

FIRE PREVENTION CHECKLIST FOR HEALTH CARE OCCUPANCIES

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. Is fire evacuation and emergency operation plan current and personnel familiar with the plan?	—	—
3. Are emergency phone numbers posted at all telephones?	—	—
4. Are oxygen cylinders stored separately from gases, lubricants or combustible material?	—	—
5. Are oxygen cylinders securely fastened to walls in fire resistant rooms?	—	—
6. Are medical flammables stored in separate rooms, vaults, or safety lockers?	—	—
7. Are installed fire extinguishers visually inspected, operating instructions attached and personnel trained in the use of extinguishers?	—	—
8. Are electric fixtures in anesthetic locations protected against sparking and mechanical damage?	—	—
9. Are waste paper baskets made of noncombustible material?	—	—
10. Are electric appliances and fixtures in anesthetic locations vapor and explosion proof?	—	—
11. Are curtains and combustibles installed so not to come in contact with heating appliances?	—	—
12. Are exits, exit access and exit discharge operable and free of obstructions?	—	—
13. Are emergency and exit lights in operable condition?	—	—
14. Are curtains in laboratories flameproof?	—	—
15. Was a fire drill held for each shift in the past quarter?	—	—
16. Are fire doors and smoke stop partitions kept closed?	—	—
17. Is the fire alarm system in operable condition and maintained and personnel instructed on the operation/activation of the system?	—	—

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 Installation Fire Marshal.

Printed name, rank and signature of inspecting person:
