FRATERNITY FIRE AND LIFE SAFETY
MONTHLY FIRE SELF-INSPECTION FORM

Instructions:
• To be completed by the Chapter Fire Marshal
• To be reviewed and signed by the Chapter President
• Form must be turned in no later than the last class day of each month.
• Forms must be turned in to Bo Mantooth, IFC Advisor, in room 3142 or Toni Hession, Greek Life Admin, room 3134. Both offices are in the new Student Center on the 3rd floor.
• Failure to turn in the form by the due date will result in a $50.00 fine. Fraternities not current on their self-inspections will be prohibited from registering parties with the IFC. Continued lack of participation by the fraternity will result in a referral to IFC Court.

Chapter:__________________________________________________________

Fire Marshal:______________________________________________________

E-mail:_________________________ Phone Number:____________________

1) Are all exit routes, including stairwells, clear of obstructions?  
_______yes _________no
Comments:________________________________________________________
Corrective Action Taken:____________________________________________

2) Do all exit routes have lighted signs?  
_______yes _________no
Comments:________________________________________________________
Corrective Action Taken:____________________________________________

3) Are all exit signs working with no burned out light bulbs?  
_______yes _________no
Comments:________________________________________________________
Corrective Action Taken:____________________________________________

4) Are all exit routes and common areas adequately illuminated?  
_______yes _________no
Comments:________________________________________________________
Corrective Action Taken:____________________________________________
5) Are all exit doors free of interior locking devices?
   _______yes _________no
   Comments:_____________________________________________
   Corrective Action Taken:____________________________________

6) Is there an exit plan posted in the hallways and in each bedroom on each floor?
   _______yes _________no
   Comments:_____________________________________________
   Corrective Action Taken:____________________________________

7) When was the last time the smoke detectors were tested?
   Date:________________________
   Comments:_____________________________________________

8) Are all the fire extinguishers in place and appropriately charged according to your visual inspection?
   _______yes _________no
   Comments:_____________________________________________
   Corrective Action Taken:____________________________________

9) Are extinguishers mounted on the wall in hallways and easily accessible?
   _______yes _________no
   Comments:_____________________________________________
   Corrective Action Taken:____________________________________

10) Is the fire alarm system operating with warning sounds and/or lights?
    _______yes _________no
    Comments:_____________________________________________
    Corrective Action Taken:____________________________________
11) Are emergency lights present and in working order?
   _______yes   _________no
   Comments:________________________________________
   Corrective Action Taken:________________________________

12) When was the last time the kitchen suppression system was inspected? (On the system is a tag that notes the last time the system was serviced.)
   _______yes   _________no
   Comments:________________________________________
   Corrective Action Taken:________________________________

13) Are all electrical appliances in good working condition?
   _______yes   _________no
   Comments:________________________________________
   Corrective Action Taken:________________________________

14) Are all electrical cords in good condition (no fraying or splices)?
   _______yes   _________no
   Comments:________________________________________
   Corrective Action Taken:________________________________

15) Are there any flammable liquids stored in the house or under any staircases? (kerosene, paint thinner, mineral spirits, gasoline, etc)
   _______yes   _________no
   Comments:________________________________________
   Corrective Action Taken:________________________________

16) If smoking is allowed in the house, are there provisions made to dispose of cigarettes properly?
   _______yes   _________no
   Comments:________________________________________
   Corrective Action Taken:________________________________
17) Is the laundry area kept clean, including dryer filters and vents?

_______yes  ___________no

Comments:

Corrective Action Taken:

18) Is trash removed weekly?

_______yes  ___________no

Comments:

Corrective Action Taken:

By submitting this information, I am supplying factual information to the Interfraternity Council of Auburn University:

__________________________________  __________________________
Chapter Fire Marshal                        Date

Reviewed by:

__________________________________  __________________________
Chapter President                        Date

Copies To:
• IFC Advisor
• Chapter Advisor
• Chapter Housing Corporation

Original copy should be maintained by your Chapter Fire Marshal Notebook along with all other Fire Marshall documentation such as Fire Drill Documentation, City Fire Inspection Reports, etc. This notebook will be turned in to the IFC Advisor at the end of the semester along with the final fire self-inspection report.

For questions call Bo Mantooth at 334-844-1989.