FIRE SAFETY INSPECTION

FACILITY NAME: _____ **FACILITY ADDRESS:** _____ **YEAR:** _____

STAFF PERSON RESPONSIBLE: _____

"√" FOR COMPLIANCE, "X" FOR NON-COMPLIANCE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1. Hallways & Stairways are well lit and clear of any obstruction. Emergency and exit lights are operational.												
2. Exit doors\windows are easily openable without keys or tools. **All** exit stairs, fire escapes, & walks are kept in safe condition & clear of any obstructions.												
3. Accumulation of cartons, paper, dust, and other combustibles kept at a minimum.												
4. No storage under stairways, around furnace or heaters.												
5. No storage of flammable liquids permitted in the house.												
6. Any odors of gas escaping from pipes, or burners in the furnace or hot water tanks, **REQUIRE IMMEDIATE CONTACT OF THE LOCAL GAS COMPANY.* CO DETECTORS RECOMMENDED**												
7. Portable heaters are C.S.A. approved, kept away from furniture, walls, and other combustibles. **ONLY TO BE USED ON A TEMPORARY BASIS.**												
8. Clean / Replace Furnace filter. Furnace area free of accumulation of dust and debris. **LAST ANNUAL SERVICE DATE FOR FURNACE:**_____.												
9. Clothes dryer lint trap is cleaned after each use. Air vent hose cleaned monthly.												
10. Clean stove exhaust filter, stove area kept free of hazardous conditions, and oven kept clean.												
11. No permanent use of extension cords. No deteriorated electrical cords or overloaded outlets. All electrical cords are out in the open (not under rugs, etc.), but not in the path of traffic.												
12. **IF THERE ARE SMOKERS IN THE FACILITY:** Deep flat-bottomed ashtrays with cigarette holder in the centre. Cigarette ashes and butts; should be disposed into a metal container.												
13. Evacuation plan posted on each floor level with the address and phone number for alternate short-term shelter.												
14. Fire extinguishers are undamaged, charged, pin in place and seal not broken and hung in the proper location. All extinguishers inspected & serviced by a qualified services agency annually. **LAST SERVICE DATE** _____.												
15. All smoke detectors are operational when tested. The smoke alarm system is serviced & inspected by a qualified services agency at annually. **LAST SERVICE DATE** _____.												
16. Fire drills conducted and logged each month noting date of drill, time of drill, evacuation time, exit used, participants, problems encountered and action time.												