

Emergency Exit Route Inspection Checklist (Monthly)

General Route Assessment

Initial assessment of the entire exit route for obstructions and general condition.

Date of Inspection	
Write something)
Overall Route Condition Notes (General observations)	
Write something	
Distance (in feet) from furthest point in store to nearest exit	
Enter a number)
Route visibly clear of obstructions?	
Yes	
□No	

Write something	
Are stairs (if applicable)	in good repair with secure handrails?
Yes	
No	
Number of retail staff tra	ined on emergency exit procedures this month.
Enter a number	
xit Signage and	
rification of exit signs, eme	d Illumination ergency lighting, and their functionality.
rification of exit signs, eme	
rification of exit signs, eme Exit Signs - Legibility	ergency lighting, and their functionality.
rification of exit signs, eme Exit Signs - Legibility Clearly Visible Slightly Obstructed	ergency lighting, and their functionality.
rification of exit signs, eme Exit Signs - Legibility Clearly Visible Slightly Obstructed Not Visible - Requires Rep	ergency lighting, and their functionality.
rification of exit signs, eme Exit Signs - Legibility Clearly Visible Slightly Obstructed Not Visible - Requires Rep Emergency Lighting - Fu	ergency lighting, and their functionality.

Emergency Light Battery Voltage (if applicable)
Enter a number
Exit Sign Directional Indicators (if present)
☐ Visible and Correct
Damaged/Missing
Not Present
Emergency Sign Illumination (glow in dark signs)
Adequate Glow
Dim Glow
☐ No Glow
Last Emergency Lighting Battery Replacement Date Enter date
Obstructions and Clearances Check for any items blocking exit routes, ensuring adequate clearance for safe passage.
Are exit routes clear of merchandise and displays? Yes No
Minimum Clear Width (Feet)
Enter a number

Are storage areas kept clear of exit routes? Yes No
Detailed Description of any Obstructions Found (if 'No' selected above) Write something
Are any carts/equipment routinely stored in exit routes? Yes No
Description of any carts/equipment regularly present (if 'Yes' selected above) Write something
Are exit routes free from tripping hazards (cables, mats, etc.)? Yes No
Details about tripping hazards, if any Write something

Door Functionality (Exit Doors)

Assessment of the operation of exit doors, including panic hardware and latching mechanisms.
Door opens freely without obstruction? Yes No
Panic hardware (if applicable) functions correctly? Yes No Not Applicable
Door latches securely when closed? Yes No
Time (in seconds) for door to fully open (should be less than 1 second)
Enter a number
Details of any issues/deficiencies observed (if 'No' selected above) Write something
Emergency exit door clearly marked and visible? Yes No

Fire Alarm System Integration

Checks related to the connection and functionality of exit route elements with the fire alarm system.

Exit Lights Connected to Fire Alarm? Yes No Not Applicable	
Exit Doors Equipped with Magnetic Hold-Open Devices? Yes No Not Applicable	
Battery Voltage of Emergency Lights (Volts) Enter a number	
Last Fire Alarm System Test Date Enter date	
Notes on Fire Alarm Integration Write something	

Documentation & Record Keeping

Ensuring proper records are kept of inspections and any corrective actions taken.

Enter date	
Time of Inspection	
nspector's Name	
Write something	
nspector's Title/Position	
Write something	
Summary of Findings/Observations Write something	
Summary of Findings/Observations	
Summary of Findings/Observations Write something Corrective Actions Required (if any)	

Person Responsible for Corrective Actions	
Write something	
Inspector's Signature	