Fire Safety Weekly Checklist. Page 1 of 2

Name		Date		
Job Title				
Location				
Inspection I	Details:		Fail	Pass
Has the Fire Alarm been tested?				1 433
	t doors be easily opened and are free of obstructions inte	rior and		
	Signs appropriately illuminated?			
Are adequa	te Emergency Escape Route signs displayed? (Green runn	ing man)		
Have Emer	gency Lights been inspected?			
Are Fire Eva	cuation Routes clear of obstructions?			
Where required are there spare batteries for emergency escape lights and torches available?				
Are all Fire	Extinguishers stored in the correct location?			
Are Fire Extinguishers easily accessible with locations properly marked?				
Are all fire I	extinguisher anti-tamper seals intact?			
Have Fire E	ktinguisher pressure gauges been checked?			
Are ALL employees aware of their role and responsibilities in the Emergency Evacuation Procedures?				
		N/A	Fail	Pass
Are Evac ch	airs in place and easily accessible?			
Any failures	should be recorded below and immediately reported to i	managem	ent.	
Details of in	spection Failures:			
1				

Fire Safety Weekly Checklist. Page 2 of 2

Name		Date				
Job Title						
Location						
Actions taken:						
Actions/further actions required?						
7100101107101	and addition required.					
Signed:		Date:				
		Time:				