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# **FIRE PROTECTION AUDIT**

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LOCATION: \_\_\_\_\_ PERSON (S) CONTACTED: \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_ UNIT NO. \_\_\_\_\_

## **Sprinkler System**

**YES NO N/A**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Water control valves are open and secured by chain/padlock or monitored by electronic valve tamper alarm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Main drain water flow tests and inspector alarm tests are conducted at least annually?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The static and residual water flow pressures are recorded and posted at the sprinkler system riser?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Storage is kept at least 18-inches below the sprinkler heads?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Fire Extinguishers**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 5. All fire extinguishers are accessible and free of obstructions?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Each extinguisher is visible or their location clearly marked?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Fire extinguishers are visually inspected monthly by employees, with the inspections recorded?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. An annual inspection, by a qualified fire extinguisher servicing firm has been completed & recorded for each extinguisher? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are all fire extinguishers fully charged?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# ***FIRE PROTECTION AUDIT***

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## **Fire Detection Systems & Alarms**

**YES NO N/A**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 10. Have all fire alarm and detection systems been inspected and tested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Can the fire alarm be heard in all areas (bathrooms, offices, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Electrical**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 12. Are extension cords used only for short term or temporary uses?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are all cords and electrical equipment grounded or double insulated?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are the ground prongs in place?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is all electrical equipment and cords in good condition, with no damaged insulation, exposed electrical contacts or other defects? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are all switch boxes, junction boxes and circuit-breaker panels equipped with face plates?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are there enough outlets to eliminate overloading of circuits?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Smoking & Waste Disposal**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 18. Are ashtrays provided where employees are permitted to smoke?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are ashtrays emptied into separate non-combustible containers rather than in with combustible waste? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_