

Property Fire Hazard Inspection Report

Property Information

Property Name: _____

Address: _____

Owner/Manager: _____

Contact Number: _____

Date of Inspection: _____

Inspector Name: _____

Inspection Checklist

Item	Yes	No	Comments
Fire extinguishers installed & accessible			
Smoke detectors operational			
Exits clearly marked and unobstructed			
Electrical wiring and outlets in good condition			
Combustible materials stored properly			
Fire alarm system tested			

Observations & Hazards

Recommendations

Inspector Signature

Date: _____