

# Shipboard Fire Safety Assessment Form

## General Information

Date of Assessment

Ship Name

IMO Number

Name of Assessor(s)

Position/Title

## Fire Safety Systems

System/Item	Status	Remarks
Fire Detection & Alarm System	<input type="text"/>	<input type="text"/>
Fire Extinguishing System	<input type="text"/>	<input type="text"/>
Fire Doors & Dampers	<input type="text"/>	<input type="text"/>
Escape Routes	<input type="text"/>	<input type="text"/>
Emergency Lighting	<input type="text"/>	<input type="text"/>

## Crew Training & Procedures

Date of Last Fire Drill

Crew Knowledge of Procedures

Remarks

**Observations & Recommendations**

Observations

Recommendations

**Assessor Signature**

Signature

Date