

# 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: \_\_\_\_\_