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|  | **ESCAPE ROUTES CHECKLIST** |
| **FREQUENCY** | **Location** | **DATE** |
| **WEEKLY** |  |   |
| **CHECKS**  | **Yes/No/Imp** | **REMARKS**  |
|
| Are all escape routes clear of obstructions? |   |  |
| Fire Extinguisher in place? |   |   |
| Proper signages are displayed? |  |  |
| Sufficient lighting is provided near escape route? |   |   |
| Emergency lighting is available? |   |   |
| Are escape routes clear from stored materials and debris? |  |  |
| Escape route have sufficient width? (>43 inches) |  |  |
| Are number of escape routes are sufficient for number of employees? (50-100, 1 needed) |  |  |
| Any slip trip and fall hazard identified? |  |  |
| Comments/ any other observation: |
| Inspected By:Name: .............................................. Designation: ..................................... Signature: .....................................Report Submitted to:Name: .............................................. Designation: ..................................... Signature: ..................................... |