**Fire Marshall/ Fire Warden Inspection Checklist**

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| **Location:** |  |
| **Name of FM/FW:** |  |
| **Name of Team/Site Manager:** |  |
| **Date of inspection:** |  |

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|  |  | **Periodic Checks (weekly/monthly)** | **Yes** | **No** | **Comments** |
| 1 | Alarm System | Is the alarm system operational? |   |   |   |
| 2 | Is the alarm tested weekly via different call-points each time and is this recorded, including the time of the test and the call-point used? |   |   |   |
| 3 | Is the alarm audible in all areas? |   |   |   |
| 4 | Has the alarm system been serviced within the last year? |   |   |   |
| 5 | Are fire drills held periodically? When was the last fire drill? |   |   |   |
| 6 | Are evacuation notices displayed adjacent to alarm call-points and other key locations? |   |   |   |
| 7 | Doors | Are all fire doors closed (those secured with mag locks, which are linked to the alarm system can be open)? |   |   |   |
| 8 | Are final exit doors free from internal/external obstruction? |   |   |   |
| 9 | Are door mechanisms in good working order? |   |   |   |
| 10 | Is safety glass fitted in fire doors are appropriate? |   |   |   |
| 11 | Fire Fighting Equipment | Is all fire fighting equipment present and positioned correctly? |   |   |   |
| 12 | Is all fire fighting equipment undamaged and accessible? Are all tamper tags intact? |   |   |   |
| 13 | Has all fire-fighting equipment been serviced within the last year? |   |   |   |
|  |  | **Periodic Checks (weekly/monthly)** | **Yes** | **No** | **Comments** |
| 14 | General | Is all furniture in good condition? |   |   |   |
| 15 | Are wall mounted fixtures, shelving, furniture etc. in good condition and secure? |   |   |   |
| 16 | Is storage of small quantities of flammable/hazardous substances suitable? |   |   |   |
| 17 | Do office staff have enough space to evacuate safely? |   |   |   |
| 18 | Are all parts of the site maintained in a clean and tidy condition? |   |   |   |
| 19 | Are there adequate facilities for the safe storage, removal and disposal of waste? |   |   |   |
| 20 | Have all identified issues been recorded appropriately and reported to the right person?  |   |   |   |
| 21 | Lighting | Are all emergency lighting diodes showing green (operational)? |   |   |   |
| 22 | Has all emergency lighting been tested (monthly and full 3 monthly testing)? |   |   |   |
| 23 | Are all light fittings in good condition and operational? |   |   |   |
| 24 | Evacuation Routes | Are all emergency evacuation routes unobstructed and debris free? |   |   |   |
| 25 | Are floors and floor coverings in good condition? |   |   |   |
| 26 | Are handrails on stairs sound? |   |   |   |
| 27 | PEEPs | Are facilities for people with disabilities appropriate and are PEEP in place as required? |   |   |   |