

# Weekly Fire Inspection Checklist



Week:	For Month of:	Inspected by:
-------	---------------	---------------

*Please tick the appropriate answer*

	Fire Safety Measures	Yes	No
1.	Has the fire alarm been tested	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are all fire escape doors easily opened and clear on inside and outside	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are fire exits routes clear – free from obstructions	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are fire extinguishers stored in the correct location	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do fire points have the required signage	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are the anti tamper seals of extinguishers in tact	<input type="checkbox"/>	<input type="checkbox"/>
7.	If possible, have the pressure of the contents of fire extinguishers been checked	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are adequate emergency escape route signs displayed – green running man	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are fire action notices displayed at various locations – fire alarm call points etc	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have emergency lights been inspected – tell tale lights been illuminated	<input type="checkbox"/>	<input type="checkbox"/>
11.	Where required are there spare batteries for emergency escape lights and torches	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are ALL employees aware of the fire and emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>

Action	By Whom	When