

Monthly 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**

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)	

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?	

EXITS		NOTES
YES / NO	Are exits kept free of obstructions?	
YES / NO	Are exits properly marked?	
#	Number of exit lights in building	
#	Number of functional exit lights (note location and disposition of non-functioning exit lights)	

FLAMMABLE/COMBUSTIBLE STORAGE		NOTES
YES / NO	Are all solvent wastes, and flammable liquids kept in fire resistant, covered containers until they are removed?	

AISLES & PASSAGEWAYS / ELECTRICAL		NOTES
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?	

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#	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?	

FIRE DETECTION SYSTEM		NOTES
YES / NO	Is the Fire Detection System functional? (If not, note disposition)	
D:	Last service date for Fire Detection System	
YES / NO	Is the fire detection system box locked and a key is on file at Public Safety?	

LIFE SAFETY EDUCATION		NOTES
D:	What is the date of the last Life Safety Program?	
D:	List the date of the last fire drill (2 drills per semester)	

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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