

# SELF INSPECTION REPORT

## Fire Hazards & Fire Protection Equipment



<b>AREA INSPECTED:</b>	<b>DATE:</b>
------------------------	--------------

CATEGORY	ADEQUATE		COMMENTS	ACTION BY
	YES	NO		
<b>SPRINKLERS</b>				
Weekly alarm test(s) completed & recorded?	<input type="checkbox"/>	<input type="checkbox"/>		
Weekly pump tests(s) completed & recorded?	<input type="checkbox"/>	<input type="checkbox"/>		
Sprinklers clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>		
Sprinkler control valve(s) open?	<input type="checkbox"/>	<input type="checkbox"/>		
Clear access to sprinkler control valve(s)?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>FIRE SPRINKLER PUMPS</b>				
Diesel tank full?	<input type="checkbox"/>	<input type="checkbox"/>		
Control Panel lights working?	<input type="checkbox"/>	<input type="checkbox"/>		
Power supplies to control panels on?	<input type="checkbox"/>	<input type="checkbox"/>		
Control panels switched to automatic?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>FIRE HYDRANTS</b>				
Clear access?	<input type="checkbox"/>	<input type="checkbox"/>		
Hydrants, hoses and nozzles in good condition?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>HOSE REELS</b>				
Clear access?	<input type="checkbox"/>	<input type="checkbox"/>		
In good condition?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>FIRE ALARMS</b>				
Bells/Sirens working?	<input type="checkbox"/>	<input type="checkbox"/>		
Mains power supply on?	<input type="checkbox"/>	<input type="checkbox"/>		
Fire indicator panel lights working?	<input type="checkbox"/>	<input type="checkbox"/>		
Fire brigade connections in order?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>EXTINGUISHERS</b>				
All present and correctly located?	<input type="checkbox"/>	<input type="checkbox"/>		
Clear access?	<input type="checkbox"/>	<input type="checkbox"/>		
In good condition?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>SMOKING</b>				
Smoking controls observed?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>FIRE DOORS</b>				
Not obstructed?	<input type="checkbox"/>	<input type="checkbox"/>		
Self closing mechanism intact?	<input type="checkbox"/>	<input type="checkbox"/>		
Doors can be closed manually?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>GAS CYLINDERS</b>				
Fittings & hoses in good condition?	<input type="checkbox"/>	<input type="checkbox"/>		
Storage of oxygen / acetylene cylinders adequately separated?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>CUTTING &amp; WELDING / HOT WORK</b>				
Hot Work Permits used and signed off correctly?	<input type="checkbox"/>	<input type="checkbox"/>		

CATEGORY	ADEQUATE		COMMENTS	ACTION BY
	YES	NO		
<b>SECURITY</b>				
External doors closed where required during shifts?	<input type="checkbox"/>	<input type="checkbox"/>		
External doors / locks in good condition?	<input type="checkbox"/>	<input type="checkbox"/>		
Security systems operational?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>ELECTRICAL</b>				
Permanent electrical wiring used / no extension leads?	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical fittings in good condition?	<input type="checkbox"/>	<input type="checkbox"/>		
All appliances plugged into their own outlet?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>HOUSEKEEPING</b>				
All buildings & yards free from accumulated rubbish?	<input type="checkbox"/>	<input type="checkbox"/>		
All areas tidy & uncongested?	<input type="checkbox"/>	<input type="checkbox"/>		
Switchboards, heaters or battery chargers clear of combustibles?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>STORAGE AREAS</b>				
Clearance of 500 mm maintained below sprinklers? (1 m warehouses)	<input type="checkbox"/>	<input type="checkbox"/>		
Storage heights within maximum allowable limitations?	<input type="checkbox"/>	<input type="checkbox"/>		
Rack aisle kept clear of storage?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>FLAMMABLE LIQUIDS</b>				
Maximum of 1 shift supply in working area?	<input type="checkbox"/>	<input type="checkbox"/>		
Earthing bonding wires used/in good condition?	<input type="checkbox"/>	<input type="checkbox"/>		
Bond wires used between metal containers during dispensing?	<input type="checkbox"/>	<input type="checkbox"/>		
Empty cans fitted with bungs and removed?	<input type="checkbox"/>	<input type="checkbox"/>		
Ventilation system operational?	<input type="checkbox"/>	<input type="checkbox"/>		
Ventilation grilles clear?	<input type="checkbox"/>	<input type="checkbox"/>		
Waste or water in spillage bunds removed?	<input type="checkbox"/>	<input type="checkbox"/>		
Soiled rags disposed of in approved metal bins?	<input type="checkbox"/>	<input type="checkbox"/>		
Lids used on open containers of solvents?	<input type="checkbox"/>	<input type="checkbox"/>		
Approved flammable liquid containers used?	<input type="checkbox"/>	<input type="checkbox"/>		
Approved flammable liquid cabinets used?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>ADDITIONAL COMMENTS:</b>				
INSPECTED BY :			DATE:	
REVIEWED BY:			DATE:	