

# MONTHLY FIRE PREVENTION INSPECTION CHECKLIST AND REPORT

|  |   |                    |           |
|--|---|--------------------|-----------|
| File sequentially in Activity Inspection Folder for review during annual inspection by Installation Fire Marshal | COMPLETED BY: (Unit or Building Evacuation Coordinator) | PHONE NUMBER       |           |
|  | BUILDING AND/OR AREAS INSPECTED                         | E-MAIL ADDRESS     |           |
| <b>EXPLAIN "NO" ANSWERS IN REMARKS</b>   |   | <b>YES</b>         | <b>NO</b> |
| 1. Are all personnel aware of fire evacuation and reporting procedures?  |   |                    |           |
| 2. Are fire evacuation plans posted IAW FMMD 420-1?  |   |                    |           |
| 3. Is contact information posted for the individuals responsible for the building IAW FMMD 420-1?                |   |                    |           |
| 4. Have fire drills been conducted IAW FMMD 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 FMMD 420-1 being complied with?   |   |                    |           |
| 15. Are all electrical appliances installed and utilized IAW FMMD 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 FMMD 420-1?  |   |                    |           |
| 19. Are the housekeeping requirements of FMMD 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?                         |   |                    |           |
| <b>REMARKS</b> (Continue on reverse if necessary)  |   |                    |           |
|  |   |                    |           |
| SIGNATURE OF BUILDING EVACUATION COORDINATOR:  |   | DATE OF INSPECTION |           |