

Quarterly Fire Prevention Checklist

Date:	YES	NO
Is there an approved emergency evacuation plan posted?		
Are extension cords, make shift wiring, heating or cooking devices being used?		
Does the jail have an exit lighting system in good working order?		
Are corridors and exits free of obstruction?		
Are hazardous, combustible materials stored in or near the jail?		
If yes, are the above materials stored in metal lockers or containers?		
Is there an emergency illumination system in good working order in the facility?		
Is there a sufficient number of approved fire extinguishers in the facility?		
Are fire extinguishers regularly checked and dated by authorized person(s)?		
Is there grease build-up in the kitchen and/or inmate living areas?		
Is the facility inspected semi-annually by an approved fire inspector?		
Are fire exit and evacuation drills being held quarterly as required by TCJS?		
Is the fire detection system in good working order?		
Are the smoke alarms in good working order and placed properly?		
SIGNATURE:	TITLE:	

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Is the fire detection system in good working order?		
Are the smoke alarms in good working order and placed properly?		
SIGNATURE:	TITLE:	

Year: _____

Weekly Generator Maintenance and Testing

L = Ran Load Test (*At least once per month) N = Normal Test/ No Load (*At least once per week)

Status	Date:	Status	Date:	Status	Date:	Status	Date:	Status	Date:	Results/Maintenance:
	Fuel Level		Fuel Level		Fuel Level		Fuel Level		Fuel Level	
	Oil Level		Oil Level		Oil Level		Oil Level		Oil Level	
	Coolant Level		Coolant Level		Coolant Level		Coolant Level		Coolant Level	
	Air Filter/Cleaner		Air Filter/Cleaner		Air Filter/Cleaner		Air Filter/Cleaner		Air Filter/Cleaner	
	Belts		Belts		Belts		Belts		Belts	
	Lamp Test		Lamp Test		Lamp Test		Lamp Test		Lamp Test	
	Type of Test		Type of Test		Type of Test		Type of Test		Type of Test	
Sign		Sign		Sign		Sign		Sign		
Status	Date:	Status	Date:	Status	Date:	Status	Date:	Status	Date:	
	Fuel Level		Fuel Level		Fuel Level		Fuel Level		Fuel Level	
	Oil Level		Oil Level		Oil Level		Oil Level		Oil Level	
	Coolant Level		Coolant Level		Coolant Level		Coolant Level		Coolant Level	
	Air Filter/Cleaner		Air Filter/Cleaner		Air Filter/Cleaner		Air Filter/Cleaner		Air Filter/Cleaner	
	Belts		Belts		Belts		Belts		Belts	
	Lamp Test		Lamp Test		Lamp Test		Lamp Test		Lamp Test	
	Type of Test		Type of Test		Type of Test		Type of Test		Type of Test	
Sign		Sign		Sign		Sign		Sign		
Status	Date:	Status	Date:	Status	Date:	Status	Date:	Status	Date:	
	Fuel Level		Fuel Level		Fuel Level		Fuel Level		Fuel Level	
	Oil Level		Oil Level		Oil Level		Oil Level		Oil Level	
	Coolant Level		Coolant Level		Coolant Level		Coolant Level		Coolant Level	
	Air Filter/Cleaner		Air Filter/Cleaner		Air Filter/Cleaner		Air Filter/Cleaner		Air Filter/Cleaner	
	Belts		Belts		Belts		Belts		Belts	
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	Fuel Level		Fuel Level		Fuel Level		Fuel Level		Fuel Level	
	Oil Level		Oil Level		Oil Level		Oil Level		Oil Level	
	Coolant Level		Coolant Level		Coolant Level		Coolant Level		Coolant Level	
	Air Filter/Cleaner		Air Filter/Cleaner		Air Filter/Cleaner		Air Filter/Cleaner		Air Filter/Cleaner	
	Belts		Belts		Belts		Belts		Belts	
	Lamp Test		Lamp Test		Lamp Test		Lamp Test		Lamp Test	
	Type of Test		Type of Test		Type of Test		Type of Test		Type of Test	
Sign		Sign		Sign		Sign		Sign		

YEAR: _____

Monthly Life Safety Equipment Inspection Log

DATE	JANUARY	DATE	MAY	DATE	SEPTEMBER	RESULTS \ MAINTENANCE	
	SMOKE ALARMS		SMOKE ALARMS		SMOKE ALARMS		
	SMOKE FANS		SMOKE FANS		SMOKE FANS		
	FIRE EXTINGUISH.'S		FIRE EXTINGUISH.'S		FIRE EXTINGUISH.'S		
	AIR PACK		AIR PACK		AIR PACK		
	FIRE HOSE		FIRE HOSE		FIRE HOSE		
	EXIT LIGHTS		EXIT LIGHTS		EXIT LIGHTS		
	EXIT SIGNS		EXIT SIGNS		EXIT SIGNS		
SIGN.		SIGN.		SIGN.			
DATE	FEBRUARY	DATE	JUNE	DATE	OCTOBER		
	SMOKE ALARMS		SMOKE ALARMS		SMOKE ALARMS		
	SMOKE FANS		SMOKE FANS		SMOKE FANS		
	FIRE EXTINGUISH.'S		FIRE EXTINGUISH.'S		FIRE EXTINGUISH.'S		
	AIR PACK		AIR PACK		AIR PACK		
	FIRE HOSE		FIRE HOSE		FIRE HOSE		
	EXIT LIGHTS		EXIT LIGHTS		EXIT LIGHTS		
	EXIT SIGNS		EXIT SIGNS		EXIT SIGNS		
SIGN.		SIGN.		SIGN.			
DATE	MARCH	DATE	JULY	DATE	NOVEMBER		
	SMOKE ALARMS		SMOKE ALARMS		SMOKE ALARMS		
	SMOKE FANS		SMOKE FANS		SMOKE FANS		
	FIRE EXTINGUISH.'S		FIRE EXTINGUISH.'S		FIRE EXTINGUISH.'S		
	AIR PACK		AIR PACK		AIR PACK		
	FIRE HOSE		FIRE HOSE		FIRE HOSE		
	EXIT LIGHTS		EXIT LIGHTS		EXIT LIGHTS		
	EXIT SIGNS		EXIT SIGNS		EXIT SIGNS		
SIGN.		SIGN.		SIGN.			
DATE	APRIL	DATE	AUGUST	DATE	DECEMBER		
	SMOKE ALARMS		SMOKE ALARMS		SMOKE ALARMS		
	SMOKE FANS		SMOKE FANS		SMOKE FANS		
	FIRE EXTINGUISH.'S		FIRE EXTINGUISH.'S		FIRE EXTINGUISH.'S		
	AIR PACK		AIR PACK		AIR PACK	DATE	FIRE INSPECTOR SIGNATURE
	FIRE HOSE		FIRE HOSE		FIRE HOSE		
	EXIT LIGHTS		EXIT LIGHTS		EXIT LIGHTS		
	EXIT SIGNS		EXIT SIGNS		EXIT SIGNS		
SIGN.		SIGN.		SIGN.			

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Monthly Life Safety Equipment Inspection Log

DATE					RESULTS \ MAINTENANCE
	SMOKE ALARMS	Is there an approved emergency evacuation plan posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	SMOKE FANS	Are extension cords, make shift wiring, heating or cooking devices being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	FIRE EXTINGUISH.'S	Are corridors and exits free of obstruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	AIR PACK	Are hazardous, combustible materials stored in or near the jail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	FIRE HOSE	Is there an emergency illumination system in good working order in the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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DATE					
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