



Monthly Fire Safety Inspection

General Visual Inspection

A broad overview to identify any obvious hazards or issues.

Inspect all hallways and corridors for obstructions.

 [Set My Current Location](#)



Are exit doors and pathways clear of debris and furniture?

- ☐ Yes
- ☐ No
- ☐ N/A

Check for excessive storage in stairwells (max. items/size)

Enter a number...

Note any areas with unusual odors (e.g., smoke, chemicals).

Write something...

Are fire doors functioning correctly (latching, unobstructed)?

☐ Yes

☐ No

☐ N/A

Describe any observed hazards or concerns.

Write something...

Date of Last Fire Drill

Enter date...

Fire Alarm System

Verification of alarm system functionality and components.

Alarm Panel Battery Voltage

Enter a number...

Alarm Panel Tamper Switch Status

☐ Normal

☐ Tampered

Panel Communication Status

- ☐ Connected
- ☐ Disconnected

Last System Test Date

Enter date...

Time of System Test (if performed)

Notes on System Testing or Issues

Write something...

Number of Troublesome Events in Month

Enter a number...

Fire Extinguishers

Check the accessibility, condition, and readiness of fire extinguishers.

Extinguisher 1 - Monthly Inspection Date

Enter a number...

Extinguisher 1 - Condition (Visible Damage?)

- ☐ No Damage
- ☐ Minor Damage - Documented
- ☐ Significant Damage - Tag & Remove

Extinguisher 1 - Pressure Gauge Reading

- ☐ Within Green Zone
- ☐ In Yellow Zone - Needs Adjustment
- ☐ In Red Zone - Needs Service

Extinguisher 1 - Pin Tamper Seal Intact (1=Yes, 0=No)

Enter a number...

Extinguisher 1 - Notes/Observations

Write something...

Extinguisher 2 - Monthly Inspection Date

Enter a number...

Extinguisher 2 - Condition (Visible Damage?)

- ☐ No Damage
- ☐ Minor Damage - Documented
- ☐ Significant Damage - Tag & Remove

Extinguisher 3 - Monthly Inspection Date

Enter a number...

Emergency Lighting

Ensure emergency lighting operates correctly during power failure.

Check all emergency lights that are functioning correctly.

- ☐ Main Entrance
- ☐ Stairwells
- ☐ Dining Areas
- ☐ Kitchen
- ☐ Guest Rooms (Sample - Check a representative number)
- ☐ Hallways
- ☐ Service Areas
- ☐ Other (Specify in LONG_TEXT)

If 'Other' selected above, please specify which emergency lights were checked.

Write something...

Duration of emergency light test (in minutes).

Enter a number...

Result of emergency light test.

- ☐ Passed
- ☐ Failed
- ☐ Needs Maintenance

If 'Failed' or 'Needs Maintenance' was selected above, please describe the issue(s).

Write something...

Date of Last Emergency Lighting Servicing

Enter date...

Time of Emergency Lighting Test Start

Exit Routes & Signage

Verify clear and accessible exit paths and appropriate signage.

Check Exit Route 1 - Main Entrance to Dining Area

 [Set My Current Location](#)



Check Exit Route 2 - Back of House to Loading Dock

 [Set My Current Location](#)



Are Exit Routes Clear of Obstructions?

- ☐ Yes
- ☐ No
- ☐ N/A

Are Exit Doors Functional (Easy to Open, Unlocked)?

- ☐ Yes
- ☐ No
- ☐ N/A

Number of Illuminated 'Exit' Signs Present and Functional?

Enter a number...

Are Exit Signage Illuminated?

- ☐ Yes
- ☐ No
- ☐ N/A

Any Issues Found (e.g., damaged signage, blocked path)?

Write something...

Emergency Lighting Working on Exit Routes?

- ☐ Yes
- ☐ No
- ☐ N/A

Sprinkler System (if applicable)

Inspection of sprinkler system components and indicators (requires qualified personnel).

Sprinkler Head Coverage (estimated sq ft)

Enter a number...

Visible Corrosion on Piping?

☐ Yes

☐ No

☐ N/A

Sprinkler Heads Obstructed?

☐ Yes

☐ No

☐ N/A

Details of any obstructions or corrosion found:

Write something...

Flow Test Performed?

☐ Yes

☐ No

☐ N/A

Flow Test Pressure (PSI)

Enter a number...

Date of Last Professional Inspection

Enter date...

Upload Inspection Photos (if applicable)

 Upload File

Kitchen Fire Suppression System (if applicable)

Inspection and testing of kitchen fire suppression systems (requires qualified personnel).

Hydrostatic Test Date (Last)

Enter a number...

Next Hydrostatic Test Due Date

Enter date...

Nozzle Pressure (PSI)

Enter a number...

Nozzle Condition

- ☐ Clear and Unobstructed
- ☐ Partially Obstructed
- ☐ Blocked

Manual Pull Test Performed?

☐ Yes

☐ No

Notes/Observations (e.g., corrosion, leaks, damage)

Write something...

System Status

☐ Operational

☐ Needs Service

☐ Out of Service

Photos of System (if issues)

 Upload File

Electrical Safety

Basic electrical hazard checks; more extensive checks require a qualified electrician.

Inspect Extension Cords - Number of Cords with Damage

Enter a number...

Condition of Electrical Panels (Check for Access Obstructions)

- ☐ Clear and Accessible
- ☐ Minor Obstruction
- ☐ Significant Obstruction - Requires Action

Number of Outlets Showing Signs of Damage (cracks, loose connection)

Enter a number...


Notes on any Unusual Electrical Odors or Sounds

Write something...

GFCI Outlets Tested (kitchens, bathrooms) - Pass/Fail

- ☐ Pass
- ☐ Fail - Requires Repair

Photographic Evidence of any Electrical Concerns

 Upload File

Documentation & Training

Review of records and confirmation of employee training.

Last Fire Safety Training Date

Enter date...

Number of Employees Trained (this month)

Enter a number...

Training Method (e.g., in-person, online)

☐ In-Person

☐ Online

☐ Hybrid

Summary of Training Content (briefly describe topics covered)

Write something...

Upload Training Records/Attendance List

 Upload File

Fire Safety Manual Review - Date of Last Review

☐ Within the last year

☐ 1-2 Years

☐ More than 2 Years

Comments/Notes Regarding Documentation or Training Needs

Write something...