Fire Prevention and Emergency Equipment Inspection Report

General Information			
Facility / Location:			
Inspection Date:			
Inspector Name:			
Supervisor Name:			
Equipment Inspection	1		
Item	Location	Condition	Remarks
Fire Extinguisher			
Smoke/Heat Detector			
Fire Hose/Reel			
Alarm System			
Exit Lights			
Emergency Exit Door			
Emergency Lighting			
Others			
Observations / Hazard	ds Noted		
Corrective Actions Tal	ken / Recommenda	ations	
Inspector Signature:			
Date:			