LAST ONE OUT

# End-of-day fire check

**Area:** _____ **Date:** _____ **Checked by:** _____

- [ ]  Fire doors are closed and not wedged
- [ ]  Exits and corridors are clear
- [ ]  Equipment that should be off is switched off
- [ ]  Heaters and cooking appliances are off
- [ ]  Rubbish is cleared and not piled near exits
- [ ]  Call points are clear and easy to reach