

# Emergency Exit Route Inspection Checklist

 Show only Checklist

Display Style  
Default 

## General Information

Details about the inspection and location being assessed.

### Inspection Date

Enter date...

### Inspection Time

Enter time...



## Building/Facility Name

 Set My Current Location



## Exit Route/Area Inspected

- Main Entrance - North
- West Wing - 2nd Floor
- Loading Dock - East
- Other (Specify)

## Area Inspected (if Other)

Write something...

### Weather Conditions

- Clear
- Rain
- Snow
- Fog
- Other

### Other Weather Condition (If Applicable)

Write something...

### Ambient Temperature (°C)

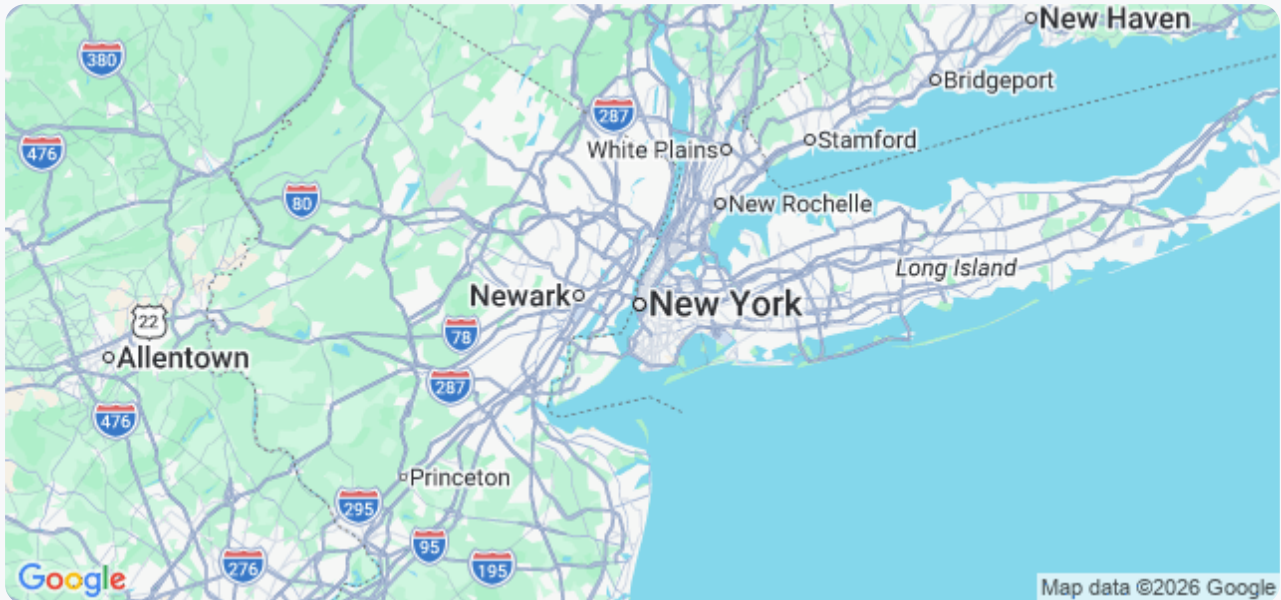
Enter a number...

# Exit Route Identification & Signage

Verification of clear and visible exit route signage.

## Exit Route Identification Number/Label

 [Set My Current Location](#)



## Signage Condition - Overall

- Excellent
- Good
- Fair
- Poor
- Needs Repair/Replacement

### Signage Visibility (Daylight)

- Excellent - Easily Visible
- Good - Mostly Visible
- Fair - Partially Obstructed
- Poor - Difficult to See

### Signage Visibility (Low Light/Emergency Lighting)

- Excellent
- Good
- Fair
- Poor

### Sign Type Presence

- Exit Signs
- Directional Signs
- Emergency Route Maps
- Other (Specify in Long Text)

### Describe any missing or damaged signage.

Write something...

### Number of Exit Signs present

Enter a number...

## Clearance & Obstructions

## Assessment of pathways and removal of obstructions.

### Are exit routes clear of obstructions?

- Yes, Completely Clear
- Minor Obstructions Present (e.g., boxes, minor furniture)
- Significant Obstructions Present (Blocking Exit)
- Not Applicable

### Describe any obstructions found (if applicable)

Write something...

### Width of the exit route (feet/meters - specify unit in notes)

Enter a number...

### Specify the type of obstructions found (e.g., furniture, stored materials, equipment)

Write something...

**Are fire extinguishers readily accessible along the exit route?**

- Yes
- No
- Not Applicable

**Details regarding any discrepancies found in extinguisher placement.**

Write something...

## Lighting

Examination of emergency lighting functionality and adequacy.

**Lux Level Reading (Foot-Candles)**

Enter a number...

**Emergency Lighting Status**

- Functional
- Malfunctioning
- Not Present

### Battery Backup Functionality (If Applicable)

- Tested & Working
- Not Tested
- Malfunctioning

### Notes on Lighting Condition (e.g., dimness, flickering)

Write something...

### Reflector Condition

- Good
- Dirty/Dusty
- Damaged

## Exit Doors & Hardware

Inspection of exit door functionality, operation, and hardware.

### Door Opens Freely?

- Yes
- No
- N/A

### Door Swing Direction Correct?

- Yes
- No
- N/A

### Door Opening Time (seconds)

Enter a number...

### Hardware Condition

- Good
- Fair
- Poor

### Detailed Hardware Observations

Write something...

### Door Frame Integrity

- Intact
- Minor Damage
- Significant Damage
- N/A

### Door Hardware Photos (if applicable)

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# Emergency Exit Devices (Panic Bars)

Checks functionality and proper operation of panic bars and similar devices.

## Panic Bar Functionality

- Fully Functional
- Partially Functional (requires repair)
- Non-Functional (requires immediate repair)

## Panic Bar Alignment

- Properly Aligned
- Misaligned (requires adjustment)

## Panic Bar Plate Secureness

- Securely Mounted
- Loose/Moving (requires tightening)

## Number of Panic Bars Inspected

## Additional Notes (Panic Bars)

## Photo Documentation (if issues)

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# Fire Alarm System Integration

Confirmation of exit route integration with the fire alarm system.

**Is the Exit Route illuminated when the Fire Alarm is triggered?**

- Yes
- No
- Not Applicable

**Does the Fire Alarm System provide audible and visual alerts along the exit route?**

- Yes
- No
- Not Applicable

**Number of Fire Alarm Annunciation Points along the Exit Route**

Enter a number...

**Describe any observed issues or discrepancies with Fire Alarm System Integration**

Write something...

**Is the Emergency Voice Communication System (EVCS) functional along the exit route (if applicable)?**

- Yes
- No
- Not Applicable

**Date of Last Fire Alarm System Test Relevant to Exit Route**

Enter date...

## Accessibility Considerations

Evaluation of accessibility for individuals with disabilities.

**Are accessible exit routes clearly marked with tactile signage?**

- Yes
- No
- Not Applicable

**Distance (in feet) between accessible exits?**

Enter a number...

**Are ramps slopes compliant with accessibility standards (e.g., ADA)?**

Yes

No

Not Applicable

**Describe any observed issues or deviations from accessibility guidelines.**

Write something...

**Are accessible exits free of obstructions that would impede passage?**

Yes

No

Not Applicable

**Width of accessible pathway (in inches).**

Enter a number...

## Documentation & Training

Review of relevant documentation and training records.

**Last Emergency Exit Route Training Date**

Enter date...

### Number of Employees Trained (Last Training)

Enter a number...

### Brief Description of Training Content

Write something...

### Copy of Training Records (if available)

 Upload File

### Training Records Location

- Online Database
- Physical File Cabinet
- Other

### If 'Other' selected above, please specify:

Write something...

### Are Exit Route Maps Posted?

- Yes
- No
- Not Applicable

### Comments/Notes on Documentation & Training Adequacy

Write something...

## Corrective Actions & Follow-up

Recording of necessary repairs and tracking of completion.

### Description of Corrective Action Required

Write something...

### Priority Level (1-High, 5-Low)

Enter a number...

### Target Completion Date

Enter date...

### Assigned to (Department/Individual)

- Facility Management
- Maintenance Team
- Electrical Team
- Contractor

### Date Corrective Action Completed

Enter date...

### Status of Corrective Action

- Open
- In Progress
- Completed
- On Hold

### Comments/Notes on Completion

Write something...

**Documentation of Corrective Action (e.g., Photos, Invoices)**

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**Signature of Person Completing Corrective Action**