

## Fire Safety Audit Form

1 Fire Exit Routes	Yes	No	N/A
a. Are routes easily identifiable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are routes free from obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Can fire doors be opened easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all self closing devices operative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all fire exit routes marked on fire plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are they all unlocked when premises are open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Free from external obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Fire Extinguishers	Yes	No	N/A
a. Sited on escape routes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sited adjacent to exit doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Grouped to form fire points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Wall mounted in prominent position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Away from extremes of temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Serviced in last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Correct extinguishers sited by the fire hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Accessible and unobstructed by storage etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Control of Waste (Skips and Bins)	Yes	No	N/A
a. Waste bins/skips at least 10 metres from the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Timber pallets at least 5 metres from the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Correctly used (relevant material in appropriate bin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lids securely in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Oil/liquid waste in bunded areas away from the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Waste burning prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Waste removed regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Housekeeping	Yes	No	N/A
a. Are the premises clear of process waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are storage areas adequate and tidy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are separate containers provided for flammable or other special waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is flammable waste removed at least daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are no smoking rules in force and complied with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are there suitable containers for the disposal of smoking materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Liquefied Petroleum Gas (LPG)	Yes	No	N/A
a. Are LPG cylinders that are not in use stored in an outdoor caged area and locked overnight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the store used only for LPG storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the store at a suitable distance from buildings, boundaries and the third party properties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are permanent safety warning notices displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are the cylinders stored with the valve set uppermost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6	Flammable Liquids	Yes	No	N/A
a.	Are bulk supplies in a purpose built store?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is the store secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Is there adequate high and low level ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Are liquids moved in safety containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Are flammables kept away from sources of ignition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	General Fire Prevention	Yes	No	N/A
a.	Are all heating appliances fixed and clear of combustibles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are trailing electrical cables kept to a minimum and protected where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are there adequate electrical sockets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Are there permit to work systems for contractors hot work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Are automatic sprinkler installations tested and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Emergency Lighting	Yes	No	N/A
a.	Covering all exit routes and associated signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	All lamps are lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	The control panel indicates normal i.e. No faults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Tests and inspections at recommended intervals completed and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Evacuation Plan	Yes	No	N/A
a.	Plan up to date with clear instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Clearly displayed throughout?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Communicated to all personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Fire wardens appointed and adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Fire assembly areas clearly marked, safe and made known to employees/visitors etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Record Keeping	Yes	No	N/A
a.	Written record of fire risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Weekly fire alarm test records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Electrical inspection and testing records (portable and fixed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Emergency Lighting Tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Fire training (induction, drills, use of extinguishers etc) recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Statutory inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: