

LIFE SAFETY ASSESSMENT CHECKLIST

A Practical Guide for Evaluating Life Safety
System Condition and Compliance

PROPERTY NAME: _____ DATE: _____ INSPECTOR: _____



PURPOSE

Evaluate the condition and compliance of life safety systems to help protect occupants, minimize liability, and ensure business continuity.

Building Use / Type: _____

Year Built: _____

Total Building SF: _____

Number of Stories: _____

Date of Last Life Safety Inspection: _____



LIFE SAFETY SYSTEMS CHECKLIST

Check the observed condition of each system.

SYSTEM	GOOD (Functional)	FAIR (Needs Attention)	POOR (Deficient)	N/A
Fire Alarm System	☐	☐	☐	☐
Fire Sprinkler System	☐	☐	☐	☐
Emergency Lighting	☐	☐	☐	☐
Exit Signs	☐	☐	☐	☐
Fire Extinguishers	☐	☐	☐	☐
Egress (Doors, Stairs, Corridors)	☐	☐	☐	☐
Smoke / Heat Detection	☐	☐	☐	☐
Standpipe / Hose Systems	☐	☐	☐	☐
Fire Doors & Frames	☐	☐	☐	☐
Special Hazards / Suppression (if applicable)	☐	☐	☐	☐
Code Compliance / Documentation	☐	☐	☐	☐



ACCESS & OBSERVATIONS

- ☐ All areas of building were accessible
- ☐ All life safety equipment was visible
- ☐ Obstructions to egress routes observed
- ☐ Evidence of water damage or corrosion
- ☐ Unsafe conditions identified
- ☐ Testing/inspection tags reviewed

NOTES: _____



CODE COMPLIANCE CHECK

- ☐ Systems appear to meet current codes
- ☐ Items noted that may be out of compliance
- ☐ Expired inspection or testing tags
- ☐ Missing or incomplete documentation
- ☐ Deficiencies observed

NOTES: _____



MAINTENANCE & TESTING

- ☐ Systems are tested per code requirements
- ☐ Maintenance records are up to date
- ☐ Deficiencies from previous inspections have been corrected
- ☐ Repairs needed

NOTES: _____



DOCUMENTATION REVIEWED

- ☐ Inspection reports
- ☐ Testing certificates
- ☐ Maintenance records
- ☐ Floor plans / egress maps
- ☐ Certificates of occupancy

NOTES: _____



Proactive life safety evaluations help protect lives,
reduce risk, and prevent costly disruptions.

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CONDITION RATING GUIDE

Rate each system based on the overall observed condition
and remaining useful life.

RATING	DESCRIPTION	ESTIMATED REMAINING USEFUL LIFE
1 – EXCELLENT	New or like-new condition. No issues observed.	15+ Years
2 – GOOD	Well-maintained with normal wear.	10 – 15 Years
3 – FAIR	Moderate wear. Some components nearing end of service life.	5 – 10 Years
4 – POOR	Significant wear. Frequent repairs needed.	2 – 5 Years
5 – CRITICAL	System at or beyond end of useful life. Replacement recommended.	0 – 2 Years



OBSERVATIONS & DEFICIENCIES

List any observed deficiencies or concerns.

SYSTEM / LOCATION	DEFICIENCY / OBSERVATION	CODE REFERENCE	RISK LEVEL (Low / Med / High)	RECOMMENDED ACTION



IMMEDIATE CONCERNS

List any critical issues that require immediate attention.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____



RECOMMENDED ACTIONS

Summarize recommended repairs, replacements,
or further evaluations.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____



CAPITAL PLANNING NOTES

Notes and considerations for future budgeting and planning.



NEXT STEPS

- ☐ Obtain detailed reports or testing if needed
- ☐ Develop repair / replacement plan
- ☐ Budget for repairs or replacements
- ☐ Schedule follow-up assessment

NOTES: _____



ASSESSMENT SUMMARY

Overall Life Safety System Condition Rating (1 – 5):

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Overall Comments: _____

Inspector Name: _____

Company: _____

Date: _____

Signature: _____



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