

YOUR COMPANY NAME

FIRE EQUIPMENT INSPECTION SHEET

Zone or Floor No.	Ground Floor						Site Location	Company Offices					
Date of Inspection:							Inspected By:						
Location	Office 1		Office 2		Office 3		Storeroom		Location 5		Location 6		
	Y / N	Action	Y / N	Action	Y / N	Action	Y / N	Action	Y / N	Action	Y / N	Action	
9L Water													
6L Water													
CO ²													
9L Foam													
9L Powder													
Fire Blanket													
Annual Service Due:													
Notes/Action Required:													
Checks				Satisfactory Yes/No				Comments					
Fire Escape Routes													
Assembly Points Identified & Clear													
Emergency Vehicle Access													
Fire Alarm Test													
Emergency Lighting													
Fire Drill / Evacuation													
Smoke Alarms													
Waste Material Accumulation													
Signed:								Date:					