

UNIVERSITY OF WEST FLORIDA
Environmental Health & Safety
Fire & Life Safety Inspection

I. Building Identification:

Building: _____ Date: _____

Department: _____ Bldg. Contact: _____

Phone No: _____

II. General:

- 1) Hallways/walkways clear and unobstructed? Yes___ No___ Location _____
- 2) Exits clear and unobstructed? Yes___ No___ Location _____
- 3) Exit lights functional? Yes___ No___ Location _____
- 4) Emergency lights functional? Yes___ No___ Location _____
- 5) Usage of unauthorized extension cords? Yes___ No___ Location _____
- 6) Usage of unauthorized heating/cooling devices? Yes___ No___ Location _____
- 7) Fire rated doors propped open? Yes___ No___ Location _____
- 8) Are any of the following emergency response equipment present?
a) Fire extinguishers Yes___ No___
b) Sprinkler System Yes___ No___
- 9) Is access obstructed to fire fighting equipment? Yes___ No___ N/A___
Location: _____
- 10) Are any of the following potential hazards found in the building?
a) Chemicals Yes___ No___ N/A___
c) Biohazardous materials Yes___ No___ N/A___
d) Compressed gases (list) Yes___ No___ N/A___
- | | | |
|--------------|---------------------|---------------|
| gas #1 _____ | cylinder size _____ | chained _____ |
| gas #2 _____ | cylinder size _____ | chained _____ |
| gas #3 _____ | cylinder size _____ | chained _____ |
| gas #4 _____ | cylinder size _____ | chained _____ |
| gas #5 _____ | cylinder size _____ | chained _____ |
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II. Corrective Actions Required:

III. Comments

Deadline: ____/____/____

Re-Inspection required:

Yes ____ No ____

Re-Inspection Date:

____/____/____

Corrected:

Yes ____ No ____

Completed By :

Date:

Building Representative: Date: