

Annual Fire Safety Checklist

Office of Campus Life
 354 University Commons
 217.424.6395

Chapter Name: _____ Date (mm/dd/yyyy): _____

Completed by (name and position in chapter): _____

Decatur Fire Department present (required 2x annually): **YES / NO**

POSTINGS		NOTES
YES / NO	Are emergency phone numbers posted where they can be readily found in case of emergency?	
YES / NO	Are fire evacuation procedures posted?	

PORTABLE FIRE EXTINGUISHERS		NOTES
#	Number of fire extinguishers in building	
#	Number of functional fire extinguishers in building (note location and disposition of non-functional extinguishers)	
YES / NO	Are all fire extinguishers inspected monthly, recharged regularly, and noted on the inspection tag?	
YES / NO	Are appropriate extinguishers mounted, located, and identified so that they are readily accessible	
YES / NO	Are portable fire extinguishers provided in adequate number and type	
YES / NO	Are portable fire extinguishers distributed so that the travel distance to any extinguisher is 75 feet or less	

HOUSEKEEPING - GENERAL		NOTES
YES / NO	Are the areas clean?	
YES / NO	Are surfaces kept dry or are appropriate means taken to assure the surfaces are slip-resistant?	
YES / NO	Is an adequate cleaning scheduled maintained to avoid accumulation of dust and other potential contaminants?	
YES / NO	Are spilled materials or liquids cleaned up immediately	
YES / NO	Are mats, grating, etc. used where drainage is needed?	
YES / NO	Is proper housekeeping maintained	

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EXITS		NOTES
YES / NO	Are exits kept free of obstructions?	
YES / NO	Are exits adequate & properly marked?	
#	Number of exit lights in building	
#	Number of functional exit lights (please note location and disposition of non-functioning exit lights)	
YES / NO	Are doors which are required to serve as exits designed and constructed so that the way of exit travel is obvious and direct?	
YES / NO	Are doors, passageways, or stairways that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "NOT AN EXIT," "TO BASEMENT," "STOREROOM," etc?	
YES / NO	Are the directions to exits, when not immediately apparent, marked with visible signs?	
YES / NO	Are windows which could be mistaken for exit doors made inaccessible by means of barriers or railings?	
YES / NO	Can exit doors be opened from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied?	
YES / NO	Does lighting in hallways and exit signs conform to government standards (5 foot-candles)?	
YES / NO	Is the number of exits from each floor of a building and the number of exits from the building itself appropriate for the building occupancy load	

FLAMMABLE/COMBUSTIBLE STORAGE		NOTES
YES / NO	Are all solvent wastes, and flammable liquids kept in fire resistant, covered containers until they are removed?	
YES / NO	Are all spills of flammable or combustible liquids cleaned up promptly	
YES / NO	Are combustible scrap, debris, and waste materials (oily rags, etc.) removed from the area promptly	

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YES / NO	Is proper storage of flammable or combustible materials practiced to minimize the risk of fire including spontaneous combustion	
YES / NO	Is there one clear aisle at least 3 feet wide	
YES / NO	Are compressed gas cylinders stored in a ventilated area, protected from excessive heat and secured from falling	

AISLES & PASSAGEWAYS / ELECTRICAL		NOTES
YES / NO	Are floor openings and floor holes protected?	
YES / NO	Are standards railings provided on the open side of exposed stairs?	
YES / NO	Are aisles and passageways kept clear and in good repairs, with no obstruction across or in aisles that could create a hazard?	
YES / NO	Are exits properly marked?	
#	Number of functional emergency lights in building (when tested for 1 minute)	
#	Number of functional emergency lights (note location and disposition of non-functioning emergency lights)	
YES / NO	Are extension cords utilized for other than short-term temporary uses?	
YES / NO	Are there any electrical hazards present?	

FIRE DETECTION SYSTEM		NOTES
YES / NO	Is the Fire Detection System functional? (If not, note disposition)	
YES / NO	Is the fire detection system box is locked and a key is on file at Public Safety?	
D:	Last service date for Fire Detection System	
D:	When were the smoke detector batteries replaced?	
#	How many times this year has the Fire Detection System been taken out of service? (note why)	

LIFE SAFETY EDUCATION	NOTES
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D:	What is the date of the last Life Safety Program?	
#	How many Life Safety Programs have you had this past year?	
D:	List the date of the last fire drill (2 drills per semester required)	
#	How many fire drills did you have this past year	

OFFICER	SIGNATURE	DATE (mm/dd/yyyy)
Chapter President	(print)	
	(signature)	
Chapter Risk Manager	(print)	
	(signature)	
Chapter Housing Officer	(print)	
	(signature)	
House Director (employee of chapter)	(print)	
	(signature)	

For Student Affairs Use Only	
Date Received	
Staff Member Reviewing	
Circle one: Approved Not Approved	Action Required, if not approved:

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FSL Fire Drill Report

Chapter: _____ Address: _____

Chapter Officer Completing Form: _____ Position: _____

Date of Drill: _____

Time: MU Public Safety Notified: _____

Decatur Fire Department Notified: _____

Alarm Sounded: _____

How many people were in the building at the time of the drill? _____

How much time was required for complete evacuation? _____

Were all egress routes free of obstructions, with exit doors usable without delays? _____

Were there any problems relative to this drill? If yes, please explain _____

Has the fire alarm been reset? _____

Have Public Safety and The Decatur Fire Department been notified of drill completion? _____

Officer

Signature

Date of Signature

President

Risk Manager

House Manager

FOR ISE USE ONLY:

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DATE RECEIVED: _____ INITIALS: _____ APPROVED NOT APPROVED

COPIES SENT TO: CHAPTER ADVISOR CHAPTER PRESIDENT PUBLIC SAFETY

Millikin University

Greek Life

Program Documentation Form

Fraternity/Sorority: _____

Program Officer Name: _____

Phone: _____

Additional Officer: _____

Phone: _____

Name/Title of Event: _____

Date of Event: ____/____/____

Time of Event: Start Time ____ am/pm End Time ____ am/pm

Event Room: _____ Building: _____

Number of Chapter Members in attendance: _____

Total attendance: _____

Name(s) of speakers (if applicable): _____

Description of Event (you may also attach a typed description on a separate sheet):

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FOR OFFICE USE ONLY:

Date Received: / /

APPROVED

NOT APPROVED

Signature OSP: _____

Date: _____