

FIRE PREVENTION CHECKLIST FOR FAMILY HOUSING UNITS

| Building No.: _____ Installation: _____ Date: _____ | Yes | No |
|--|-----|----|
| 1. Has a building fire warden been appointed by orders and a copy been forwarded to the Fire & Emergency Services? | — | — |
| 2. Are emergency telephone numbers available at all telephones? | — | — |
| 3. Are fire orders posted in each staircase? | — | — |
| 4. Are exits, exit access and exit discharge free of obstruction and fire doors kept closed? | — | — |
| 5. Are hallways of basements, utility rooms, staircases and attics free of combustibles? | — | — |
| 6. Are storage rooms locked to prevent access of unauthorized personnel? | — | — |
| 7. Are electrical appliances, fixtures, and extension cords not overloaded and in safe condition? | — | — |
| 8. Are all occupants informed to keep matches and lighters out of reach of children? | — | — |
| 9. Have occupants been informed of the danger of smoking in bed? | — | — |
| 10. Have occupants been warned of the danger of unattended cooking? | — | — |
| 11. Have occupants been instructed what actions to take in the case of a cooking fire? | — | — |
| 12. Are basement storage rooms and hallways free of flammables, lawn mowers and other gasoline-powered equipment? | — | — |
| 13. Are smoke detectors tested as required (once a month) and in operable condition? | — | — |
| 14. Are laundry rooms kept cleaned and highly combustible lint removed after each use of dryers? | — | — |

Instructions: Complete the checklist monthly for each building. Maintain in file for one year. Corrective actions should be noted on reverse side. Submit one copy to the Area Coordinator for forwarding to the BSB Fire & Emergency Services.

Printed Name, Rank and Signature of inspecting person:
