



Fire Safety - Patient Areas Checklist

General Fire Safety Overview

Initial assessment of the area's fire safety status and compliance.

Last Fire Safety Inspection Date

Enter date...

Patient Area Square Footage

Enter a number...

Area Occupancy Type (e.g., ICU, General Ward)

- ☐ ICU
- ☐ General Ward
- ☐ Pediatrics
- ☐ Burn Unit
- ☐ Other

Brief Description of Patient Area Layout and Potential Fire Hazards

Write something...

Presence of Oxygen/Medical Gases in Use?

☐ Yes

☐ No

Name of Person Responsible for Fire Safety in this Area

Write something...

Current Fire Risk Rating (based on facility assessment)

☐ Low

☐ Moderate

☐ High

Fire Detection and Alarm Systems

Verification of functionality and maintenance of fire detection and alarm systems specific to patient areas.

Alarm System Test Frequency (Months)

Enter a number...

Last Alarm System Test Result

☐ Passed

☐ Failed - Corrective Action Required

☐ Not Performed

Date of Last Alarm System Inspection

Enter date...

Description of Any Alarm System Deficiencies Found (and corrective actions taken)

Write something...

Smoke Detectors Functionality

- ☐ All Operational
- ☐ Some Deficiencies - Refer to Notes

Heat Detectors Functionality (if applicable)

- ☐ All Operational
- ☐ Some Deficiencies - Refer to Notes
- ☐ Not Applicable

Number of Smoke Detectors Tested and Functioning

Enter a number...

Notes on Audible Alarm Levels & Clarity

Write something...

Fire Suppression Systems

Checks related to fire suppression systems (sprinklers, extinguishers) in and around patient areas.

Sprinkler Head Coverage Condition (Visual Inspection Rating 1-5, 5=Excellent)

Enter a number...

Sprinkler System Test Date (Last Flow Test)

- ☐ Within Last Year
- ☐ Within Last 6 Months
- ☐ Outside Recommended Timeline - Requires Review
- ☐ Not Applicable (No Sprinkler System)

Number of Fire Extinguishers Present

Enter a number...

Fire Extinguisher Inspection Status (Last Inspection)

- ☐ Current & Compliant
- ☐ Expiring Soon - Review Required
- ☐ Out of Date - Requires Replacement
- ☐ Not Applicable

Date of Last Fire Extinguisher Inspection

Enter date...

Fire Blanket Condition

- ☐ Good
- ☐ Damaged/Soiled - Requires Replacement
- ☐ Not Present
- ☐ Not Applicable

Any Observed Deficiencies or Notes Regarding Fire Suppression Systems

Write something...

Emergency Egress & Exit Routes

Assessment of clear and accessible exit routes, signage, and emergency lighting within patient areas.

Are Exit Doors Easily Openable?

☐ Yes

☐ No

☐ N/A

Are Exit Signs Visible and Functional?

☐ Yes

☐ No

☐ Partially Obscured

Emergency Lighting Functioning Correctly?

☐ Yes

☐ No

☐ Needs Testing

Number of Clear Exit Route Width (in feet/meters)

Enter a number...

Observed Obstructions (if any)

Write something...

Are Exit Route Maps Present & Up-to-Date?

- ☐ Yes
- ☐ No
- ☐ N/A

Are Exit Doors Propped Open?

- ☐ Yes
- ☐ No
- ☐ N/A

Any other relevant observations about exit routes?

Write something...

Means of Escape - Obstructions

Focuses on ensuring pathways and exits are free from obstructions.

Are exit routes clear of obstructions?

- ☐ Yes, all routes clear
- ☐ No, minor obstructions present
- ☐ No, significant obstructions present

If obstructions are present, describe them:

Write something...

Width of the narrowest exit passage (in inches):

Enter a number...

Are exit signs visible and unobstructed?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Are emergency lighting fixtures functional and providing adequate illumination?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Note any issues with exit signage or emergency lighting:

Write something...

Upload photos of any obstructions or concerns:

 Upload File

Fire Safety Equipment - Accessibility & Condition

Verification of fire extinguishers, fire blankets, and other safety equipment are accessible, visible, and in good working order.

Fire Extinguisher Quantity - Verified

Fire Extinguisher Inspection Tags (Current & Valid?)

- ☐ Yes
- ☐ No
- ☐ N/A

Fire Blankets Present?

- ☐ Yes
- ☐ No
- ☐ N/A

Fire Blankets - Condition (Clean, Unobstructed?)

- ☐ Good
- ☐ Needs Cleaning
- ☐ Damaged/Needs Replacement
- ☐ N/A

Emergency Lighting - Functioning Properly?

- ☐ Yes
- ☐ No
- ☐ N/A

Comments/Details (e.g., specific extinguisher issues)

Write something...

Photo Evidence (e.g., extinguisher labels)

 Upload File

Hose Reel Cabinet - Accessible & Unobstructed?

☐ Yes

☐ No

☐ N/A

Patient & Staff Training & Awareness

Confirmation of appropriate fire safety training and awareness programs for patients, staff, and visitors.

Frequency of Fire Safety Drills (per year)

Enter a number...

Type of Fire Safety Training Provided to Staff

☐ Basic Fire Awareness

☐ Fire Extinguisher Training

☐ Evacuation Procedures

☐ Specialized Training (e.g., for high-risk areas)

Last Fire Safety Training Session for Staff

Enter date...

Which fire safety topics are covered in training?

- ☐ Evacuation Procedures
- ☐ Fire Extinguisher Use
- ☐ Reporting Fires
- ☐ Emergency Contact Information
- ☐ Patient Assistance During Evacuation

Summary of Patient Fire Safety Information Provided

Write something...

Method of communicating fire safety information to patients

- ☐ Verbal Instructions
- ☐ Written Materials
- ☐ Visual Aids (e.g., posters)

Housekeeping & Storage

Evaluation of housekeeping practices and storage procedures to minimize fire hazards.

Are flammable materials stored in approved containers?

- ☐ Yes
- ☐ No
- ☐ N/A

Distance of flammable materials from heat sources (in feet/meters, specify unit in notes)

Enter a number...

Which of the following housekeeping practices are in place?

- ☐ Regular dust removal
- ☐ Proper disposal of waste materials
- ☐ Control of linen storage
- ☐ Secure storage of medical supplies
- ☐ None of the above

Description of linen storage methods.

Write something...

Any observations regarding the general tidiness and organization of the patient area regarding fire safety. Include any potential hazards noticed.

Write something...

Is storage height compliant with fire safety guidelines?

- ☐ Yes
- ☐ No
- ☐ N/A

Date of last housekeeping review related to fire safety.

Enter date...