

ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

STATION SAFETY & HEALTH INSPECTION CHECKSHEET

Routine documented inspection for station safety, health, and housekeeping compliance

Station: ☐ Station 1 ☐ Station 2 **Inspection Date:** _____ **Time:** _____

Inspector(s): _____

For each item mark: ☐ OK ☐ Needs Attention ☐ N/A Note deficiencies on Page 2.

Inspection Item	OK	Needs Attention	N/A
GENERAL STATION SAFETY			
Entrances, exits, aisles, and walking surfaces are clear and free of trip hazards.	☐	☐	☐
Exit doors are accessible and operate properly; required exit/emergency lighting is functional.	☐	☐	☐
Floors, stairs, parking/apron areas, and work areas are reasonably clean and in safe condition.	☐	☐	☐
Electrical panels, outlets, extension cords, and power strips show no obvious unsafe condition.	☐	☐	☐
Storage is orderly; heavy items are secure and combustible materials are stored appropriately.	☐	☐	☐
FIRE & EMERGENCY SAFETY			
Portable fire extinguishers are present, accessible, properly mounted, and inspection status is current.	☐	☐	☐
Smoke/CO alarms or other installed detection devices appear functional, where provided.	☐	☐	☐
Emergency contact information and required safety postings/signage are present and legible.	☐	☐	☐
Apparatus bay doors, lighting, and access areas appear safe and operational.	☐	☐	☐
Fuel, batteries, chargers, tools, and other equipment are stored/used without an obvious safety hazard.	☐	☐	☐
HEALTH / EXPOSURE CONTROL			
Handwashing supplies and/or appropriate hand-hygiene supplies are available.	☐	☐	☐
First-aid/AED area and medical supplies are clean, accessible, and stored appropriately.	☐	☐	☐
Bloodborne-pathogen / exposure-control supplies are available as applicable.	☐	☐	☐
Contaminated PPE/equipment is not stored with clean areas or personal items.	☐	☐	☐
Cleaning/disinfection supplies are available and labeled/stored appropriately.	☐	☐	☐
FACILITY-SPECIFIC			
Bathroom is clean, sanitary, supplied, and free of obvious plumbing/electrical hazards (if applicable).	☐	☐	☐
Training room is orderly; exits, seating, cords, and training equipment do not create hazards (if applicable).	☐	☐	☐
HVAC/ventilation and general indoor conditions show no obvious safety or health concern.	☐	☐	☐
Exterior grounds immediately around the station are free of significant safety hazards.	☐	☐	☐

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STATION SAFETY & HEALTH INSPECTION CHECKSHEET - CONTINUED

DEFICIENCIES / CORRECTIVE ACTION

Item / Deficiency	Corrective Action / Person Responsible	Target / Completion

☐ No deficiencies noted

☐ Deficiencies corrected during inspection

☐ Follow-up required

FOLLOW-UP / CLOSEOUT

Follow-up notes:

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Inspector Signature: _____

Date: _____

Safety Officer / Fire Chief Review (if follow-up required): _____

Follow-up completed / closed date: _____

Retain completed inspections with APSTVFD Safety & Health records in accordance with department recordkeeping procedures.