

Inspection Checklist: Fire Safety

Company Name:	
Workplace Location:	
Name of Inspector(s):	
Date of Inspection:	
Inspection Items	
Fire extinguishers are fully charged, within easy access at key locations, and the locations are marked with clear signs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:	Who is Responsible: Action Date:
Fireproof containers are available for storage of oily or solvent- soaked rags until they can be rinsed thoroughly and hung to dry with lots of air circulation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:	Who is Responsible: Action Date:
All scrap wood, extra sawdust; piles of paper, cans of paint, etc. are stored safely.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:	Who is Responsible: Action Date:
Aboveground fuel filling stations are posted with “no smoking” and “no sparks or open flames” signs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:	Who is Responsible: Action Date:
Tanks at aboveground fuel filling stations are protected from vehicles by no-post concrete barriers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:	Who is Responsible: Action Date:
Smoke detectors and alarms are installed at key locations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:	Who is Responsible: Action Date:
Pipe stands and rolled water hoses in good working condition are within easy access at key locations, and the locations are marked with clear signs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Corrective Action:	Who is Responsible:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Action Date:	
Corrective Action:	Who is Responsible:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Action Date:	
Corrective Action:	Who is Responsible:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Action Date:	
Corrective Action:	Who is Responsible:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Action Date:	
Other Notes:		