

Facility Safety and Fire Prevention Self Assessment Checklist

Building Number of Area:	Occupancy:		Organization:	Date:	
HOUSEKEEPING	YES	NO	BUILDING	YES	NO
Proper outdoor housekeeping			Occupancy load posted		
Outdoor vegetation pruned away from building			No obstructed exits		
Proper indoor housekeeping			Emergency lighting operational		
No excessive trash accumulation			Exit signs and exit lights functioning		
No tripping hazards			Adequate ventilation		
SMOKING	YES	NO	Sufficient interior and exterior lighting		
Smoking in unauthorized areas			Stairways and ramps equipped with hand rails		
Disposal of smoking materials			Exit doors functioning properly and free of		
Receptacles			damage		
No smoking signs			No noise hazards		
ELECTRICAL	YES	NO	Furniture in good repair		
No multiple outlet devices			Furniture ergonomically sound		
No improper use of extension cords					
No frayed or spliced wiring or cords			STORAGE	YES	NO
Outlet and switch faceplates servicable			Fire lanes clear and accessible		
Electrical panel doors closed and unblocked			No storage in mechanical or electrical rooms		
Electrical panels labeled properly			Storage does not interfere with sprinklers or fire		
Electrical fixtures servicable			alarms		
Outlet & switch boxes and exposed conduit			Flammable and hazardous materials		
securely mounted			stored properly		
No unauthorized portable space heaters			FIRE SAFETY	YES	NO
ADP flexible cord used on all ADP equipment			Fire extinguishers properly mounted		
REMARKS:			Fire extinguishers charged and ready for use		
			Fire Emergency Action Plan complete		
			Emergency evacuation routes properly posted		
			Fire drill conducted within previous year		
Name of person performing inspection: (print or type)			Name of organization safety coordinator or facility fire marshal: (print or type)		
Signature:			Signature:		