

# Checklist for Life Safety

INSPECTION CHECKLIST	
Date of Inspection:	Inspector:
Location/Address:	
Weather Condition:	

AFTER COMPLETING YOUR INSPECTION, TRANSFER YOUR CONCERNS/OBSERVATIONS TO THIS AREA	
Facility:	Name:
Staff Contact:	Telephone Number:
Date Inspected:	Time:

LIFE SAFETY	Y	N	CONCERNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE	FREQUENCY OF INSPECTIONS						
						DAILY	WEEKLY	MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY	
<b>FIRE ALARM SYSTEM</b>												
Is there a monitored Fire Alarm System (Central Station)?												X
If No, provide Details _____												X
Type and Location of Panel _____												X
Is a Remote Annunciator Present?												X
If Yes, note location(s) _____												X
Is the power light on?								X				
Are any trouble or supervisory lights illuminated on panel?								X				
If Yes, note device, location and reason _____								X				
Are the batteries tested and in good working condition?								X				
Is there an intercom or P/A system as part of the fire alarm system?								X				
Are there pull stations located at all exits?												X
Are there heat detectors present in the building?												X
Are there smoke detectors present in the building?												X
Are there any battery operated detectors present in the building?												X
If Yes, note the last date the batteries were replaced _____												X
Are there horns, strobes or bells in the building?												X
Are there Carbon Monoxide detectors present?												X
Are there Carbon Dioxide detectors present?												X

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<b>FIRE ALARM TESTING</b>												
Is the fire alarm system tested annually as per CAN ULC S524?												X
Is the fire alarm system tested monthly as per CAN ULC S524?								X				
Check Status of Primary and Remote Trouble Signals (lights) on Panel _____								X				
Status of Primary Power Signal (light) on Panel _____								X				
Test one Field Device or Pull Station (Rotational Basis) _____								X				
One Alarm Signal Tested (Rotational Basis) _____								X				
Annunciator Tested for Activation of Devices _____								X				
Operation of Audible and Visual Devices _____								X				
Batteries are clean and Terminal Clamps are secure?								X				
Provide the last date of inspection and by whom: _____												X
Is the inspection certificate present?												X
<b>AUTOMATIC SPRINKLER SYSTEMS</b>												
Is there a monitored sprinkler system present?												X
If No, describe _____												X
What percentage of the building has sprinkler protection ___%												X
What type of sprinkler system in present: WET    DRY    PREACTION OTHER _____												X
Is there adequate heat provided in the building?						X						
Is there adequate heat provided in the sprinkler valve room?						X						
Are all sprinkler valves and devices accessible > 3' clearance?							X					
Are all sprinkler control valves in the open position and supervised?									X			

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Is the sprinkler system pressurized							X				
Note pressure on the gauges: _____ Supply Gauge _____ System Gauge							X				
Are Main Drain Tests completed and inspection tags present?									X		
Are there water flow switches present and tested?									X		
Are there pressure switches present?											X
Is there a spare head cabinet, extra sprinkler heads and a wrench present?											X
Is there a Fire Department connection present?											X
Is the Fire Department connection accessible and visible?									X		
Does the Fire Department connection have its caps in place?									X		
Is the water motor gong functioning and clear of external obstructions?											
Are there any sprinkler heads in excess of 50 years old?											X
If Yes, has testing of the sprinkler heads been completed?											X
Are there any obstructed sprinkler heads installed?											X
Are there any sprinkler heads less than 18" above storage?											X
Are there sprinkler heads installed under all obstructions greater than 4'?											X
Is there any evidence of sprinkler piping leaks?										X	
If Yes, note location _____										X	
Does the piping show signs of corrosion?											X
If Yes, note location _____											X
Are there any painted sprinkler heads present?											X
If Yes, note location _____											X

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Is the sprinkler system tested annually?												X
If Yes, by whom and provide the date of the last inspection												X
Is the inspection certificate present?												X
<b>FIRE PUMPS</b>												
Note Type:    Electric    Diesel												X
Provide Rating in: _____ GPM & _____ PSI												X
Is the fire pump load tested monthly?								X				
Is the fire pump serviced and flow tested annually?												X
Provide the date of the last testing and inspection _____												X
Is the test header present; note location and number of valves												X
Is adequate heat provided for the fire pump and equipment?						X						
<b>WATER SUPPLY</b>												
Is the fire protection water supply provided by the Municipality?												X
If No, provide details _____												X
Provide the size of incoming water supply line _____												X
Is there a fire hydrant located within 150' of the fire department connection?												X
Are there any private fire hydrants located on the property												X
Are the private hydrants tested annually?												X
Provide the date of the last inspection: _____												X
<b>FIRE EXTINGUISHERS</b>												
Confirm the type of extinguishers:    ABC    CO2 CLASS K    WATER												X
Are all fire extinguishers accessible and properly mounted?								X				

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Are fire extinguishers present near all exits and hazardous locations?								X			
Are up to date inspection tags present?											
Are the fire extinguishers checked monthly and tags signed?								X			
Provide the date of the last annual inspection: _____											X
<b>EMERGENCY LIGHTING</b>											
Are all emergency lighting units checked monthly?								X			
Are all emergency lighting units tested annually?											X
Are all emergency lighting units visible and unobstructed?								X			
Are there an adequate number of emergency lighting units?								X			
<b>EXIT SIGNS</b>											
Are all exits illuminated?								X			
Are exit signs inspected annually?											X
Are the required exit signs available for all exits?								X			
Are exit signs pointing in the appropriate direction?								X			
<b>STANDPIPE SYSTEMS</b>											
Is the standpipe system monitored?											X
Class of standpipe system: Class I II III											X
Control Valves Supervised / Sealed									X		
Are flow switches present and tested?									X		
Is the system pressurized?							X				
System Pressure Verified at highest cabinet / rack Gauge Pressure _____							X				X
Condition of Hoses & Length 75' 100'											X
Are all hoses properly mounted?								X			

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Are all hoses re-racked?												X
Are fire hose nozzles present?												X
Is the valve wrench present?												X
Are all fire hose cabinets and hose stations accessible?							X					
<b>KITCHEN SUPPRESSION SYSTEMS</b>												
Type of Systems: WC DC Other: _____												X
Inspected semi-annually and links changed?											X	
Is the manual release button accessible?							X					
Is the cooking hood clean and free of grease build up?						X						
Is the grill and fryer clean and free of grease build up?						X						
Is a Class K extinguisher present?								X				
Is the ductwork clean and inspected?								X				
Is there 18" of clearance between the cooking operations and combustible materials?							X					
<b>CLEAN AGENT SUPPRESSION SYSTEMS</b>												
Type of System: CO2 FM-200 Novek Inergen Other: _____												X
Note the location and area protected: _____												X
Is the system Systems Monitored?											X	
Note the Number of: Cylinders / Tanks _____ & Nozzles _____												X
Are reserve cylinders present?											X	
Is the system tested semi annually?											X	
Date of last inspection: _____											X	
Are the cylinders tanks & manual release button accessible?											X	

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Is a discharge warning sign present?								X			
Are activation strobes / lights present and unobstructed?										X	
Are penetrations in walls/ floors/ ceiling well patched?										X	
Note Detection Media: Smoke Heat IR Rate of Rise Other: _____										X	
<b>SECURITY SYSTEMS</b>											
Security Systems Monitored?											X
Motion detectors free of obstructions?								X			
Door & window contacts in place?								X			
Surveillance Cameras?											
Are there security cameras in place? Provide number of units: _____											X
Is the data from cameras retained? If Yes note duration: _____											X
Are any cameras obstructed?						X					
Are any cameras out of service?											X
Adequate lighting provided for cameras?						X					
Are any fake cameras present on the premises?											X
Is there surveillance camera signage placed around the building?										X	
<b>HEALTH &amp; SAFETY</b>											
Health and Safety Committee Meetings?								X			
First Aid Kits Present?						X					
Eye Wash Stations are unobstructed?						X					
Fire Blankets are available and unobstructed?						X					
Portable Defibrillator unobstructed?						X					
Staff trained on usage?								X			

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Staff trained in CPR?								X			
Are Fire Drills Completed?									X		
Staff trained on WHMIS, MSDS, Health & Safety?											X
Is Asbestos present in the building?											X
Are locations with asbestos checked for disturbance or damage?								X			

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