

Facility Address

Facility Address

Facility Contact Person

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

Describe any other relevant 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