

Emergency inspection checklist

Format No.:

Year: _____

Area / Location: _____

INSPECTION	Date (Frequency of inspection is quarterly defined in this format)							
	Complied	Non complied	Complied	Non complied	Complied	Non complied	Complied	Non complied
EMERGENCY PLAN ❖ ❖ ❖ ❖ ❖								
EVACUATION PLAN ❖ ❖ ❖ ❖ ❖								
ALARM SYSTEM ❖ ❖ ❖ ❖ ❖								
EMERGENCY DOORS ❖ ❖ ❖ ❖ ❖								

Emergency inspection checklist

Format No.:

HOUSE KEEPING ❖ ❖ ❖ ❖ ❖								
SAFETY EQUIPMENTS / PPEs ❖ ❖ ❖ ❖ ❖								
GANGWAYS ❖ ❖ ❖ ❖ ❖								
ASSEMBLY POINTS (Sounding) ❖ ❖ ❖ ❖ ❖								
INSPECTORS NAME & SIGNATURE			MAINTENANCE PEOPLE (Acknowledge of repairing)			SAFETY OFFICER SINGATURE		
						ENVIRONMENT HEALTH & SAFETY - MANAGER		