

FIRE AND SAFETY INSPECTION REPORT

1. Location	2. Type of Office (Work Unit – Area – State)
3. Address	4. Building Construction

5. Check condition and add explanatory remarks as needed:

A. Building	Safe	Unsafe
1. Roof	<input type="checkbox"/>	<input type="checkbox"/>
2. Chimney	<input type="checkbox"/>	<input type="checkbox"/>
3. Walls & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
4. Flooring	<input type="checkbox"/>	<input type="checkbox"/>
5. Stairway	<input type="checkbox"/>	<input type="checkbox"/>
6. Exits	<input type="checkbox"/>	<input type="checkbox"/>
7. Fire Escape	<input type="checkbox"/>	<input type="checkbox"/>

B. Electrical	Safe	Unsafe
1. Wiring	<input type="checkbox"/>	<input type="checkbox"/>
2. Switches	<input type="checkbox"/>	<input type="checkbox"/>
3. Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
4. Extension Cords	<input type="checkbox"/>	<input type="checkbox"/>
5. Insulation	<input type="checkbox"/>	<input type="checkbox"/>
6. Grounding	<input type="checkbox"/>	<input type="checkbox"/>

C. Heating & Heat Hazards	Safe	Unsafe
1. Furnace	<input type="checkbox"/>	<input type="checkbox"/>
2. Flue	<input type="checkbox"/>	<input type="checkbox"/>
3. Stove	<input type="checkbox"/>	<input type="checkbox"/>
4. Water Heater	<input type="checkbox"/>	<input type="checkbox"/>
5. No combustible material in contact with: a. Steam Pipes b. Furnace c. Flue	<input type="checkbox"/>	<input type="checkbox"/>

D. Matches & Smoking	Safe	Unsafe
1. Confined to area permitted.	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety matches only used.	<input type="checkbox"/>	<input type="checkbox"/>

E. Flammable Liquids	Safe	Unsafe
1. Stored Properly	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety Cans Used	<input type="checkbox"/>	<input type="checkbox"/>
3. Containers in good condition	<input type="checkbox"/>	<input type="checkbox"/>

F. Oil & Paints	Safe	Unsafe
1. Stored properly	<input type="checkbox"/>	<input type="checkbox"/>
2. Containers in good condition	<input type="checkbox"/>	<input type="checkbox"/>
3. Drippings disposed of	<input type="checkbox"/>	<input type="checkbox"/>

G. Combustible Materials	Safe	Unsafe
1. Stored in approved bins or containers	<input type="checkbox"/>	<input type="checkbox"/>

H. Oil Rags and Waste	Safe	Unsafe
1. In approved containers	<input type="checkbox"/>	<input type="checkbox"/>
2. Disposed of Regularly	<input type="checkbox"/>	<input type="checkbox"/>

I. Fire Extinguishers	Safe	Unsafe
1. Number	<input type="checkbox"/>	<input type="checkbox"/>
2. Type	<input type="checkbox"/>	<input type="checkbox"/>
3. Location	<input type="checkbox"/>	<input type="checkbox"/>
4. Mounting	<input type="checkbox"/>	<input type="checkbox"/>
5. Recharge	<input type="checkbox"/>	<input type="checkbox"/>

J. Miscellaneous	Safe	Unsafe
1. Supplied, storage of	<input type="checkbox"/>	<input type="checkbox"/>
2. Rubbish	<input type="checkbox"/>	<input type="checkbox"/>
3. Flammable Liquids	<input type="checkbox"/>	<input type="checkbox"/>

6. Remarks and Recommendations: _____

Corrective Action Taken: _____

Inspected By: _____