

# FIRE /FACILITY INSPECTION QUARTERLY REPORT

**QUARTER – MONTHS OF :** \_\_\_\_\_ **to** \_\_\_\_\_

**INSPECTION/ FIRE DRILL COMPLETED BY:** \_\_\_\_\_

	Yes	No	Comments
1. Emergency Plan posted (Main and Upper Floors)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Fire Emergency Phone Number posted	<input type="checkbox"/>	<input type="checkbox"/>	
3. Fire Marshalls assigned and aware of duties	<input type="checkbox"/>	<input type="checkbox"/>	
4. Emergency Lights visible and illuminated	<input type="checkbox"/>	<input type="checkbox"/>	
5. Exit Doors open freely	<input type="checkbox"/>	<input type="checkbox"/>	
6. Access to exits unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	
7. Fire Extinguishers in place and visible	<input type="checkbox"/>	<input type="checkbox"/>	
8. Fire Extinguishers checked monthly	<input type="checkbox"/>	<input type="checkbox"/>	
9. Fire Extinguisher is properly tagged and serviced (annually)	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher #1(2 <sup>nd</sup> Floor–Kitchen) Date: _____			
Fire Extinguisher #2 (2nd Floor–Reception area) Date: _____			
Fire Extinguisher #3 (2nd Floor–Hall near Alan) Date: _____			
Fire Extinguisher #4 (2nd Floor–Hall near Schedulers) Date: _____			
Fire Extinguisher #5 (Main Floor–near Training Room) Date: _____			
Fire Extinguisher #6 (Main Floor–near Reception) Date: _____			
10. Fire Drills conducted quarterly (Date of Last Fire Drill _____)	<input type="checkbox"/>	<input type="checkbox"/>	
11. “Lock-Down” Drill Performed Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
12. Heating appliances clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	
13. Electrical service panels and each circuit labeled	<input type="checkbox"/>	<input type="checkbox"/>	
14. Electrical appliances/cords used in approved manner	<input type="checkbox"/>	<input type="checkbox"/>	
15. All lamp cords, extension cords, receptacles checked for wear	<input type="checkbox"/>	<input type="checkbox"/>	
16. Lights changed as needed	<input type="checkbox"/>	<input type="checkbox"/>	
17. Flammable and Combustible Liquids stored properly	<input type="checkbox"/>	<input type="checkbox"/>	
18. Stairwells well lit	<input type="checkbox"/>	<input type="checkbox"/>	
19. Stair Rails secure	<input type="checkbox"/>	<input type="checkbox"/>	
20. Smoke Alarm (with security system) checked	<input type="checkbox"/>	<input type="checkbox"/>	

Brief description of fire/lock-down drill and/or facility inspection (location/behaviour and follow-up discussion).

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Work performed this quarter:

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Outstanding (if any):

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