# **Residential Building Safety Audit Checklist**

Date: Address: Auditor Name:

### **General Safety**

Item	Yes	No	Comments
Emergency exits are clearly marked and accessible			
Fire extinguishers are available and inspected			
Smoke and carbon monoxide detectors are functional			
Corridors and stairways are free of obstructions			

## **Electrical Safety**

All light fixtures are working		
Outlets and switches are securely attached and undamaged		
No exposed wires		

## Structural Safety

Walls, ceilings, and floors are free of cracks or damage		
Windows and doors operate correctly		

## Fire Safety

Exits are not blocked or locked		
Evacuation routes are posted		
Fire alarm system is operational		

#### Other Notes