

Construction Fire Prevention Inspection Form

Site Information

Project Name

Location

Date

Inspector Name

Inspection Checklist

Item	Yes	No	N/A	Comments
Fire extinguishers accessible and inspected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Exit routes clear and marked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Flammable materials stored properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
No smoking signs posted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Temporary wiring in good condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Hot work permits obtained when required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Combustible debris regularly removed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fire alarm systems functional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Additional Notes

Inspector Signature

Name

Date