

Questionnaire for Fire Inspection Team



Here's a Questionnaire you can have members of workplace fire inspection teams complete to verify that all fire prevention and response measures are in place and in order and identify problems that need to be corrected.

MODEL QUESTIONNAIRE FOR FIRE INSPECTION TEAMS

INTRODUCTION: Each of the ABC Company fire inspection teams has been assigned a specific area of the facility to inspect. A team leader has also been designated to serve as the head of each team. That team leader will notify each member of the team of his or her duties including which area to inspect.

INSTRUCTIONS: Each team member must complete this Questionnaire in conducting the inspection of the area to which he or she has been assigned. After completing the inspection, the team member will ensure that the Questionnaire has been thoroughly filled out and given to his or her team leader. The team leader will review completed Questionnaires and sign them upon verifying their completeness and accuracy. The team leader will give all signed Questionnaires to the ABC Company Safety Director for evaluation and follow-up.

INSPECTION INFORMATION

Inspection Date: _____ Team Leader: _____
Inspecting Team Member: _____ Area/Department Inspected: _____
Team Leader Signature: _____

1. Are all exit doors in the area clearly marked' YES NO If no, explain:

2. Are all exits and exit routes unobstructed' YES NO If no, explain:

3. Are there any doorways that could be mistaken for exits YES NO If yes, are

they clearly identified as non-exits' YES NO If no, explain:

4. Do workers know where in the area portable fire extinguishers are located' (Ask at least five workers and select them randomly) YES NO List workers asked:

5. Are workers in the area trained to use portable fire extinguishers' (Ask at least five workers and select them randomly) YES NO List workers asked:

6. Can workers in the area who purport to have training explain in their own words how to use portable fire extinguishers' (Ask at least five workers and select them randomly) YES NO List workers asked:

7. Have any portable fire extinguishers been removed from the area' YES NO If yes, has equivalent protection been provided' YES NO Explain:

8. Are there any signs of corrosion or mechanical damage to any of the portable fire extinguishers' YES NO If yes, describe, including extinguisher(s) location(s):

9. What is the last inspection date shown on each fire extinguisher (list each one separately)

10. Are there any combustible materials, scraps or debris in the area' YES NO If yes, have workers been instructed to store and/or remove such items in a safe manner' YES NO
