

# Commercial Building Safety Audit Form

Building Name

Address

Date of Inspection

Auditor Name

## Safety Checklist

Item	Compliant	Comments
Fire Exits Clearly Marked	<input type="checkbox"/>	<input type="text"/>
Emergency Lighting Operational	<input type="checkbox"/>	<input type="text"/>
Fire Extinguishers Accessible	<input type="checkbox"/>	<input type="text"/>
First Aid Kits Available	<input type="checkbox"/>	<input type="text"/>
Electrical Hazards Checked	<input type="checkbox"/>	<input type="text"/>
Obstructions in Hallways/Exits	<input type="checkbox"/>	<input type="text"/>

General Comments

Signature