

SELF INSPECTION CHECKLIST

LOCATION: _____

Inspection Completed By: _____ Date: _____

	Yes	No	N/A		Yes	No	N/A
Building Exterior				Fire Extinguishers			
Building address clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper type extinguishers provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building accessible in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extinguisher are readily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire hydrants accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extinguisher inspected in last year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Dept. connection marked/accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Building appears to be in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical			
Building free of vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical system operating properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior walls in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical panels free of obstructions/locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior windows in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall receptacles and switches have plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pipes properly insulated for cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boxes and panels free of combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chimneys/stacks in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical hoses and panels covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walkways maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All circuit breakers/fuses clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking lots maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extension cords properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustibles stored away from bldg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI's on receptacles near water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetation cut back from the bldg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Trash stored away from building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Alarm/Detection Systems			
Exterior lights operating properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tested within the last month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System free of trouble/alarm signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gates in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				Automatic Sprinkler Systems			
Fire Doors				System tested within the last 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Doors are in working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sprinkler supply valves open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Doors are kept closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler controls free of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				18" clearance below sprinkler heads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Housekeeping				Caps on outside fire dept. connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building clean and well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Storage areas neatly arranged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Evacuation Features			
Metal containers for oily/solvent soaked rag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit doors clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash emptied daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel routes clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairs/halls clean & free of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit doors in working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Exit door accessible & unlocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating & Air Conditioning				Emergency lights are working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat and A/C operating properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evacuation diagrams posted in all areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical rooms kept locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mechanical rooms free of storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Hazards			
All vents clear of combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the building free from the following:			
Use of space heaters limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flammable liquids storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Compressed gas storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking				Commercial type cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace smoking ban enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large computer facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Other hazardous chemicals/operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Conditions							
Antennas etc are secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Gutters are clean and downspouts operate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All "NO" answers which can not be corrected immediately should be forwarded to a supervisor			
No evidence of pooling water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Clear of debris and vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
No evidence of reduced snow load capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please comment on any "SPECIAL HAZARDS" noted during the inspection			

Please explain all "NO" answers: