

Multi-Unit Housing Fire Insurance Inspection Report

Property Information

Property Name:

Address:

Owner/Manager:

Contact Number:

Number of Units:

Inspection Details

Inspection Date:

Inspector Name:

Findings Checklist

Inspection Item	Status (Pass/Fail)	Comments
Smoke Detectors Present and Functional		
Fire Extinguishers Present & Accessible		
Fire Exits Clearly Marked		
Exit Doors Unobstructed		
Electrical Systems in Good Condition		
Sprinkler System Working		
Building Address Clearly Visible		

Additional Comments & Recommendations

Inspector Signature

Name:

Date: