OSHA Fire Prevention Plan Checklist

Safety & Compliance | US

DATE	FACILITY	REVIEWER
____ / ____ / _____		

WRITTEN PLAN REQUIREMENTS

	COMPLIANT	NON-COMPLIANT
Written fire prevention plan exists *29 CFR 1910.39(b)*	○	○
Plan available to all employees	○	○
Major workplace fire hazards listed	○	○
Handling and storage procedures for hazardous materials	○	○
Ignition sources and control procedures	○	○
Fire protection equipment type and location	○	○
Responsible personnel identified by name or title	○	○
Plan reviewed and updated within past year	○	○

FIRE HAZARD CONTROLS

	COMPLIANT	NON-COMPLIANT	N/A
Flammable liquids stored in approved cabinets *NFPA 30 / OSHA 29 CFR 1910.106*	○	○	○
Flammable liquid quantities within limits	○	○	○
Compressed gas cylinders secured and separated	○	○	○
Hot work permits used when required	○	○	○

	COMPLIANT	NON-COMPLIANT
Electrical equipment in good condition	○	○
No misuse of extension cords or power strips	○	○

FIRE PROTECTION EQUIPMENT

	COMPLIANT	NON-COMPLIANT
Fire extinguishers adequate and accessible *75 ft travel distance max for Class A*	○	○
Extinguishers inspected monthly	○	○
Annual professional maintenance documented	○	○

	COMPLIANT	NON-COMPLIANT	N/A
Sprinkler system valves open and supervised	○	○	○
Sprinkler heads unobstructed (18" clearance)	○	○	○

Fire alarm system tested per NFPA 72 ☐ Compliant ☐ Non-compliant

HOUSEKEEPING & MAINTENANCE

	COMPLIANT	NON-COMPLIANT
No accumulation of combustible materials	○	○
Waste removed regularly	○	○

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Oily rags in self-closing metal containers ☐ Compliant ☐ Non-compliant ☐ N/A

	COMPLIANT	NON-COMPLIANT
Heat-producing equipment maintained	○	○
No storage within 3 ft of electrical panels	○	○

Smoking restricted to designated areas ☐ Compliant ☐ Non-compliant ☐ N/A

EMPLOYEE TRAINING

	COMPLIANT	NON-COMPLIANT		COMPLIANT	NON-COMPLIANT
Employees informed of fire hazards	○	○	New employee training documented	○	○
Fire prevention responsibilities communicated	○	○	Plan changes communicated to employees	○	○
Extinguisher training (if designated to use)	○	○	Training records retained	○	○

REVIEW FINDINGS

Non-conformances identified

Corrective actions and deadlines

Reviewer signature _____

Facility manager signature _____

Notes

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