



Facility inspection checklist

Building / site: _____

Inspector name: _____

Floor / area: _____

Date: _____

Inspection type: Routine / Compliance / Incident

Next inspection due: _____

1. Structural and building envelope

Item	Pass	Fail	N/A	Action required
Roof condition and drainage: no pooling, damage, or blocked gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior walls and cladding: no cracks, staining, or loose panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows and glazing: seals intact, no cracks or broken frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
External doors and frames: closes securely, no visible damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation visible areas: no cracks, subsidence, or water ingress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior signage and fixtures: secure, legible, no damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Mechanical systems

Item	Pass	Fail	N/A	Action required
Heating and cooling units: filters clean, no leaks or corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Airflow and ventilation: adequate circulation in all occupied areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermostat and controls: functioning correctly in all zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plumbing: water pressure adequate, no visible leaks or corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drainage: clear and functioning in all restrooms and kitchen areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restroom and kitchen fixtures: operational, no drips or blockages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Item	Pass	Fail	N/A	Action required
Electrical panel: no tripped breakers, labels current, no damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visible wiring: no exposed or damaged cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power outlets: functioning, no signs of heat or burning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Continuously running equipment: operating within normal parameters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting units: charged and functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Fire safety and emergency equipment

Item	Pass	Fail	N/A	Action required
Fire extinguishers: correct placement, charge full, inspection tag current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler heads and pipes: no obstruction, corrosion, or damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke detectors: tested and functioning in all required areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carbon monoxide detectors: tested and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit signs: illuminated, no damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire doors: close fully, seals intact, no obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evacuation route signage: visible, current, unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assembly point signage: clearly marked and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Security and access control

Item	Pass	Fail	N/A	Action required
Entry and exit points: secure, locks functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Badge and access control systems: operational, access list current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Item	Pass	Fail	N/A	Action required
Visitor registration process: documented and followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CCTV cameras: coverage adequate, recording functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After-hours access protocols: in place and communicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perimeter fencing: intact, no damage or gaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior lighting: adequate coverage of all access points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Areas of potential unauthorized access: identified and secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Fire safety and emergency equipment

Item	Pass	Fail	N/A	Action required
Lobbies and reception: clean, professional condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corridors and stairwells: clear of obstructions, well lit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meeting rooms: furniture, equipment, and AV in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restrooms: clean, stocked, fixtures fully operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen and break areas: clean, equipment functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor and surface condition: no damage, slip hazards, or wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessibility features: ramps, lifts, and facilities operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste and recycling stations: adequate capacity, clearly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. Parking and exterior areas

Item	Pass	Fail	N/A	Action required
Parking surface condition: no significant cracks, potholes, or damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Item	Pass	Fail	N/A	Action required
Walkways and pathways: clear, even surface, no slip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drainage in exterior areas: functioning, no pooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking line markings: visible and current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior lighting: full coverage, no outages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Loading and delivery areas: clear, safe, and signposted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Landscaping: maintained, no overgrowth near building or pathways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inspector signature: _____

Date completed: _____

Reviewed by: _____

Follow-up due date: _____