



MILLIKIN UNIVERSITY®

Office of Inclusion and Student Engagement

Monthly Fire Safety Checklist

1184 West Main Street
Decatur, Illinois 62522

Chapter:	
Completed by:	
Month:	
Day:	
Year:	

<u>Portable Fire Extinguishers</u>	<u>Notes</u>
1. Number of fire extinguishers in building: _____	
2. Number of functional fire extinguishers in building: _____ (please note location and disposition of non-functioning extinguishers)	

<u>Housekeeping - General</u>	<u>Notes</u>
3. Are areas clean? <input type="checkbox"/> YES NO	
4. Are surfaces kept dry or are appropriate means taken to assure the surfaces are slip-resistant? YES NO	
5. Is an adequate cleaning schedule maintained to avoid accumulation of dust and other potential contaminants? YES NO	

<u>Exits</u>	<u>Notes</u>
6. Are exits kept free of obstructions? <input type="checkbox"/> YES NO	
7. Are exits properly marked? <input type="checkbox"/> YES NO	
8. Number of exit lights in building: _____	
9. Number of functional exit lights: _____ (please note location and disposition of non-functioning exit lights)	

<u>Flammable/Combustible Storage</u>	
10. Are all solvent wastes, and flammable liquids kept in fire resistant, covered containers until they are removed? YES NO	

<u>Aisles and Passageways</u>	<u>Notes</u>
11. Are aisles and passageways kept clear and in good repairs, with no obstruction across or in aisles that could create a hazard? YES NO	
12. Number of functional emergency lights in building:_____ (when tested for 1 minute)	
13. Number of non-functional emergency lights:_____	

<u>Electrical</u>	<u>Notes</u>
14. Are extension cords utilized for other than short-term temporary uses. YES NO	

<u>Fire Detection System</u>	<u>Notes</u>
15. Is the Fire Detection System functional? (if not, please note disposition) YES NO	
16. Last service date for Fire Detection System:_____	
17. The fire detection system box is locked and a key is on file at Public Safety. YES NO	

<u>Life Safety Education</u>	
18. What is the date of the last Life Safety Program:_____	
19. What is the date of the last fire drill:_____	

Officer	Signature	Date of Signature
President		
Risk Manager		
House Manager		

FOR ISE USE ONLY	
Date Received	
Staff Member Reviewing	
Approved	Not Approved
Action, if not approved	