DAILY FIRE SAFETY CHECK LIST **Safe Operating Procedure**	

AREA / ITEM TO BE CHECKED		DATE AND CHECKED BY							C OMMENTS
ESCAPE ROUTE	Are all 'means of escape' routes clear and available?	YES	YES	YES	YES	YES	YES	YES	
		NO	NO	NO	NO	NO	NO	NO	
	Are all means of escape 'routes' clearly indicated?	YES	YES	YES	YES	YES	YES	YES	
		NO	NO	NO	NO	NO	NO	NO	
	Are all external routes clear?	YES	YES	YES	YES	YES	YES	YES	
		NO	NO	NO	NO	NO	NO	NO	
FIRE ALARM SYSTEM	Check that panel indicates 'normal operation', if 'fault is indicated bring to the attention of manager.	YES	YES	YES	YES	YES	YES	YES	
		NO	NO	NO	NO	NO	NO	NO	
OPEN FIRE	Check that open fire is burning safely.	YES	YES	YES	YES	YES	YES	YES	
		NO	NO	NO	NO	NO	NO	NO	
	Check open fire last thing at night to ensure that it is not a risk.	YES	YES	YES	YES	YES	YES	YES	
		NO	NO	NO	NO	NO	NO	NO	