

## **Weekly Fire Safety Inspection**

| <b>Date Inspection Carried Out</b>  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Are evacuation procedures displayed?  |  |  |  |  |  |  |  |
| Are all extinguishers sited correctly and in working order?                           |  |  |  |  |  |  |  |
| Are all safety signs compliant and sited correctly?                                   |  |  |  |  |  |  |  |
| Are all fire alarm call points, fire detectors or alarm sounders as required?         |  |  |  |  |  |  |  |
| Are there any faults in fire resisting structures?                                    |  |  |  |  |  |  |  |
| Are all fire doors closed and operating correctly?                                    |  |  |  |  |  |  |  |
| Are all emergency exits able to open and close correctly?                             |  |  |  |  |  |  |  |
| Are Internal escape routes clear and unobstructed enabling safe evacuation?           |  |  |  |  |  |  |  |
| Are all external escape routes clear and unobstructed and available for use?          |  |  |  |  |  |  |  |
| Are any bins full and is there any excess of waste materials in other areas?          |  |  |  |  |  |  |  |
| Where allowed are there adequate facilities for the disposal of smoking materials?    |  |  |  |  |  |  |  |
| Are there any overloaded electrical sockets or poor use of electrical equipment seen? |  |  |  |  |  |  |  |
| Are all flammable liquids / gases being stored safely when not in use?                |  |  |  |  |  |  |  |
| Are there any other unsafe acts or conditions seen?                                   |  |  |  |  |  |  |  |
| Are all furnishings in good condition?  |  |  |  |  |  |  |  |
| <b>Name of person responsible for Fire Safety Inspection.</b>                         |  |  |  |  |  |  |  |

**Daily Check In the morning: Are escape routes clear?  
Are the fire exits available for use?**

**In the evening: Is the electrical equipment switched off?  
Has rubbish been disposed of safely?**

