

Self-Inspection Checklist

Self-inspection checks should be carried out at least monthly and include the items listed below. In addition a review of contractors log books should be undertaken to ensure that records of maintenance and testing are being kept. Items highlighted for attention should be brought to the attention of the appropriate person/group and not removed from subsequent checklists until the issue has been rectified.

Area Inspected:			
Date:			
Category	Adequate	Comments	Action By
Sprinklers			
Weekly alarm test(s) completed & recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Weekly pump tests(s) completed & recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinklers clear of obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler control valve(s) open?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Clear access to sprinkler control valve(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Sprinkler Pumps			
Diesel tank full?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Control Panel lights working?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Power supplies to control panels on?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Control panels switched to automatic?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Hydrants			
Clear access?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hydrants, hoses and nozzles in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hose Reels			
Clear access? In good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Alarms Confirm the following with Service Contractor:			
Bells/Sirens working?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mains power supply on?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire indicator panel lights working?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire brigade connections in order?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Extinguishers			
All present and correctly located?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Clear access?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
In good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Smoking		
Smoking controls observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Doors		
Not obstructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self closing mechanism intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Doors can be closed manually?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cutting & Welding/Hot Work		
Hot Work Permits used and signed off correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security		
External doors closed where required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
External doors/locks in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security systems operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical		
Permanent electrical wiring used/ no extension leads?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical fittings in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All appliances plugged into their own outlet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Housekeeping		
Accumulation of combustible items such as rubbish, tenant's furniture, contractor's tools and materials (timber, gas cylinders etc) and the building manager's equipment and materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plant and electrical switch rooms clear of combustible items which could be ignited.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire pump houses, valve houses or alarm control rooms freely accessible and clear of storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First aid fire equipment (fire hose reels and fire extinguishers) unobstructed and/or fire equipment cabinets not being used for the storage of non-fire related equipment e.g. cleaners rags, brooms or mops.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire exits and general passageways clear of any obstructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workshop or maintenance areas neat and tidy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Quantity of flammable paints, solvents and other chemicals limited to what is required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recycle, waste bins and any other combustible items at least 10 metres from buildings or located in secure area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nothing stored within 500mm of sprinkler heads.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Comments

Inspected by:		Date:	
Reviewed by:		Date:	

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