

Blank Fire Safety Inspection Report Sheet

Date of Inspection: _____

Location / Address: _____

Inspector Name: _____

Contact Number: _____

Person in Charge: _____

Fire Safety Inspection Checklist

No.	Item / Area	Yes	No	Remarks / Observations
1	Fire Extinguishers (accessibility, charged, inspection tag up-to-date)			
2	Exit Signs & Emergency Lighting (functioning, visible)			
3	Evacuation Routes (unobstructed, signage)			
4	Fire Alarm System (tested, functional)			
5	Sprinkler / Suppression System			
6	Flammable Materials Storage			
7	Electrical Wiring & Outlets (safe, no exposed wires)			
8	Housekeeping (debris, combustible materials cleared)			
9	Fire Doors (unobstructed, operational)			
10	Other (specify): _____			

Comments /
Recommendations:

Inspector's Signature

Date: _____

Person in Charge Signature

Date: _____