

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: _____