

FIRE PROTECTION SELF INSPECTION FORM

A regular and thorough fire protection self inspection regimen can significantly reduce your overall risk by identifying issues and by then applying the appropriate corrections expeditiously.

Inspector Notes	User should be adequately trained to complete thorough inspections and recognize hazards. Omit items not utilized and expand form where needed. Detail additional information on reverse of this form where needed so that results are consolidated. All issues identified should be appropriately addressed internally or by using outside vendors expeditiously.		
Facility:	Location:	Date:	

WEEKLY INSPECTION ITEMS

Water Supplies	Fire Pump	Fire Pump Pressure:	START _____ STOP _____	Bearings Cool & Packings Weeping?	YES ____ NO ____
		Jockey Pump Pressure:	START _____ STOP _____	Fuel Tank Level?	_____ _____
		Pump Room Temperature?	_____° F / C	Pump Auto Start?	YES ____ NO ____
		Adequate Room Ventilation?	YES ____ NO ____	Pump Run Time?	_____ MINUTES
	Hose	Good Condition?	YES ____ NO ____	Accessible?	YES ____ NO ____
	Tank and Reservoir	Tank Full?	YES ____ NO ____	Water Temp?	_____° F / C
		Circulation Good?	YES ____ NO ____	Heating System?	YES ____ NO ____
Valves	Backflow	Good Condition?	YES ____ NO ____	Accessible?	YES ____ NO ____
	FDC	Caps Installed?	YES ____ NO ____	FDC Unobstructed?	YES ____ NO ____
	Test Valves	Good Condition?	YES ____ NO ____	Accessible?	YES ____ NO ____
	Dry Valves	Riser Room Temperature?	_____° F / C	Air Pressure?	_____ PSI / BAR
Sprinklers	Standard	Spare Heads Each Type?	YES ____ NO ____	Obstructed (18" Clear)?	YES ____ NO ____
	Storage	Spare Heads Each Type?	YES ____ NO ____	Obstructed (36" Clear)?	YES ____ NO ____
	General	Observed Corrosion?	YES ____ NO ____	Observed Loading?	YES ____ NO ____

Fire Separations	Fire Doors	Good Condition?	YES ____ NO ____	Obstructed/Blocked?	YES ____ NO ____
	Fire Walls	Good Condition?	YES ____ NO ____	Penetrations Sealed?	YES ____ NO ____
Occupancy	Housekeeping	Orderly Housekeeping?	YES ____ NO ____	Waste Removed?	YES ____ NO ____
		Dust/Lint/Oil on Elevated Surfaces?	YES ____ NO ____	Areas Needing Attention?	
	Electrical	Temp Electrical Issues? (Ext. Cords, Overheat)	YES ____ NO ____	Issues Needing Attention?	
	Ignitable Liquids	Safety Cans Used?	YES ____ NO ____	Cabinets Used Properly?	YES ____ NO ____
		Low-Level Vents Unobstructed?	YES ____ NO ____	Bonding, Faucets, Bungs Installed Properly?	YES ____ NO ____
	Smoking	Disposal Issues Noted?	YES ____ NO ____	Areas Needing Attention?	
	Hot Work	Permits for all Work Recorded?	YES ____ NO ____	Issues Needing Attention?	
	Storage	Aisles Cleared?	YES ____ NO ____	Flue Spaces Adequate?	YES ____ NO ____
Lift Chargers in Racks?		YES ____ NO ____	Light/Lamp Issues?	YES ____ NO ____	
Manual Protection	Extinguishers	Charged & Undamaged?	YES ____ NO ____	Accessible/Present?	YES ____ NO ____
	Hydrants	Good Condition?	YES ____ NO ____	Accessible/Clear?	YES ____ NO ____

Other Items:

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