Oldbury-on-Severn War Memorial Hall

Quarterly Fire Safety Inspection Checklist

Inspection Period:
Completed By:
Role:
Date Completed:

1. Fire Detection & Alarm Systems

Item	Check	Notes / Actions Required
Fire alarm panel functioning correctly	☐ Yes ☐ No	
All manual call points accessible and undamaged	☐ Yes ☐ No	
Alarm sounders tested and audible throughout building	☐ Yes ☐ No	
Smoke/heat detectors free from dust and obstruction	☐ Yes ☐ No	
Any faults logged and reported	☐ Yes ☐ No	

2. Fire Extinguishers & Firefighting Equipment

Item	Check	Notes / Actions Required
All extinguishers present in correct locations	☐ Yes ☐ No	
Pressure gauges in green zone	☐ Yes ☐ No	
Pins and tamper seals intact	☐ Yes ☐ No	
Fire blankets present and accessible	☐ Yes ☐ No	
Annual service date valid	☐ Yes ☐ No	

3. Emergency Lighting

Item	Check	Notes / Actions Required
All emergency lights operational	☐ Yes ☐ No	
Lights illuminate correctly during test	☐ Yes ☐ No	
No damage to fittings	☐ Yes ☐ No	
Logbook updated	☐ Yes ☐ No	

4. Escape Routes & Signage

Item	Check	Notes / Actions Required
All escape routes clear of obstruction	☐ Yes ☐ No	
Fire doors close fully and are not wedged open	☐ Yes ☐ No	
Exit signage visible and illuminated	☐ Yes ☐ No	
External escape paths clear and safe	☐ Yes ☐ No	

5. Electrical & Heating Safety

Item	Check	Notes / Actions Required
No visible damage to sockets, switches or wiring	☐ Yes ☐ No	
Portable heaters stored safely and inspected	☐ Yes ☐ No	
No overloaded extension leads	☐ Yes ☐ No	
PAT testing up to date	☐ Yes ☐ No	

6. Kitchen & Catering Areas

Item	Check	Notes / Actions Required
Cooking equipment clean and free from grease	☐ Yes ☐ No	
Fire blanket accessible	☐ Yes ☐ No	
Gas shut-off vales working (if applicable)	☐ Yes ☐ No	
No combustible materials near heat sources	☐ Yes ☐ No	

7. General Fire Safety

Item	Check	Notes / Actions Required
Hall layout unchanged since last fire risk assessment	☐ Yes ☐ No	
No new hazards introduced	☐ Yes ☐ No	
Fire safety notices displayed and legible	☐ Yes ☐ No	
Staff/volunteers aware of evacuation procedures	☐ Yes ☐ No	

8. Actions Required

List any issues identified and actions taken or required:

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Inspector Signature: _____

Date: _____