

# 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

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## 4. Recommendations

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## 5. Conclusion

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Surveyor Signature

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Facility Representative Signature