**Monthly Fire Safety Inspection**

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|  | **Yes** | **No** |
| **Extinguishers** |  |  |
| 1. Are all fire extinguishers present in their correct location?
 | […] | […] |
| 1. Are all fire extinguishers hung or stand-mounted?
 | […] | […] |
| 1. Do all fire extinguishers with pressure gauges show correct pressure?
 | […] | […] |
| 1. Are all extinguishers free from signs of corrosion (incl. tap-test)?
 | […] | […] |
| 1. Are all extinguishers within their annual inspection date?
 | […] | […] |
| 1. Are all extinguishers unobscured, unobstructed and freely visible?
 | […] | […] |
| **Escape routes and exits** |  |  |
| 1. Are escape routes clear from stored materials and debris?
 | […] | […] |
| 1. Are all internal fire doors closed (not wedged open)?
 | […] | […] |
| 1. Are final exit doors clear and unobstructed on both sides?
 | […] | […] |
| 1. Do final exit doors open easily?
 | […] | […] |
| 1. Are external pathways from the exits away from the building clear?
 | […] | […] |
| **Signs** |  |  |
| 1. Are escape route signs clearly visible and legible?
 | […] | […] |
| 1. Do signs indicate the nearest escape route from all workplaces?
 | […] | […] |
| 1. Are internal fire doors labelled?
 | […] | […] |
| 1. Do external fire doors have opening instructions shown?
 | […] | […] |
| **Emergency lighting** *(if present)* |  |  |
| 1. Are all emergency light indicators illuminated (if present)?
 | […] | […] |
| 1. Are all covers, diffusers, etc. present and fitted?
 | […] | […] |
| 1. Do emergency lights illuminate for a minimum of 10 minutes when the electricity supply is disconnected (must be done each month)?
 | […] | […] |
| **Fire Alarm** *(if present)* |  |  |
| 1. Is the alarm sounded weekly?
 | […] | […] |
| 1. Do all break glass call points have covers / glass / plastic panel fitted?
 | […] | […] |
| 1. Are all call points clearly visible and unobstructed?
 | […] | […] |
| 1. Are signs present over each call point?
 | […] | […] |

**Comments / Action Required / Other fire safety items needing attention**

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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**