

INTERIM LIFE SAFETY MEASURES CHECKLIST

- Repair**
- Renovation**
- Modification**
- Reconstruction**
- Change of use or occupancy classification**
- Addition**

Name: _____ Date: _____

MEASURES	YES	NO	N/A
EXITS			
1. Are all exits free and unobstructed?			
2. Have exits been modified?			
a. Have the staff been trained on the new path of egress?			
b. Has modified exit signage been placed?			
ESCAPE FACILITIES (Construction workers)			
1. Are escape facilities maintained at all times			
ACCESS TO EMERGENCY DEPARTMENTS & SERVICES			
1. Is ambulance access to Emergency clear & unobstructed?			
2. Is public access to Emergency clear and unobstructed?			
3. Is employee access to Emergency clear and unobstructed?			
FIRE ALARM SYSTEMS			
1. Have the fire/smoke detection systems been impaired?			
2. If YES, has an alternate system been implemented? Please describe alternate system _____ _____			
3. If YES, were required approvals received before shutdown?			
FIRE SPRINKLER SYSTEMS			
1. Have the fire suppression systems been impaired?			
2. If YES, has an alternate system been implemented? Please describe alternate system _____ _____			
TEMPORARY PARTITIONS			
1. Are temporary partitions smoke tight?			
2. Are they built of non-combustible materials that will not contribute to the development or spread of fire.			
3. Do barriers have clean, smooth surfaces?			
FIRE FIGHTING EQUIPMENT			
1. Are appropriate types of portable fire extinguishers present and accessible at all times?			

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	YES	NO	N/A
2. As appropriate to the hazard potential associated with the job site, have the contractors personnel and hospital personnel who work in the area been provided with training in the use of portable fire extinguishers. If NO, conduct the training and document date here _____			
AREA INTEGRITY			
1. Are all penetrations of fire and smoke walls properly sealed at the end of the shift?			
2. Are all ceiling tiles in the surrounding areas in place at the end of the shift?			
FLAMMABLE LIQUIDS & GASES			
1. Are you being notified before flammable liquids are being used on the site?			
2. Are flammable liquids on the job site being limited to a one day supply?			
3. Are all flammable compressed cylinders on the job site limited to a one supply or removed from the job site at the end of the shift?			
4. Are all compressed gas cylinders chained to a wall or stored in an approved cart?			
WELDING & BRAZING			
1. Are you giving approval to those welding or brazing before it is done on the jobsite?			
SMOKING			
1. Have temporary "NO SMOKING" signs been posted throughout the area.			
2. Has "NO SMOKING" in the area been maintained?			
ON-SITE DEBRIS			
1. Was combustible debris removed at the end of the shift?			

INSPECTORS NOTES:

- Inspector to correct each non-compliant measure as quickly as possible and document each item on the Interim Life Safety Plan of Correction form.
- Complete this form daily after surveying the job site, then submit to the Plant Services Director.

COMMENTS OR SUGGESTIONS
