

The following checklist is a guide. It may be used in its entirety or be modified to the specific user's needs by adding or subtracting items from the checklist. For questions concerning any item, contact the Office of Environmental Health and Safety.

(17) FIRE PROTECTION

Name: _____ Date : _____

Location of Inspection: _____

<p>1. Do you have a fire prevention plan?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>2. Does your plan describe the type of fire protection equipment and/or systems?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>3. Have you established practices and procedures to control potential fire hazards and ignition sources?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>4. Are employees aware of the fire hazards of the material and processes to which they are exposed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>5. Is your local fire department well acquainted with your facilities, location and specific hazards?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>6. If you have a fire alarm system, is it tested at least annually?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>7. If you have a fire alarm system, is it certified as required?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>8. If you have interior stand pipes and valves, are they inspected regularly?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>

<p>9. If you have outside private fire hydrants, are they flushed at least once a year and on a routine preventive maintenance schedule?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>10. Are fire doors and shutters in good operating condition?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>11. Are fire doors and shutters unobstructed and protected against obstructions, including their counterweights?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>12. Are fire door and shutter fusible links in place?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>13. Are automatic sprinkler system water control valves, air and water pressures checked weekly/periodically as required?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>14. Is maintenance of automatic sprinkler systems assigned to responsible persons or to a sprinkler contractor?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>15. Do metal guards protect sprinkler heads, when exposed to physical damage?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>16. Is proper clearance maintained below sprinkler heads?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>17. Are portable fire extinguishers provided in adequate number and type?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>

18. Are fire extinguishers mounted in readily accessible locations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
19. Are fire extinguishers recharged regularly and noted on the inspection tag?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
20. Are employees periodically instructed in the use of extinguishers and fire protection procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____