

MONTHLY FIRE PREVENTION INSPECTION CHECKLIST AND REPORT

File sequentially in Activity Inspection Folder for review during annual inspection by Installation Fire Marshall	COMPLETED BY: (Unit or Building Fire Marshall)	PHONE NUMBER
	BUILDING AND/OR AREAS INSPECTED	E-MAIL ADDRESS

EXPLAIN "NO" ANSWERS IN REMARKS	YES	NO
1. Are all personnel aware of fire evacuation and reporting procedures?		
2. Are fire evacuation plans posted IAW FGGM 420-1?		
3. Is contact information posted for the individuals responsible for the building IAW FGGM 420-1?		
4. Have fire drills been conducted IAW FGGM 420-1?		
5. Are all exit aisles, stairways, corridors, and discharges accessible and unobstructed?		
6. Are fire and/or smoke barriers being maintained closed at all times?		
7. Are the doors closing devices on the above-mentioned doors operational?		
8. Have all emergency lights been function tested for at least 30 seconds?		
9. Are all exit lights illuminated and do they function on battery power?		
10. Are fire alarm components (pull stations, smoke detectors, strobes, etc.) undamaged and accessible?		
11. Have all fire extinguishers been inspected for operational readiness?		
12. Does each extinguisher have operating instructions located on or near it?		
13. Are all personnel knowledgeable of the location and operation of extinguishers in their area?		
14. Are the smoking regulations in FGGM 420-1 being complied with?		
15. Are all electrical appliances installed and utilized IAW FGGM 420-1?		
16. Have all electrical problems been reported to DPW?		
17. Are all areas free of excessive combustible materials?		
18. Are flammable liquids being stored and used IAW FGGM 420-1?		
19. Are the housekeeping requirements of FGGM 420-1 being complied with?		
20. Are furnace and mechanical rooms being kept clear of stored materials?		
21. Are furnace rooms secured to prevent unauthorized entry?		
22. Where sprinklers are installed, is storage at least 18 inches below sprinkler piping and heads?		
23. Was your inspection complete and have you made efforts to correct any hazards found?		
REMARKS (Continue on reverse if necessary)		

SIGNATURE OF BUILDING FIRE MARSHALL:	DATE OF INSPECTION
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