

Date: _____

Inspector(s): _____

Job Title: _____

Location: _____

Chair: _____ Signature: _____



THOMPSON RIVERS UNIVERSITY

GENERAL FIRE SAFETY CHECKLIST

Note: This sheet should be used along with the area specific hazard inventory check sheet. **Answering 'no' to any of the following questions indicates a need for corrective action to be taken.**

		YES	NO	COMMENTS (Include Room # and Recommended Corrective Action if Issue Present)	ACTION TYPE	DATE ACTION COMPLETED
1.	FIRE SAFETY					
1.	Is there an effective fire alarm?					
2.	Is the fire alarm tested at least every three months?					
3.	Is the fire alarm functioning correctly?					
4.	Are fire exits clearly marked and easily identifiable?					
5.	Are fire exits free from obstruction?					
6.	Are emergency procedures displayed?					
7.	Are building evacuation routes prominently displayed?					
8.	Are the telephone numbers of emergency services clearly displayed?					
9.	Are there fire evacuation practices at least twice yearly?					
10.	Are all building occupants aware of what action takes place in an emergency?					

		YES	NO	COMMENTS (Include Room # and Recommended Corrective Action if Issue Present)	ACTION TYPE	DATE ACTION COMPLETED
11.	Have fire wardens been appointed and trained?					
12.	Are fire extinguishers available and accessible?					
13.	Are the fire extinguishers suitable to the type of fire that may occur [Carbon dioxide for electrical fires]?					
14.	Are fire extinguishers serviced regularly?					
15.	Are smoke detectors installed?					
16.	Is a fire sprinkler system installed?					
17.	Are fire sprinklers unobstructed?					
18.	Are hose reels available and connected to water supply?					
19.	Are hose cupboards free of unnecessary items?					
20.	Is access to the hose reels unobstructed?					
21.	Does regular housekeeping reduce rubbish and combustible material accumulation?					
22.	Are flammable materials properly stored?					
23.	Is a fire blanket present?					