

Fire Safety Inspection Form

For Responsible Persons, duty holders, landlords, facilities managers, and workplace supervisors.

1. Premises Details

- **Site Name:** _____
- **Address:** _____
- **Inspection Date:** _____
- **Inspector Name:** _____
- **Role/Organisation:** _____

2. Fire Risk Assessment

- FRA in place
- Reviewed within last 12 months
- All previous actions completed

Notes: _____

3. Fire Detection & Alarm Systems

- Weekly alarm test completed
- Alarm panel shows no faults
- Annual service in date
- Detectors unobstructed

Notes: _____

4. Firefighting Equipment

- Extinguishers present and accessible
- Correct types provided
- Annual servicing in date
- Fire blankets available (if required)
- **Notes:** _____

5. Emergency Lighting

- Monthly function test completed
- Annual full-duration test completed
- All fittings operational
- **Notes:** _____



6. Fire Doors & Compartmentation

- Fire doors close fully
- No doors wedged open
- Seals and strips intact
- No breaches in walls/ceilings/risers

Notes: _____

7. Escape Routes & Signage

- Routes clear and unobstructed
- Exit doors open easily
- Signage correct and visible
- Assembly point signage accurate

Notes: _____

8. Evacuation Procedures

- Evacuation plan in place
- Fire drill completed in last 12 months
- PEEPs in place where required
- Staff aware of roles
- **Notes:** _____

8. Evacuation Procedures

- Evacuation plan in place
- Fire drill completed in last 12 months
- PEEPs in place where required
- Staff aware of roles
- **Notes:** _____

9. Fire Safety Training

- Induction training completed
- Fire warden training up to date
- Refresher training delivered
- Records maintained

Notes: _____



10. High-Risk Areas

- Kitchens compliant (extraction, suppression)
- Plant rooms free from storage
- Electrical cupboards clear
- Hot-work permit system in use

Notes: _____

11. Electrical & General Fire Prevention

- PAT testing in date
- Fixed wiring (EICR) in date
- No overloaded sockets
- Waste removed regularly
- Notes: _____

12. Overall Compliance Summary

- **General Condition:**
 Satisfactory Requires Improvement Unsatisfactory

- **Immediate Actions Required:**

- **Non-Urgent Actions:**

13. Sign-Off

- **Inspector Signature:** _____
- **Date:** _____
- **Responsible Person Signature:** _____

Date: _____

Prepared by:

KIS Health and Safety Specialists

Supporting UK businesses with compliance, risk management, and competent advice.

Website: [KIS Safety Health and Safety Services Sheffield](http://www.kissafety.co.uk)

Email: simon@kissafety.co.uk Phone: 07480 645657

© STH Services to Business All rights reserved. This guidance, template or toolbox talk is provided for general information only and does not constitute legal advice. While every effort has been made to ensure accuracy and alignment with current UK health & safety



legislation, it remains the responsibility of the employer, duty holder or responsible person to ensure that all risk assessments, policies and control measures are suitable, sufficient and specific to their workplace, activities and employees.

Use of this material does not create a consultant–client relationship, nor does it replace competent health & safety advice where required under the Management of Health and Safety at Work Regulations 1999. **Always adapt templates to reflect your own processes, equipment, environment and workforce.**

If you require tailored support, professional risk assessments or competent person services, please contact us at simon@kissafetyservices.co.uk

