

Fire Department Safety Checklist

STATION NAME _____

Date: _____ Time: _____

Inspector Name: _____

| # | Needs Work | O K | N/A | Write line # and comments on back for all " <u>Needs Work</u> " items |
|---|------------|--------|-----|---|
| Exterior Building Conditions | | | | |
| 1 | | | | Exterior stairs and ramps are clear. Handrails provided and in good condition. |
| 2 | | | | Exterior doors kept closed. Locks, latches and automatic closers work. |
| 3 | | | | Exterior lighting adequate on lots and walkways. All lights working. |
| 4 | | | | Grounds, lots, and walkways in good condition and free of trip hazards. |
| 5 | | | | Controls for Ice, or potential for ice, are in place and adequate. |
| Interior Service Areas & Housekeeping Conditions | | | | |
| 6 | | | | Emergency eyewashes, showers, automatic door sensors tested / operated monthly. |
| 7 | | | | Apparatus bays are well lit, dry, free of oil, and other trip or slip hazards |
| 8 | | | | Powered overhead door sensors worked properly. (or warning sign present). |
| 9 | | | | Air hoses in good condition & hoses do not present trip hazard. Compressor drained. |
| 10 | | | | Vehicle exhausts system installed and functional. Filters changes as needed. |
| 11 | | | | Tools properly stored and in good condition. Guards, cords & hoses in good cond. |
| 12 | | | | Kitchen & eating areas clean. No evidence of insects / animal infestation. Floor swept. |
| 13 | | | | Office areas & stairwells well lit. Carpets and mats are free of trip hazards. |
| 14 | | | | Stairs are will lit & provided with hand rails. Treads / surfacing in good condition |
| 15 | | | | Flammable and combustible liquids properly stored. |
| Power Sources | | | | |
| 16 | | | | Outlets and junction boxes covered. Electrical cords in good condition. |
| 17 | | | | Emergency lighting packs & EXIT lights operational when test button depressed |
| 18 | | | | 36 inches clearance maintained in front of electrical panels |
| 19 | | | | Cords used for charging batteries in a location that will not cause a tripping hazard |
| 20 | | | | Emergency generator exercised weekly and tested yearly, |
| Vehicle Fueling | | | | |
| 21 | | | | Fueling pad not oily. Drainage and surface proper to prevent icing. Sand / salt present |
| 22 | | | | Charged 20:BC extinguisher (minimum) within 50 feet of tank. Spill material available. |
| 23 | | | | Area well lit. |
| Breathing Air Compressor / Cascade | | | | |
| 24 | | | | Air quality lab certification current and posted |
| 25 | | | | All compressed air / oxygen cylinders secured to prevent tipping. |
| 26 | | | | Hoses and fittings are in good condition |
| Administration & Dispatch Areas | | | | |
| 27 | | | | Power cords & cables properly secured and in good condition. |
| 28 | | | | Floors & aisles clean; slip, trip & fall hazards eliminated |
| 29 | | | | Exercise room clean & organized. Rules posted. Equipment in good condition. |
| Fire Detection / Suppression | | | | |
| 30 | | | | Fire alarm and/or detection system, functional, inspected annually |
| 31 | | | | Fire sprinkler system(s) gauges & valves in proper ranges. Inspected annually |
| 32 | | | | Fire extinguisher serviced annually & inspected monthly (sign rear of tags) |
| 33 | | | | Kitchen suppression system clean & serviced yearly. Filters & hood clean. |