

WEEKLY PROPERTY INSPECTION REPORT

Date of Inspection:	Date of Last Fire Drill: (Complete once a year)	Store Name:
		Location:

		OK			ACTION/COMMENTS				
		Yes	No	N/A					
EMERGENCY ORGANIZATION									
1.	Properly Formalized								
2.	Up to Date and Posted								
HOUSEKEEPING									
3.	Back Rooms and Stock Rooms								
4.	Electrical Room/Area Unobstructed								
5.	Min. 18" Clearance of Stock to Sprinklers								
6.	Sprinkler Valves Unobstructed								
7.	Trash Removal Safe & Systematic								
8.	Outside Areas (No combustibles against bldg walls)								
9.	Compressor Room Clear of All Storage								
SMOKING REGULATIONS									
10.	Adequate Ashtrays in Smoking Areas								
11.	Adequate Signs Posted								
12.	Rules Being Observed and Enforced								
FIRE EXTINGUISHERS/FIRE HOSES									
13.	All in Place and Accounted For								
14.	All in Good Repair & Fully Charged								
15.	All Readily Accessible								
16.	All Inspected in the Last 12 Months								
17.	Have Appropriate People Been Trained on Use								
EMERGENCY EXIT DOORS & FIRE DOORS									
18.	Door Condition								
19.	Operation of Automatic Closing Mechanism								
20.	Panic Hardware Operation								
21.	Clear of Obstructions on Both Sides								
ELECTRICAL									
22.	Extension Cords in Good Condition								
23.	Motorized Equipment Sound & Odour OK								
24.	Temporary Wiring Safe								
25.	Disconnect Switches Labeled								
26.	All Fire Exit Signs Lights Operating								
27.	Emergency Generator Tested								
28.	Emergency Lighting Tested								
SPRINKLER SYSTEM/FIRE ALARM									
29.	Siamese Jumper connection Caps in Place								
30.	Do you have a Sprinkler Head Wrench								
31.	Number of Spare Sprinkler Heads								
32.	Have appropriate persons been trained for sprinkler system								
33.	Date of last Sprinkler Alarm Test								
34.	Fire Alarm System checked and tested								
MAIN SPRINKLER VALVE AND ANTIFREEZE VALVE INSPECTION									
#	Valve Location	Area Controlled	Open	Locked	#	Valve Location	Area Controlled	Open	Locked
1					3				
2					4				

Inspected by: _____ Manager: _____

Complete this form in its entirety once per week. If the answer to any of the questions is NO, provide an explanation of action to correct. If needed, use back of form. MAIL OR FAX ONE COPY ONCE A MONTH TO: Hayhurst Elias Dudek Inc. 1-204-943-9597