

**FIRE SAFETY**

**PRECAUTIONS**

**LOGBOOK**

**PLEASE KEEP AVAILABLE**

**Premises Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  | | |
| Building / Unit Number |  | | |
| Property Name |  | | |
| Road:  (Address Line 1) |  | | |
| (Address Line 2) |  | | |
| Locality: |  | | |
| Town: |  | | |
| Post Code: |  | | |
| Name of Occupier: |  | Tel No: |  |
| Registered Address of Occupier: |  | Post Code: |  |
| Tel No: |  |
| Name of Owner: |  | | |
| Registered Address of Owner: |  | Post Code: ￼ |  |
| Tel No: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of ‘Responsible Person’ (RP) for premises:  (Definition of ‘Responsible Person’ may be found on page 4 of this book.) |  | | | |
| RP’s Registered Address: |  | | |
| Tel No.: |  | Fax No: |  |
|  | Mob No.: |  | E-mail address: |  |

**CONTENTS**

* + Premises information
  + Useful Contacts
  + Important information
* Meaning of Responsible Person
* Fire Risk Assessment (FRA)
* Maintenance
* Unwanted Fire Signals
* Routine tests and Inspection & Servicing
  + Recording sheets (including)
* Visits by Fire & Rescue Service Officer
* FRA – Record of Dates
* Fire Instructions and Drills
* Fire Extinguishers – Record of Tests and Inspections
* Fire Detection and Alarm System - Record of Tests
* Emergency Lighting System – Record of Tests
* Ancillary Equipment – Record of Tests

|  |  |  |
| --- | --- | --- |
| **Useful Contacts** | | |
| Fire Service Enquiries, 0900-1700 (Monday -Thursday); 0900-1600 (Friday). | 01473 260588 | [Fire.BusinessSupport@suffolk.gov.uk](mailto:Fire.BusinessSupport@suffolk.gov.uk) |
| Fire Risk Assessment |  |  |
| Fire Alarms |  |  |
| Emergency Lighting |  |  |
| Fire Extinguishers |  |  |
| Building Maintenance |  |  |
|  |  |  |
|  |  |  |

**Suffolk Fire and Rescue Service HQ,**

Endeavour House,

8 Russell Road, Ipswich IP1 2BX

Tel: Ipswich (01473) 260588

Email: [Fire.BusinessSupport@suffolk.gov.uk](mailto:Fire.BusinessSupport@suffolk.gov.uk)

Website: <https://www.suffolk.gov.uk/suffolk-fire-and-rescue-service/>

# IN THE EVENT OF AN EMERGENCY DIAL 999

**Important Information**

The current Fire Safety Legislation is The Regulatory Reform (Fire Safety) Order 2005 (The Order) which came into force on 1 October 2006. This replaces the Fire Precautions Act 1971, and any Fire Certificate issued under this act has ceased to have any effect.

Responsibility for complying with The Order rests with the ‘responsible person.’ The responsible person, as defined by The Order is:

***Meaning of "responsible person"***

***3.*** *In this Order "responsible person" means-*

1. *in relation to a workplace, the employer, if the workplace is to any extent under his control;*
2. *in relation to any premises not falling within paragraph (a)-*
3. *the person who has control of the premises (as occupier or otherwise) in connection with the carrying on by him of a trade, business, or other undertaking (for profit or not); or*
4. *the owner, where the person in control of the premises does not have control in connection with the carrying on by that person of a trade, business, or other undertaking.*

In simple terms, this can be seen as a ‘hierarchy’ e.g.;

* The Employer,
* The Occupier/person having control or;
* The Owner.

**Fire Risk Assessment**

It is the responsibility of the responsible person to ensure a suitable and sufficient fire risk assessment is carried out.

A series of guides have been published by the government in support of The Order, relevant to the use of the premises, and can be purchased from bookshops or downloaded free from the Government’s website (see link below).

<https://www.gov.uk/workplace-fire-safety-your-responsibilities/fire-safety-advice-documents>

Part 1 of the guide relates to fire risk assessments and gives supporting information including;

* a methodical approach on how to complete a fire risk assessment
* who can complete a fire risk assessment
* the information it may typically contain
* how to keep it up to date

Part 2 of the guide gives further information and guidance on typical fire precautions e.g. fire detection and warning systems, fire extinguishers, emergency lighting etc, the level of which will vary depending on each and every premises. This part of the guide should be referred to when carrying out/reviewing your fire risk assessment.

**Example form for recording significant findings**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk Assessment – Record of significant findings** | | | | | |
| Risk assessment for  Building:  Location: | | | Assessment undertaken by  Date:  Completed by:  Signature: | | |
| Sheet number Floor/area: | | | Use: | | |
| **Step 1 – Identify fire hazards** | | | | | |
| Sources of ignition | | Sources of fuel | | | Sources of oxygen |
| **Step 2 – People at risk** | | | | | |
|  | | | | | |
| **Step 3 – Evaluate, remove, reduce, and protect from risk** | | | | | |
| (3.1) Evaluate the risk of the fire occurring  (3.2) Evaluate the risk to people from a fire starting in the premises  (3.3) Remove and reduce the hazards that may cause a fire  (3.4) Remove and reduce the risks to people from a fire |  | | | | |
| **Assessment review** | | | | | |
| **Assessment/review date** | **Completed by** | | | **Signature** | |
| **Review outcome (where substantial changes have occurred a new record sheet should be used)** | | | | | |

Notes:

(1) The risk assessment record of significant findings should refer to other plans, records, or other documents, as necessary.

(2) The information in this record should assist you to develop an emergency plan; co-ordinate measures with other ‘responsible persons’ in the building; and to inform and train staff and inform other relevant persons.

**Maintenance**

Any devices or equipment provided to protect persons from the dangers of fire e.g. fire detection and warning systems, fire extinguishers, emergency lighting etc, must be subject to a suitable system of maintenance. This ensures that the devices or equipment provided is maintained in an efficient state, in working order and in good repair in event of fire.

It is again the responsibility of the responsible person to ensure this essential maintenance work is carried out. Depending on the type and number of devices or equipment provided it may be necessary to enter into maintenance contracts with specialist providers. It is essential that, whoever carries out the maintenance work, they are competent to do so, and the work is carried out to an appropriate recognised standard e.g. British Standard, European Norm etc.

To show due diligence and for the responsible person to provide evidence of maintenance, it is good practice to record the results of routine testing.

**Unwanted fire signals (False Alarms)**

If an automatic fire detection and fire alarm system is used and maintained properly, its fast response to a fire in its early stages can greatly reduce the risk to life and limit damage to property.  However, the features that provide this fast response can also cause false alarms.  
  
Responding to false alarms diverts the fire and rescue service from their fire prevention and protection duties and stops them from dealing with real emergencies.  They also disrupt work patterns and valuable training programmes.

Suffolk Fire and Rescue Service have produced a leaflet offering information and guidance to anyone responsible for a commercial building. Follow the link below and select the leaflet

[Reducing false alarms - Suffolk County Council](https://www.suffolk.gov.uk/suffolk-fire-and-rescue-service/fire-protection/reducing-false-alarms)  
For more information about reducing fire alarm signals, please contact the Fire Business Support Team and ask to speak to the Duty Fire Safety Officer.

**Routine Tests and Inspection and Servicing**

|  |  |
| --- | --- |
| **Fire Alarm -** When tested in accordance with the current British Standard (see below). | |
| Daily  (by user)  Weekly  (by user)  Monthly  (by user)  Quarterly  (by competent person)  Periodic, not to exceed 6 months (by competent person)  Annually | Check that the control panel indicates operation or record faults and take remedial action.  Operate the system using manual call points in rotation such that all points/zones are tested in rotation over a prolonged period. Record outcome identify call point used. (Where staged Alarms are present both Alert & Evacuate signals to operate)  Simulated failure of normal power supply on any automatically started emergency generators, operated on-load (in accordance with manufacturer’s instructions).  Vented batteries used as standby power supply require visual inspection  All vented batteries used as standby power supply require visual inspection, electrolyte levels checked.  As detailed in [Reducing false alarms - Suffolk County Council](https://www.suffolk.gov.uk/suffolk-fire-and-rescue-service/fire-protection/reducing-false-alarms)  As detailed in BS 5839-1:2017. |
| BS 5839-1:2017 Fire detection and fire alarm systems for buildings – Part 1: Code of practice for design, installation, commissioning, and maintenance of systems in non-domestic premises.  BS 5839-6:2013 Fire detection and fire alarm systems for buildings – Part 6: Code of practice for the design, installation, commissioning and maintenance of fire detection and fire alarm systems in domestic premises.  *Note: Test requirements and frequencies may vary for systems designed to BS 5839-6, dependant on the grade of system. If unsure, then seek advice from a competent person.* | |

|  |  |
| --- | --- |
| **Fire Extinguishers -** When tested in accordance with the current British Standard (see below). | |
| Monthly  (by user)  Annually  (by competent person) | Visual inspection of all extinguishers to include;   * correctly located in the designated place * unobstructed and visible; * operating instructions are clean and legible * has not been operated, damaged or any missing parts; * any pressure gauge/indicator is within operational and safety limits * seals and tamper indicators are not broken or missing.   Full inspection service and maintenance. |
| BS 5306-3:2017 Fire extinguishing installations and equipment on premises – Part 3: Commissioning and maintenance of portable fire extinguishers – Code of practice. | |

|  |  |
| --- | --- |
| **Emergency Lighting -** When tested in accordance with the current British Standard (see below). | |
| Daily  (by user)  Monthly  (by user)  Annually  (by competent person) | Indicators of central power supply shall be visually inspected for correct operation.  Any faults recorded in the logbook are given urgent attention.  Switch on in the emergency mode each luminaire and internally illuminated sign by simulation of failure of the supply to the normal lighting, ensure that each lamp is illuminated. All luminaires and internally illuminated signs to be checked to ensure that they are present, clean, and functioning correctly.  Restore the supply to the normal lighting and check any indicator lamp or device to ensure that normal supply restored.  For central battery systems, the correct operation of system monitors to be checked.  Full system checks with a fully rated duration test according to the manufacturer’s instructions.  *Note: For generating sets, refer to the requirement of ISO 8528-12.* |
| BS EN 50172:2004 (BS 5266-8:2004) Emergency escape lighting systems. | |

|  |  |
| --- | --- |
| **Means of Escape in Event of Fire.** | |
| Daily  (by user)  Weekly  (by user)  Monthly  (by user) | All fire exits are able to be opened immediately and easily.  Fire doors clear of obstructions.  Escape routes to be clear.  All emergency fastening devices work correctly e.g. push bars  External routes clear and safe.  Electronic release mechanisms work correctly e.g. fail safe.  Automatic opening doors on escape routes fail safe.  Fire doors, self-closers, cold smoke seals in good condition.  External escape stairs safe to use. |
| Government Fire Safety Risk Assessment Guidance Document. | |

|  |  |
| --- | --- |
| **Fire Training and instruction.** | |
| On induction and regular intervals (by user)  Periodic, not to exceed 12 months (by user) | Ensure all occupants are aware of the action to be taken in the event of fire.  By actuating the fire detection and alarm system and causing an evacuation of the premises e.g. fire drill. |
| Government Fire Safety Risk Assessment Guidance Document. | |

*Note: You may find it convenient to coordinate fire instruction and training with scheduled tests and maintenance of systems and equipment.*

Notes for guidance on the completion of records:

1. All entries should be made in ink. Do not erase errors, strike them through with a single line and initial the amendment.
2. When completing records ensure the correct testing procedures have been followed as per the appropriate standard/manufacturer’s instructions and that the frequency of tests is being adhered to.
3. When a test has been carried out make an entry to indicate whether it was a visual inspection or a full test. Also, enter who carried out the test and their position i.e. a member of staff or an engineer.
4. Where faults have been found, indicate the remedial action taken, the date the fault was reported and rectified.
5. When making an entry, ensure that all columns are on each line of the relevant log sheet.

**Visits by Fire & Rescue Service Officer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Inspecting Officer** | **Signature** | **Comments** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Fire Risk Assessment - Record of Dates**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment Date** | **Person Carrying out Assessment** | **Comments (e.g. review, action points completed)** | **Date of Next Scheduled Assessment** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Fire Instructions and Drills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Instruction**  **Duration** | **Person/Department**  **Receiving Instruction** | **Nature of**  **Instruction** | **Signature of**  **Instructor** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Fire Instructions and Drills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Instruction**  **Duration** | **Person/Department**  **Receiving Instruction** | **Nature of**  **Instruction** | **Signature of**  **Instructor** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Fire Extinguishers – Record of Tests and Inspections**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Location or**  **Number** | **Inspected or**  **Tested** | **Satisfactory**  **Yes/No** | **Remedial**  **Action Taken** | **Fault**  **Cleared** | **Signature** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Fire Extinguishers – Record of Tests and Inspections**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Location or**  **Number** | **Inspected or**  **Tested** | **Satisfactory**  **Yes/No** | **Remedial**  **Action Taken** | **Fault**  **Cleared** | **Signature** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Fire Detection and Alarm System - Record of Tests**

**REMEMBER TO ISOLATE BEFORE TESTING**

**(If Fire Alarm is linked to a monitoring centre or Redcare)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Fire**  **Call Point**  **Location**  **No** | **Alarm**  **Satis**  **Yes/No** | **Auto Door**  **Releases**  **Satis Y/N** | **Faults Specify** | **Remedial Action Taken** | **Fault Cleared** | **Signature** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Fire Detection and Alarm System - Record of Tests**

**REMEMBER TO ISOLATE BEFORE TESTING**

**(If Fire Alarm is linked to a monitoring centre or Redcare)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Fire**  **Call Point**  **Location No** | **Alarm**  **Satis**  **Yes/No** | **Auto Door**  **Releases**  **Satis Y/N** | **Faults Specify** | **Remedial Action Taken** | **Fault Cleared** | **Signature** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Fire Detection and Alarm System - Record of Tests**

**REMEMBER TO ISOLATE BEFORE TESTING**

**(If Fire Alarm is linked to a monitoring centre or Redcare)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Fire**  **Call Point**  **Location No** | **Alarm**  **Satis**  **Yes/No** | **Auto Door**  **Releases**  **Satis Y/N** | **Faults Specify** | **Remedial Action Taken** | **Fault Cleared** | **Signature** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Fire Detection and Alarm System - Record of Tests**

**REMEMBER TO ISOLATE BEFORE TESTING**

**(If Fire Alarm is linked to a monitoring centre or Redcare)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Fire**  **Call Point**  **Location No** | **Alarm**  **Satis**  **Yes/No** | **Auto Door**  **Releases**  **Satis Y/N** | **Faults Specify** | **Remedial Action Taken** | **Fault Cleared** | **Signature** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Emergency Lighting System – Record of Tests**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Duration of Test** | **Result of Test** | **Faults (specify)** | **Fault Cleared** | **Signature** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Emergency Lighting System – Record of Tests**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Duration of Test** | **Result of Test** | **Faults (specify)** | **Fault Cleared** | **Signature** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Ancillary Equipment – Record of Tests**

**E.g. Sprinklers, Dry Risers, Door Closers, Automatic Opening Vents, Smoke Control Systems**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Location or Number** | **Satisfactory**  **Yes/No** | **Remedial Action Taken** | **Fault Cleared** | **Signature** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Ancillary Equipment – Record of Tests**

**E.g. Sprinklers, Dry Risers, Door Closers, Automatic Opening Vents, Smoke Control Systems**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Location or Number** | **Satisfactory**  **Yes/No** | **Remedial Action Taken** | **Fault Cleared** | **Signature** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |