|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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: ..................................... | | | | |