

Fire Hazard Inspection Checklist

- **Date:** __/__/__ **Project Name:** _____ **Site Location:** _____
- **Inspector's Name:** _____ **Inspection Type:** Daily Weekly Monthly

1. Flammable Materials Inspection

Check Item	Yes	No	N/A	Comments/Action
Flammable materials are properly stored in designated areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage containers for flammable liquids are approved and labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No excess accumulation of combustible waste (paper, wood, dust, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work areas are free from open flames near flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoking is prohibited in hazardous areas, and signs are posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable gas cylinders are stored upright and properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper ventilation is maintained in areas with flammable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Fire Extinguisher Accessibility and Condition

Check Item	Yes	No	N/A	Comments/Action
Fire extinguishers are readily accessible and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are properly labeled and match the fire hazard type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extinguishers fully charged and have been inspected within the last month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All employees know the location and proper use of fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers have visible inspection tags and up-to-date records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire hoses and sprinkler systems are functional and properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency fire alarm systems are operational and tested regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Fire Prevention and Emergency Response

Check Item	Yes	No	N/A	Comments/Action
Fire evacuation plans are clearly posted and accessible to workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exits properly marked, illuminated, free from obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills and emergency training are conducted regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employees are trained in fire response and evacuation procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler systems and fire alarms tested and maintained per OSHA regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Corrective Actions and Follow-Up

- Any issues identified should be corrected immediately.
- Describe corrective actions taken for any "No" responses:

- _____
- _____
- _____

- **Follow-up scheduled for:** __/__/__

Inspector's Signature: _____