

Industrial Facility Fire Prevention Survey Report

1. Facility Information

Facility Name	_____
Location/Address	_____
Date of Survey	_____
Survey Conducted By	_____
Contact Person	_____

2. Survey Checklist

a) Housekeeping

- Work areas free of combustibles: Yes / No
- Proper waste disposal: Yes / No
- Clear emergency exits: Yes / No

b) Fire Protection Systems

- Sprinkler system inspected and operational: Yes / No
- Fire extinguishers serviced and accessible: Yes / No
- Fire alarms functional: Yes / No

c) Electrical Safety

- No overloaded outlets: Yes / No
- Wiring in good condition: Yes / No
- Equipment maintained: Yes / No

d) Hot Work Controls

- Permits required and enforced: Yes / No
- Welding areas clear of combustibles: Yes / No
- Fire watch assigned: Yes / No

3. Observations and Findings

4. Recommendations

5. Conclusion

Surveyor Signature

Facility Representative Signature