

MONTHLY FIRE PREVENTION INSPECTION CHECKLIST

Name of Facility: _____

Date: _____

Conducted By: _____

YES NO N/A

HOUSEKEEPING			
Is there any obstruction or impediment in the path of the normal or emergency exit?			
Are there any accumulations of trash, debris, or waste?			
EXIT SIGNS			
Are all 'EXIT' doors provided with an 'EXIT' sign?			
Are all 'EXIT' signs illuminated?			
EMERGENCY LIGHTING			
While activating the 'TEST' button, do all the bulbs on the emergency light unit illuminate?			
While activating the 'TEST' button on the emergency light unit for a duration of 30 seconds, is there any reduction in the level of illumination?			
FIRE EXTINGUISHERS			
Are all portable fire extinguishers in their place, unobstructed, easily visible, and readily accessible?			
Does the gauge on all the portable fire extinguishers indicate that they are full and charged?			
Are all portable fire extinguishers properly identified and tagged with current annual inspection tags?			
Is the pin secured in the control handle of the portable fire extinguishers by an unbroken plastic seal or equivalent?			
ELECTRICAL PANELS/COVERS			
Are childproof plastic covers for electrical outlets properly installed on all accessible outlets or equivalent?			
Is there a minimum of three feet of clearance from all electrical panels?			
Is your electrical inspection sticker current? (Electrical inspection required every three years.)			
FIRE ALARM SYSTEM			
Is the fire alarm system in 'Normal' operating status?			
Is the fire alarm system tagged with a current annual inspection tag?			
AUTOMATIC SPRINKLER SYSTEM			
Is the automatic sprinkler system tagged with a current annual inspection tag?			
Are all automatic sprinkler valves shown to be open and are the chains and padlocks securely fastened?			
Smoke Alarms/Carbon Monoxide Detector(s) (Family/Group Day Care Home Only)			
Are rooms used as sleeping areas equipped with "hard wired" smoke alarms?			
Are all smoke alarms/carbon monoxide detector(s) operational?			

FIRE DRILL:

Date: _____ **Time:** _____ **Evacuation Time:** _____ **# of Children:** _____

of Adults: _____ **Exit Used: Primary or Secondary (circle one)**

Comments: _____