

**UNIVERSITY OF COLORADO HOSPITAL
FIRE ALARM OBSERVATION FORM**

ALL DEPARTMENTS/AREAS ARE REQUIRED TO COMPLETE THIS FORM AFTER ALL FIRE ALARMS. Please return to the Safety Department within 24 hours; mail stop: A073; fax: 8-0446.

Area Observed: _____ Building: _____

Date: _____ Time of Alarm: _____ Time of All Clear: _____

Name of Observer: _____ Ext: _____

FACILITY

CHECK THESE ITEMS	Yes	No	N/A	Comments
1. Exit signs operational/light				
2. Fire/smoke doors close and latch (doors tied to the fire alarm system that release when system is in alarm)				
3. Other doors closed				
Staff able to clearly hear the overhead page(s)?				
5. All strobes working/flashing				
6. Fire alarm audible in area				

STAFF KNOWS:	Yes	No	N/A	Comments
1. Location of O2 shut off valves				
2. Location of Fire extinguishers				
3. Location of Fire pull stations				
4. Two Exit Routes out of area				
5. Location of Areas of refuge				
6. What RACE stands for				

Other comments/concerns/suggestions:
