

Annexure I

Block / building Fire Safety Audit- check list

FIRE SAFETY AUDIT CHECKLIST

Name of block					
Name of premises / floor level					
Ward name and no.					
Date of audit					
Audit undertaken by (print name)					
1	Fire Safety Management				
	Yes	No	N/A	risk	Comments
a)	Has the fire safety inspection been carried out in your block?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Based on the inspection report, rectification measures are undertaken in your premises ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Fire Prevention — General				
	Yes	No	N/A	risk	Comments
a)	Is there Availability of consumption record for ensuring that the storage of all types of flammable materials are reasonable and properly controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Signages for Store Room - storage details displayed in front of the room (separate gauze cotton and spirit storage point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c)	Is material Safety data sheet (MSDS) for all store rooms are available (under nursing care, office rooms & Equipment rooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	Is all waste regularly collected and placed in a safe place ready for collection by housekeeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e)	Closing down inspection - Prior to leaving the premises, are all areas inspected for potential fire and unnecessary equipment turned off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f)	Have all staff received basic fire prevention instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g)	Do staff understand the need to report any potential fire hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h)	If any permit-to-work systems are in place, are they operated correctly at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3 Fire Prevention — Electrical Safety						
		Yes	No	N/A	Risk	Comments
a)	Have all electrical systems and equipment in your department were installed and tested as per the manufacturer's instruction manual and electricity standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b)	Are records regarding regular SOM (schedule of maintenance) for equipments and portable appliances are up to date at your work department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c)	Is the use of extension box kept to a minimum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d)	All electrical points & wiring are concealed/intact & used as per safety standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e)	Are the electrical switch points free of overloading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f)	Is electrical equipment (eg light bulbs/fittings and any electrical heating appliances) kept well away from combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g)	Is Maintenance/service details of all A/C is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h)	Is Maintenance/service details of all electrical equipments(like water heaters/coolers, greasers, etc.) is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4 Fire Prevention — Heating Appliances & medical oxygen						
		Yes	No	N/A	Risk	Comments
a)	Are all heating appliances securely fixed in position, suitably guarded and with an adequate clear space free of storage of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b)	Is the entire heating installation in working condition and serviced properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c)	Are arrangements for medical oxygen supply lines are properly installed with easily accessible location of shut-off valves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d)	Are staffs aware about location of oxygen isolation shut off valve at their work premises in each floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5 Fire Prevention — Means of Escape						
		Yes	No	N/A	Risk	Comments
a)	Are fire exits of a sufficient number and of sufficient width to enable the individual present in any and all areas to evacuate safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b)	Do all fire exits lead to a place of total safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c)	Are all fire exits doors easily operable from the inside / free from obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d)	Are floor and stairway surfaces in good condition and free from tripping and slipping hazards, particularly in any external stairs and paths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

		Yes	No	N/A		Comments
e)	Are floor and stairway surfaces in good condition and free from tripping and slipping hazards, particularly in any external stairs and paths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f)	Are exit doors in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g)	Do all doors on escape routes open in the direction of travel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h)	Are all escape routes clearly and properly signed throughout their lengths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i)	Are all escape routes provided with adequate lighting at all times of the day and night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j)	Is adequate emergency lighting provided in escape route?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k)	Have appropriate provisions been made for the safety of persons with special needs, such as the young, old or disabled? Especially like ramps, handrails in the staircase etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l)	Is the Terrace kept open? If locked, location of key should be displayed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Fire Prevention — Actions in the Event of Fire					
		Yes	No	N/A	Ris k	Comments
a)	Are there clearly defined written fire action and emergency evacuation procedures, including provision for ensuring that everyone is out of the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b)	Are all employees fully aware of these procedures and their own particular duties and responsibilities in the event of an evacuation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c)	Are suitable "Fire Action" notices prominently displayed around the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d)	Have appropriate fire staff been appointed to take control in the event of a fire and to summon the fire brigade for all fires, no matter how small?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e)	Have appropriate arrangements been made for dealing with those who are not normally on the premises such as patient waiting area etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f)	Are the fire evacuation assembly areas in safe locations, clear of the building and away from fire brigade vehicle access and parking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g)	Are emergency evacuation routes and procedures checked by carrying out drills at least once per year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Fire Prevention — Fire Detection and Alarm Systems					
		Yes	No	N/A		Comments
a)	Can a fire alarm be raised without placing anyone in danger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b)	Is the fire alarm system in full working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c)	Are there sufficient fire alarm call points located near to every exit from each floor and from each building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

		Yes	No	N/A		Comments
d)	Are all alarm call points unobstructed and clearly visible for emergency use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Fire Prevention — Portable Fire-fighting Equipment					
		Yes	No	N/A	Risk	Comments
a)	Is there adequate provision of portable fire extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b)	Are all portable fire extinguishers suitably located, positioned on brackets securely fixed to the wall and available for immediate use — not obstructed or hidden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c)	Is there a Comprehensive list of fire extinguisher, firefighting equipments & alarm system available in your block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d)	Date of list provided by maintaining agency & the list updated on (date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Fire Prevention — Notices and Fire Safety Signs					
		Yes	No	N/A	Risk	Comments
a)	Are sufficient appropriate fire safety notices and signs used throughout the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b)	Are all fire safety signs throughout the premises present, undamaged and clearly visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Fire Prevention — Fire Service Facilities and Liaison					
		Yes	No	N/A	Risk	Comments
a)	Is there adequate access to Building set back areas are clear to enable fire brigade vehicles to get close enough for fire-fighting and rescue purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b)	Are all fire hydrants in the vicinity clearly indicated and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Action report					
	Action/ steps taken against the mentioned complaints/ issues (date of letter dispatched regarding the same) – kindly mention to whom the issues were discussed & informed.					
	1.					
	2.					
Audit undertaken by (departmental coordinator name) FSDC						
Audit verified by (HOD signature)						