

**Inspection Record**

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
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**SAFETY AND EMERGENCY EQUIPMENT**

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
FIRE FIGHTING WATER SUPPLY SYSTEM:	Start pump, pressurize lines and open hydrant valves to ensure operational status.				
	Unroll and pressurize fire hoses and check for deterioration.				
	Check firefighting nozzles.				

Inspector's Name: \_\_\_\_\_ Inspector's Signature: \_\_\_\_\_

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO

REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # \_\_\_\_\_ ( ) NO