

# Fire Department Facility

## Safety Checklist

Suggested minimum frequency (Per JIF) Quarterly

<b>Municipality</b>	<b>Inspection Date:</b> /201____
<b>Name of Inspector:</b>	<b>Title:</b>
<b>Location Surveyed:</b>	

### Apparatus Room

#	Yes	No	N/A	CONDITION: Write line #'s & comments on back for all "Needs Work" listings, and notify management to initiate required corrective action
1				Cords used for charging batteries in a location that will not cause a tripping hazard
2				Vehicle fluids do not pose a slipping hazard
3				Tools and equipment properly stored & secured
4				Ends of ladders protected?
5				Trucks arranged to allow free movement & to allow adequate aisles for walking & working
6				Guide lines or markings on floor to aid in backing into the bays
7				All overhead doors equipped with safety devices or the mandated warning signs posted?
8				Portable fire extinguishers wall mounted, inspected monthly & accessible?
9				Exit signs working & illuminated?
10				Emergency lighting units operational?
11				Flammable liquids properly stored in flammable liquids cabinets?
12				Housekeeping adequate through out?
13				Is vehicle diesel exhaust cleaned or is ventilation provided?
14				Emergency generator - tested under load monthly
15				Turn out gear clean, neat & orderly? Does it meet the recent NFPA standards?    Y    N
16				Is your Aerial apparatus and pumper tested to NFPA standards?

**Cascade Equipment**    ☐    Dept. does not have (skip (17-21))

	Yes	No	N/A	CONDITION: Write line #'s & comments on back for all "Needs Work" listings, and notify management to initiate required corrective action
17				All compressed air or oxygen cylinders chained in the upright position?
18				All SCBA bottles and cascade Cylinders have current hydrostatic test dates?
19				Cascade Bottles properly protected from vehicle damage?
20				Is the certificate of air quality checks posted?    Current for this year?    Y    N
21				Filling performed in an approved Fragmentation containment system?

### House and Grounds

	Yes	No	N/A	Condition
22				Stairs & walkways clear if greater than 4 stairs have handrail?
23				Cooking hazards protected?    Ansul type system annually inspected?
24				Emergency and exterior lighting in working order?
25				Parking spaces adequate for anticipated number of vehicles? (see parking lot checklist)
26				Are all exterior electrical receptacles GFCI Protected?
27				Warning signs posted for emergency vehicles exiting?
28				Slip, trip and fall hazards, (cracked sidewalks and aprons, pot holes) eliminated?
29				Emergency exterior Exit Lighting adequate?
30				(Add your item)
31				(Add your item)