FIRE SAFETY REGISTER

Premises .....

Address .....

.....

.....

Fire Safety Manager .....

Cavan County Fire Service
2008
www.cavancoco.ie

Pre-fire Planning/Familiarisation Visits

Fire Service personnel may periodically visit the premises as part of a familiarisation routine/pre-fire planning inspection of the premises. The fact that a fire service visit has taken place for this purpose should not be interpreted as an endorsement of the fire safety measures and procedures in the premises, which are the responsibility of the person having control over the premises under Section 18 (2) of the Fire Services Act 1981 as amended by the Licencing of Indoor Events Act 2003.

Date	Member of Fire Service (print Name)	Signature	Comments

Introduction

1.1 Section 18(2) of the ***Fire Services Acts, 1981 and 2003*** generally applies to all premises other than a dwelling house occupied as a single private dwelling.

This section of the Act places a duty on persons having control over premises to -

- take all reasonable measures to guard against the outbreak of fire,
- provide reasonable fire safety measures,
- prepare and provide appropriate fire safety procedures,
- ensure that the fire safety measures and procedures are applied at all times,

  and
- ensure as far as is reasonably practicable the safety of persons on the premises in the event of an outbreak of fire whether such outbreak has occurred or not.

1.2 The Department of the Environment and Local Government has published guidance to assist persons in control of particular types of premises in discharging their statutory responsibilities under the Fire Services Act. The publications include the following:-

- Code of Practice for the Management of Fire Safety in Places of Assembly
- Guide to Fire Precautions in Existing Hotels, Guesthouses and Similar Premises
- Fire Safety in Guest Accommodation
- Fire Safety in Hostels
- Fire Safety in Nursing Homes

1.3 Compliance with responsibilities under the Fire Services Act requires that:

- the premises must be suitable for its intended use and certain essential fire safety features appropriate to the use of the premises must be provided, and
- a proactive fire safety management policy must be in place to minimise the risk of a fire occurring and ensure the safety of persons on the premises in an emergency.

1.4 The keeping of fire safety records is an important element of the proper fire safety management of a premises. This Fire Safety Register has been produced to assist in the keeping of records for specific items. It will also be necessary to keep records and certificates for other items such as furnishings, bedding, electrical installations and gas installations as appropriate to the particular premises.

GUIDANCE FOR COMPLETION OF THE FIRE SAFETY REGISTER

1. The Register should be kept in a safe place on the premises at all times together with the relevant Code of Practice or Guide to Fire Precautions and should be available for inspection by any Authorised Officer of the Fire Authority.

2. The Register generally has sufficient pages to allow for records over a period of 5 years. Additional photocopies of unused pages should be added as required.

3. Owners or Managers of premises should take careful note of the intervals at which various inspections, tests or inventory/location checks are to be carried out. Some of these are summarised in the table below.

   For further details of maintenance and checks to be carried out on fire safety equipment not indicated in the Table below you may refer to the relevant section of this document or else consult with the relevant manufacturer/supplier.

	Fire Alarm	Emergency Lighting	Fire Extinguishers & Hose reels	Exit Doors	Fire Resisting Doors	Furniture Seating Etc.
Daily	v			v		
Weekly	v	v		v	v	v
Monthly			v	v	v	v
3 Monthly	v	v		v	v	v
6 Monthly				v	v	v
Annually	v	v	v	v	v	v

General Fire Precautions Notice

The following notice should be provided to all employees on a regular basis and should be placed in a number of locations in the premises, to provide a constant reminder of the fire safety rules to be observed by all employees and other occupants.

Fire Safety Rules to be observed by all Employees and other Occupants

DO

- Keep fire doors shut at all times and doors generally closed where possible
- Keep final exit doors and escape routes free from obstruction at all times
- Report all fires, no matter how trivial, to the Fire Safety Manager
- Report any defective fire protection equipment to the Fire Safety Manager
- Read and take note of the emergency procedures for the premises
- Correctly dispose of all waste materials in non-combustible waste bins and
- ensure that such bins are emptied frequently
- Use cooking equipment safely
- Correctly turn off all portable or mobile space heaters at night
- Smoke only in designated locations outside the building and extinguish
- cigarettes in an appropriate container
- Take extra care when using flammable materials

DO NOT

- Wedge or hold-open any fire door, or remove any self-closing device
- Store goods or waste materials in stairways or other designated escape routes
- Tamper with any of the following life safety equipment or systems: Fire
- Detection and Alarm System, Emergency Lighting System, Fire Extinguishers or Hose Reels
- Remove fire-fighting equipment from their designated locations
- Tamper with any electrical or gas equipment in the building
- Use any unapproved portable or mobile space heating appliance in the building
- Use any approved portable or mobile space heating appliance in an escape route or public space
- Bring anything into the premises which is considered a fire hazard

INSPECTION AND TESTS ON FIRE PROTECTION EQUIPMENT

A **summary** of the recommended tests for some fire protection systems and equipment is given below. More extensive details of the tests may be found in the relevant Irish Standard, such as IS 3218 for fire alarm systems. Reference should also be made to the relevant guidance for a particular premises type, such as the Code of Practice for the Management of Fire Safety in Places of Assembly.

Fire Extinguishers

MONTHLY:

All fire extinguishers should be inspected to make sure that appliances are in their proper position, have not been discharged or lost pressure (in the case of extinguishers fitted with a pressure indicator) or suffered obvious damage. Any extinguishers that are not available for use should be replaced by serviceable extinguishers.

ANNUALLY:

A more thorough examination of extinguishers (a detailed description of which is given in I.S. 291: 2002) should be carried out by a person with the **necessary training and experience**, and with access to the requisite tools, equipment and information. Extinguishers should be discharged periodically in accordance with the provisions of I.S. 291:2002. When discharge is taking place the opportunity to train staff in the use of extinguishers should be taken.

Hose Reels

MONTHLY:

Hose reels should be inspected to ensure that the inlet valve, automatic on/off valve (if any), glands, tubing and shut-off nozzle are sound and free from leaks, that the outlet of the nozzle is not choked, and that none of the moving parts are seized.

ANNUALLY:

The hose should be completely run out and subjected to operational water pressure to ensure that the hose is in good condition and that all couplings are water tight. A flow test should be carried out to ensure that a discharge of 30 litres/minute is achieved. A more detailed description of the maintenance and testing of hose reels is given in BS 5306: Part 1: 2006 and either BS EN 671 – 3: 2000 or IS EN 671 – 3: 2000.

Emergency Lighting

WEEKLY:

An inspection should be made to check that: -

- ✧ every lamp in a maintained system is lighting (including EXIT signs);
- ✧ the LED in each emergency lighting unit is illuminated;
- ✧ any fault found, and the action taken, is recorded in the Fire Safety Register.

QUARTERLY:

The following should be carried out -

- ✧ Clean exterior of luminaires and signs,
- ✧ Ensure the correct operation of luminaires and signs by operating the test facility or cutting the power to the lighting circuits
- ✧ Record results in the fire safety register.

ANNUALLY:

The Fire Safety Manager should ensure that the annual inspection and test procedures as described in I.S. 3217: 1989 are carried out by the manufacturer, supplier or installer, or by an employee who has received special training with the manufacturer, supplier or installer.

Fire Detection And Alarm System

DAILY: A check should be made every day* to check that (a) the panel indicates normal operation (and if not, that any fault indicated is recorded in the Fire Safety Register and is receiving urgent attention) and (b) any fault warning recorded the previous day has received attention.

** Where premises are not used on a daily basis, these inspections should be made on each occasion before the public is admitted on the premises.*

WEEKLY

a) The system should be set off from a detector or call point (break glass unit) to test the ability of the control and indicating equipment to receive a signal and to sound the alarm. A different zone should be tested each week in turn; the zone and trigger device used should be recorded in the register.

b) Any defect should be recorded in the Fire Safety Register and reported to the responsible person, and action should be taken to correct it.

QUARTERLY:

The Fire Safety Manager should ensure that the quarterly inspection and test procedures as described in I.S. 3218: 1989 are carried out by the manufacturer, supplier or installer or by an employee who has received special training with the manufacturer, supplier or installer.

ANNUALLY:

The Fire Safety Manager should ensure that the annual inspection and test procedures as described in I.S. 3218: 1989 are carried out by the manufacturer, supplier or installer or by an employee who has received special training with the manufacturer, supplier or installer.

Fire Detectors

Regular visual inspection of detectors for damage, unusual accumulation of dirt, heavy coats of paint and other conditions likely to interfere with the correct operation of the detector.

All detectors should be checked and tested for correct operation and sensitivity in accordance with manufacturer's instructions and current British Standard.

Automatic Door Releases (Activated by the Fire Detection and Alarm System)

WEEKLY - In conjunction with the fire alarm test, check that all the doors are being released and closing fully into the door rebates. (Refer to Section 6 for recording)

Sprinkler Systems

Sprinkler systems should be maintained in accordance with the requirements of BS 5306 Part 2 1990 with respect to daily, weekly, quarterly, half-yearly and annual requirements.

It should also be noted that there are specific requirements for 3-yearly and 15-yearly intervals.

The schedule in section 8 is laid out so that you can insert which type of maintenance routine is being carried out.

Rising/Falling Mains

All fire mains should be inspected every six months. In particular, it should be ensured that:

a) inlets, landing valves, drain valves, door hinges and locking arrangements for inlet and landing valve boxes are ready for immediate use, and all valves, spindles, glands and washers are in a satisfactory condition;

b) for wet mains:

1) booster pumps and their associated mechanical and electrical apparatus are functioning correctly;

2) storage tanks are full of clean water.

Annual inspection and wet tests of the fire mains are to be carried out by competent persons to check for leaks. Any defects are to be logged and the necessary action taken. Where outlets on either dry or wet rising mains are found to be defective and no replacement is immediately available, the whole valve assembly should be removed from the main and be replaced with a blanking off plate or plug in order that the system remains operative. In addition certificates of testing are to be obtained from the competent person carrying out the inspection and tests and included with this register.

On-Site Fire Hydrants

Arrangements should be made by the owners or the occupiers to ensure that, at least once a year, maintenance is carried out on all private fire hydrants by a competent person. In most cases these arrangements, subject to suitable financial provisions, can be made with
the local water undertaking or the fire authority. The former might also be prepared to carry out any necessary repair work.

Periodical inspections of the vicinity of all hydrants should also be made to ensure that there are no obstructions impeding accessibility and that hydrant indicator plates are in position.

Periodical inspection should be made to ensure that all isolating valves for systems are kept locked in an open position. Also flow and pressure should be checked to ensure that supplies have not deteriorated.

NB: All checks, tests and maintenance including faults and actions taken to rectify such should be recorded. The date faults are rectified should also be recorded.

Fire Safety Register
Premises and Management Details

Premises: _____

Address: _____

_____

_____

Telephone Number: _____

Name of Owner/Hirer/Leasee: _____

Type of Business: _____

Fire Safety Manager (FSM): _____

_____

FSM Contact Number: _____

Deputy Fire Safety Manager (Dep FSM): _____

_____

Dep. FSM Contact Number: _____

Contents

SECTION 1:
SPECIFIC FIRE PROTECTION DUTIES ASSIGNED TO STAFF MEMBERS

SPECIFIC FIRE PROTECTION DUTIES ASSIGNED TO STAFF MEMBERS

Name: _____

_____

Position:

_____

Duties: _____

_____

Name: _____

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Position: _____

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Duties: _____

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Duties: _____

Name: _____

Position: _____

Duties: _____

Section 2:
Fire and Evacuation Drills/
Staff Instruction and Training

Fire and Evacuation Drills/
Staff Instruction and Training

Date _____

Instructor _____

Nature of Training _____

_____

Training Received By _____

_____

_____

Duration _____

Date _____

Instructor _____

Nature of Training _____

_____

Training Received By _____

_____

_____

Duration _____

Date _____

Instructor _____

Nature of Training _____

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Training Received By _____

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Duration _____

Fire and Evacuation Drills/
Staff Instruction and Training

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Nature of Training _____

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Instructor _____

Nature of Training _____

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Instructor _____

Nature of Training _____

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Training Received By _____

_____

_____

Duration _____

Section 3a:
Annual Inventory of Fire Fighting Equipment

Annual Inventory of Fire Fighting Equipment

This list should be updated on an annual basis at the time of the annual inspection and test of fire fighting equipment.

Month	_____	_____	_____	_____	_____	_____
Year	_____	_____	_____	_____	_____	_____
Number of Water Extinguishers	_____	_____	_____	_____	_____	_____
Number of Foam Extinguishers	_____	_____	_____	_____	_____	_____
Number of AFFF Extinguishers	_____	_____	_____	_____	_____	_____
Number of CO_2 Extinguishers						
Number of Dry Powder Extinguishers	_____	_____	_____	_____	_____	_____
Number of Hose Reels	_____	_____	_____	_____	_____	_____
Number of Fire Blankets	_____	_____	_____	_____	_____	_____
Other Equipment						
_____	_____	_____	_____	_____	_____	_____

SECTION 3B:
Location of Fire Fighting equipment

Location of Fire Fighting equipment

Fire Point Number	Location	Type of extinguisher or Equipment	Size of extinguisher or details of other equipment

Location of Fire Fighting equipment

Fire Point Number	Location	Type of extinguisher or Equipment	Size of extinguisher or details of other equipment

Location of Fire Fighting equipment

Fire Point Number	Location	Type of extinguisher or Equipment	Size of extinguisher or details of other equipment

Location of Fire Fighting equipment

Fire Point Number	Location	Type of extinguisher or Equipment	Size of extinguisher or details of other equipment

Location of Fire Fighting equipment

Fire Point Number	Location	Type of extinguisher or Equipment	Size of extinguisher or details of other equipment

Section 3c:
Monthly Inspections of Fire Fighting Equipment

Monthly Inspections of Fire Fighting Equipment

Date	No. of Items Inspected	Inspected By	Details of Faults and Action Taken

Monthly Inspections of Fire Fighting Equipment

Date	No. of Items Inspected	Inspected By	Details of Faults and Action Taken

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Monthly Inspections of Fire Fighting Equipment

Date	No. of Items Inspected	Inspected By	Details of Faults and Action Taken

SECTION 3D:
Annual Maintenance of Fire Fighting Equipment

Annual Maintenance of Fire Fighting Equipment

Date of Inspection/Test _____

Number of extinguishers Inspected

Number of Fire Blankets Inspected

Number of Hose Reels Inspected

Observations _____

_____

This is to certify that the Fire Fighting Equipment Has been serviced in accordance with the relevant standards

Signed: _____

For and on behalf of: _____

Service Company

Date of Inspection/Test _____

Number of extinguishers Inspected

Number of Fire Blankets Inspected

Number of Hose Reels Inspected

Observations _____

_____

This is to certify that the Fire Fighting Equipment Has been serviced in accordance with the relevant standards

Signed: _____

For and on behalf of: _____

Service Company

Annual Maintenance of Fire Fighting Equipment

Date of Inspection/Test _____

Number of extinguishers Inspected

Number of Fire Blankets Inspected

Number of Hose Reels Inspected

Observations _____

_____

This is to certify that the Fire Fighting Equipment Has been serviced in accordance with the relevant standards

Signed: _____

For and on behalf of: _____

Service Company

Date of Inspection/Test _____

Number of extinguishers Inspected

Number of Fire Blankets Inspected

Number of Hose Reels Inspected

Observations _____

_____

This is to certify that the Fire Fighting Equipment Has been serviced in accordance with the relevant standards

Signed: _____

For and on behalf of: _____

Service Company

Annual Maintenance of Fire Fighting Equipment

Date of Inspection/Test _____

Number of extinguishers Inspected

Number of Fire Blankets Inspected

Number of Hose Reels Inspected

Observations _____

_____

This is to certify that the Fire Fighting Equipment Has been serviced in accordance with the relevant standards

Signed: _____

For and on behalf of: _____

Service Company

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Number of extinguishers Inspected

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Observations _____

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This is to certify that the Fire Fighting Equipment Has been serviced in accordance with the relevant standards

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Service Company

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Observations _____

_____

This is to certify that the Fire Fighting Equipment Has been serviced in accordance with the relevant standards

Signed: _____

For and on behalf of: _____

Service Company

SECTION 4A:
Emergency Lighting Weekly Inspection

Emergency Lighting Weekly Inspection

Date	Inspected by	Date	Inspected by	Date	Inspected by

Emergency Lighting Weekly Inspection

Date	Inspected by	Date	Inspected by	Date	Inspected by

Emergency Lighting Weekly Inspection

Date	Inspected by	Date	Inspected by	Date	Inspected by

Emergency Lighting Weekly Inspection

Date	Inspected by	Date	Inspected by	Date	Inspected by

SECTION 4B:
Emergency Lighting Quarterly Inspection and Test

Emergency Lighting Quarterly Inspection and Test

Date	Inspected by	Details of Faults Action Taken

Emergency Lighting Quarterly Inspection and Test

Date	Inspected by	Details of Faults Action Taken

SECTION 4C:
Emergency Lighting Annual Inspection and Test

Emergency Lighting Annual Inspection and Test

Name of Premises: .....

Address of Premises: .....

..... Tel. No. .....

Date of Inspection and test: .....

I/We hereby certify that the emergency lighting installation at the above premises **has been inspected and tested in accordance with the schedule overleaf** by me/us and to the best of my/our knowledge and belief complies at the time of my/our test with the recommendations of I.S. 3217: 1989 "Code of Practice for Emergency Lighting", published by the National Standards Authority of Ireland, except as stated below.

Inspection and test carried out by: .....
(SERVICE COMPANY)

Address: .....

..... Tel. No. .....

Signature of Person responsible for inspection and test: .....

Name (**BLOCK CAPITALS)**: .....

Details of Variation (if any) from Code of Practice (I.S. 3217: 1989):

NOTE:

1. The owner should ensure that the person carrying out the inspection is competent and has received adequate instruction to complete the task.
2. Owing to the possibility of a failure of the supply to the normal lighting occurring shortly after a period of testing all tests should be undertaken at times of minimum risk.
3. **The person carrying out the test must also complete the schedule overleaf**.

SCHEDULE TO EMERGENCY LIGHTING PERIODIC INSPECTION AND TEST CERTIFICATE

Results of Inspection and Test:	**Delete as Applicable**
(a) Are correct entries made in the log book?	YES / NO
(b) Are record drawings available?	YES / NO
(c) Are record drawings correct?	YES / NO
(d) Signs:	
(1) Are the signs correctly positioned? (See Clause 6.8)	YES / NO
(2) Are the details of the signs correct? (See Clause 6.8)	YES / NO
(e) Luminaires: Are luminaires correctly positioned? (See Clauses 6.6, 6.7 and 10.2)	YES / NO
(f) Illumination for safe movement (Clause 5 and see record drawings)	
(1) Are the correct lamps installed in the luminaires?	YES / NO
(2) Is the Installation in a generally satisfactory condition?	YES / NO
(3) Is the horizontal illuminance at floor level on the centre line?	YES / NO
(4) Is the average horizontal illuminance at floor level on the centre line of clearly defined escape routes not less than 0.5 lux?	YES / NO
(g) Where non maintained emergency lighting is provided is the wiring to same arranged so that in the event of normal supply sub-circuit failure the emergency lighting will operate in the area of the premises covered by this sub-circuit?	YES / NO
(h) Marking:	
(1) Is the category and nominal operating voltage of the system clearly marked or readily identifiable? (See Clause 6.12)	YES / NO
(2) Is information available to ensure correct battery and lamp replacement? (See Clause 6.12)	YES / NO
(i) After operation for the 3 Hour duration:	
(1) Does each self contained luminaire and sign operate? (See Clauses 6.8 and 6.10)	YES / NO
(2) Following restoration of the system to normal supply is the battery charger functioning? (See Clause 6.10)	YES / NO

Comment (if any) and variation from Code of Practice:

Signature of person responsible for inspection and test _____

Emergency Lighting Annual Inspection and Test

Name of Premises: .....

Address of Premises: .....

..... Tel. No. .....

Date of Inspection and test: .....

I/We hereby certify that the emergency lighting installation at the above premises **has been inspected and tested in accordance with the schedule overleaf** by me/us and to the best of my/our knowledge and belief complies at the time of my/our test with the recommendations of I.S. 3217: 1989 "Code of Practice for Emergency Lighting", published by the National Standards Authority of Ireland, except as stated below.

Inspection and test carried out by: .....
(SERVICE COMPANY)

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Signature of Person responsible for inspection and test: .....

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(g) Where non maintained emergency lighting is provided is the wiring to same arranged so that in the event of normal supply sub-circuit failure the emergency lighting will operate in the area of the premises covered by this sub-circuit?	YES / NO
(h) Marking:	
(1) Is the category and nominal operating voltage of the system clearly marked or readily identifiable? (See Clause 6.12)	YES / NO
(2) Is information available to ensure correct battery and lamp replacement? (See Clause 6.12)	YES / NO
(i) After operation for the 3 Hour duration:	
(1) Does each self contained luminaire and sign operate? (See Clauses 6.8 and 6.10)	YES / NO
(2) Following restoration of the system to normal supply is the battery charger functioning? (See Clause 6.10)	YES / NO

Comment (if any) and variation from Code of Practice:

Signature of person responsible for inspection and test _____

Emergency Lighting Annual Inspection and Test

Name of Premises: .....

Address of Premises: .....

..... Tel. No. .....

Date of Inspection and test: .....

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3. **The person carrying out the test must also complete the schedule overleaf**.

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(d) Signs:	
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(e) Luminaires: Are luminaires correctly positioned? (See Clauses 6.6, 6.7 and 10.2)	YES / NO
(f) Illumination for safe movement (Clause 5 and see record drawings)	
(1) Are the correct lamps installed in the luminaires?	YES / NO
(2) Is the Installation in a generally satisfactory condition?	YES / NO
(3) Is the horizontal illuminance at floor level on the centre line?	YES / NO
(4) Is the average horizontal illuminance at floor level on the centre line of clearly defined escape routes not less than 0.5 lux?	YES / NO
(g) Where non maintained emergency lighting is provided is the wiring to same arranged so that in the event of normal supply sub-circuit failure the emergency lighting will operate in the area of the premises covered by this sub-circuit?	YES / NO
(h) Marking:	
(1) Is the category and nominal operating voltage of the system clearly marked or readily identifiable? (See Clause 6.12)	YES / NO
(2) Is information available to ensure correct battery and lamp replacement? (See Clause 6.12)	YES / NO
(i) After operation for the 3 Hour duration:	
(1) Does each self contained luminaire and sign operate? (See Clauses 6.8 and 6.10)	YES / NO
(2) Following restoration of the system to normal supply is the battery charger functioning? (See Clause 6.10)	YES / NO

Comment (if any) and variation from Code of Practice:

Signature of person responsible for inspection and test _____

Emergency Lighting Annual Inspection and Test

Name of Premises: .....

Address of Premises: .....

..... Tel. No. .....

Date of Inspection and test: .....

I/We hereby certify that the emergency lighting installation at the above premises **has been inspected and tested in accordance with the schedule overleaf** by me/us and to the best of my/our knowledge and belief complies at the time of my/our test with the recommendations of I.S. 3217: 1989 "Code of Practice for Emergency Lighting", published by the National Standards Authority of Ireland, except as stated below.

Inspection and test carried out by: .....
(SERVICE COMPANY)

Address: .....

..... Tel. No. .....

Signature of Person responsible for inspection and test: .....

Name (**BLOCK CAPITALS)**: .....

Details of Variation (if any) from Code of Practice (I.S. 3217: 1989):

NOTE:

1. The owner should ensure that the person carrying out the inspection is competent and has received adequate instruction to complete the task.
2. Owing to the possibility of a failure of the supply to the normal lighting occurring shortly after a period of testing all tests should be undertaken at times of minimum risk.
3. **The person carrying out the test must also complete the schedule overleaf**.

SCHEDULE TO EMERGENCY LIGHTING PERIODIC INSPECTION AND TEST CERTIFICATE

Results of Inspection and Test:	**Delete as Applicable**
(a) Are correct entries made in the log book?	YES / NO
(b) Are record drawings available?	YES / NO
(c) Are record drawings correct?	YES / NO
(d) Signs:	
(1) Are the signs correctly positioned? (See Clause 6.8)	YES / NO
(2) Are the details of the signs correct? (See Clause 6.8)	YES / NO
(e) Luminaires: Are luminaires correctly positioned? (See Clauses 6.6, 6.7 and 10.2)	YES / NO
(f) Illumination for safe movement (Clause 5 and see record drawings)	
(1) Are the correct lamps installed in the luminaires?	YES / NO
(2) Is the Installation in a generally satisfactory condition?	YES / NO
(3) Is the horizontal illuminance at floor level on the centre line?	YES / NO
(4) Is the average horizontal illuminance at floor level on the centre line of clearly defined escape routes not less than 0.5 lux?	YES / NO
(g) Where non maintained emergency lighting is provided is the wiring to same arranged so that in the event of normal supply sub-circuit failure the emergency lighting will operate in the area of the premises covered by this sub-circuit?	YES / NO
(h) Marking:	
(1) Is the category and nominal operating voltage of the system clearly marked or readily identifiable? (See Clause 6.12)	YES / NO
(2) Is information available to ensure correct battery and lamp replacement? (See Clause 6.12)	YES / NO
(i) After operation for the 3 Hour duration:	
(1) Does each self contained luminaire and sign operate? (See Clauses 6.8 and 6.10)	YES / NO
(2) Following restoration of the system to normal supply is the battery charger functioning? (See Clause 6.10)	YES / NO

Comment (if any) and variation from Code of Practice:

Signature of person responsible for inspection and test _____

Emergency Lighting Annual Inspection and Test

Name of Premises: .....

Address of Premises: .....

..... Tel. No. .....

Date of Inspection and test: .....

I/We hereby certify that the emergency lighting installation at the above premises **has been inspected and tested in accordance with the schedule overleaf** by me/us and to the best of my/our knowledge and belief complies at the time of my/our test with the recommendations of I.S. 3217: 1989 "Code of Practice for Emergency Lighting", published by the National Standards Authority of Ireland, except as stated below.

Inspection and test carried out by: .....
(SERVICE COMPANY)

Address: .....

..... Tel. No. .....

Signature of Person responsible for inspection and test: .....

Name (**BLOCK CAPITALS)**: .....

Details of Variation (if any) from Code of Practice (I.S. 3217: 1989):

NOTE:

1. The owner should ensure that the person carrying out the inspection is competent and has received adequate instruction to complete the task.
2. Owing to the possibility of a failure of the supply to the normal lighting occurring shortly after a period of testing all tests should be undertaken at times of minimum risk.
3. **The person carrying out the test must also complete the schedule overleaf**.

SCHEDULE TO EMERGENCY LIGHTING PERIODIC INSPECTION AND TEST CERTIFICATE

Results of Inspection and Test:	**Delete as Applicable**
(a) Are correct entries made in the log book?	YES / NO
(b) Are record drawings available?	YES / NO
(c) Are record drawings correct?	YES / NO
(d) Signs:	
(1) Are the signs correctly positioned? (See Clause 6.8)	YES / NO
(2) Are the details of the signs correct? (See Clause 6.8)	YES / NO
(e) Luminaires: Are luminaires correctly positioned? (See Clauses 6.6, 6.7 and 10.2)	YES / NO
(f) Illumination for safe movement (Clause 5 and see record drawings)	
(1) Are the correct lamps installed in the luminaires?	YES / NO
(2) Is the Installation in a generally satisfactory condition?	YES / NO
(3) Is the horizontal illuminance at floor level on the centre line?	YES / NO
(4) Is the average horizontal illuminance at floor level on the centre line of clearly defined escape routes not less than 0.5 lux?	YES / NO
(g) Where non maintained emergency lighting is provided is the wiring to same arranged so that in the event of normal supply sub-circuit failure the emergency lighting will operate in the area of the premises covered by this sub-circuit?	YES / NO
(h) Marking:	
(1) Is the category and nominal operating voltage of the system clearly marked or readily identifiable? (See Clause 6.12)	YES / NO
(2) Is information available to ensure correct battery and lamp replacement? (See Clause 6.12)	YES / NO
(i) After operation for the 3 Hour duration:	
(1) Does each self contained luminaire and sign operate? (See Clauses 6.8 and 6.10)	YES / NO
(2) Following restoration of the system to normal supply is the battery charger functioning? (See Clause 6.10)	YES / NO

Comment (if any) and variation from Code of Practice:

Signature of person responsible for inspection and test _____

SECTION 5A:

FIRE ALARM SYSTEM

Fire Detection and Alarm System
Log Book of Events and Weekly Tests

Any "event" affecting the fire alarm installation should be recorded.
An "event" should include fire alarms, false alarms, failure, inspections tests, disconnections, dates of service, and outstanding works.
Note: *It may be necessary to complete a certificate of testing provided in Section 5B after certain "events" (refer to the certificate of testing and system manufacturer/installer for further guidance).*

Date	Time	Zone	Event	Action Required	Completion Date	Signature

Fire Detection and Alarm System
Log Book of Events and Weekly Tests

Any "event" affecting the fire alarm installation should be recorded.
An "event" should include fire alarms, false alarms, failure, inspections tests, disconnections, dates of service, and outstanding works.
Note: *It may be necessary to complete a certificate of testing provided in Section 5B after certain "events" (refer to the certificate of testing and system manufacturer/installer for further guidance).*

Date	Time	Zone	Event	Action Required	Completion Date	Signature

Fire Detection and Alarm System
Log Book of Events and Weekly Tests

Any "event" affecting the fire alarm installation should be recorded.
An "event" should include fire alarms, false alarms, failure, inspections tests, disconnections, dates of service, and outstanding works.
Note: *It may be necessary to complete a certificate of testing provided in Section 5B after certain "events" (refer to the certificate of testing and system manufacturer/installer for further guidance).*

Date	Time	Zone	Event	Action Required	Completion Date	Signature

Fire Detection and Alarm System
Log Book of Events and Weekly Tests

Any "event" affecting the fire alarm installation should be recorded.
An "event" should include fire alarms, false alarms, failure, inspections tests, disconnections, dates of service, and outstanding works.
Note: *It may be necessary to complete a certificate of testing provided in Section 5B after certain "events" (refer to the certificate of testing and system manufacturer/installer for further guidance).*

Date	Time	Zone	Event	Action Required	Completion Date	Signature

Fire Detection and Alarm System
Log Book of Events and Weekly Tests

Any "event" affecting the fire alarm installation should be recorded.
An "event" should include fire alarms, false alarms, failure, inspections tests, disconnections, dates of service, and outstanding works.
Note: *It may be necessary to complete a certificate of testing provided in Section 5B after certain "events" (refer to the certificate of testing and system manufacturer/installer for further guidance).*

Date	Time	Zone	Event	Action Required	Completion Date	Signature

Fire Detection and Alarm System
Log Book of Events and Weekly Tests

Any "event" affecting the fire alarm installation should be recorded.
An "event" should include fire alarms, false alarms, failure, inspections tests, disconnections, dates of service, and outstanding works.
Note: *It may be necessary to complete a certificate of testing provided in Section 5B after certain "events" (refer to the certificate of testing and system manufacturer/installer for further guidance).*

Date	Time	Zone	Event	Action Required	Completion Date	Signature

SECTION 5B:
Certificate of Testing of Fire Detection and Alarm System

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total	☐	Number Tested	☐
Number of Sounders	Total	☐	Number Tested	☐
Number of Smoke Detectors	Total	☐	Number Tested	☐
Number of Heat Detectors	Total	☐	Number Tested	☐
Number of Manual Call Points	Total	☐	Number Tested	☐

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
Clause 29.2.6	Annual Inspection and Test	☐
Clause 29.3.2	Servicing after a fire	☐
Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total	☐	Number Tested	☐
Number of Sounders	Total	☐	Number Tested	☐
Number of Smoke Detectors	Total	☐	Number Tested	☐
Number of Heat Detectors	Total	☐	Number Tested	☐
Number of Manual Call Points	Total	☐	Number Tested	☐

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
Clause 29.2.6	Annual Inspection and Test	☐
Clause 29.3.2	Servicing after a fire	☐
Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total	☐	Number Tested	☐
Number of Sounders	Total	☐	Number Tested	☐
Number of Smoke Detectors	Total	☐	Number Tested	☐
Number of Heat Detectors	Total	☐	Number Tested	☐
Number of Manual Call Points	Total	☐	Number Tested	☐

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
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Clause 29.3.2	Servicing after a fire	☐
Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total	☐	Number Tested	☐
Number of Sounders	Total	☐	Number Tested	☐
Number of Smoke Detectors	Total	☐	Number Tested	☐
Number of Heat Detectors	Total	☐	Number Tested	☐
Number of Manual Call Points	Total	☐	Number Tested	☐

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
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Clause 29.3.2	Servicing after a fire	☐
Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total		Number Tested	
Number of Sounders	Total		Number Tested	
Number of Smoke Detectors	Total		Number Tested	
Number of Heat Detectors	Total		Number Tested	
Number of Manual Call Points	Total		Number Tested	

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
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Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total	☐	Number Tested	☐
Number of Sounders	Total	☐	Number Tested	☐
Number of Smoke Detectors	Total	☐	Number Tested	☐
Number of Heat Detectors	Total	☐	Number Tested	☐
Number of Manual Call Points	Total	☐	Number Tested	☐

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
Clause 29.2.6	Annual Inspection and Test	☐
Clause 29.3.2	Servicing after a fire	☐
Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total		Number Tested	
Number of Sounders	Total		Number Tested	
Number of Smoke Detectors	Total		Number Tested	
Number of Heat Detectors	Total		Number Tested	
Number of Manual Call Points	Total		Number Tested	

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
Clause 29.2.6	Annual Inspection and Test	☐
Clause 29.3.2	Servicing after a fire	☐
Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total	☐	Number Tested	☐
Number of Sounders	Total	☐	Number Tested	☐
Number of Smoke Detectors	Total	☐	Number Tested	☐
Number of Heat Detectors	Total	☐	Number Tested	☐
Number of Manual Call Points	Total	☐	Number Tested	☐

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
Clause 29.2.6	Annual Inspection and Test	☐
Clause 29.3.2	Servicing after a fire	☐
Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total	☐	Number Tested	☐
Number of Sounders	Total	☐	Number Tested	☐
Number of Smoke Detectors	Total	☐	Number Tested	☐
Number of Heat Detectors	Total	☐	Number Tested	☐
Number of Manual Call Points	Total	☐	Number Tested	☐

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
Clause 29.2.6	Annual Inspection and Test	☐
Clause 29.3.2	Servicing after a fire	☐
Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total	☐	Number Tested	☐
Number of Sounders	Total	☐	Number Tested	☐
Number of Smoke Detectors	Total	☐	Number Tested	☐
Number of Heat Detectors	Total	☐	Number Tested	☐
Number of Manual Call Points	Total	☐	Number Tested	☐

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
Clause 29.2.6	Annual Inspection and Test	☐
Clause 29.3.2	Servicing after a fire	☐
Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total	☐	Number Tested	☐
Number of Sounders	Total	☐	Number Tested	☐
Number of Smoke Detectors	Total	☐	Number Tested	☐
Number of Heat Detectors	Total	☐	Number Tested	☐
Number of Manual Call Points	Total	☐	Number Tested	☐

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of SecondaryBattery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
Clause 29.2.6	Annual Inspection and Test	☐
Clause 29.3.2	Servicing after a fire	☐
Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total	☐	Number Tested	☐
Number of Sounders	Total	☐	Number Tested	☐
Number of Smoke Detectors	Total	☐	Number Tested	☐
Number of Heat Detectors	Total	☐	Number Tested	☐
Number of Manual Call Points	Total	☐	Number Tested	☐

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
Clause 29.2.6	Annual Inspection and Test	☐
Clause 29.3.2	Servicing after a fire	☐
Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

Certificate of Testing of FDAS

Protected Area _____

_____

Number of Zones	Total	☐	Number Tested	☐
Number of Sounders	Total	☐	Number Tested	☐
Number of Smoke Detectors	Total	☐	Number Tested	☐
Number of Heat Detectors	Total	☐	Number Tested	☐
Number of Manual Call Points	Total	☐	Number Tested	☐

Automatic Door Release(s) Satisfactory Operation YES ☐ NO ☐ (tick as appropriate)

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S.3218: 1989 (Tick Box as appropriate):

Clause 27	Extensions and alterations to existing premises	☐
Clause 29.2.5	Quarterly inspection and test	☐
Clause 29.2.6	Annual Inspection and Test	☐
Clause 29.3.2	Servicing after a fire	☐
Clause 29.3.3	Servicing following a false alarm	☐
Clause 29.3.3	Servicing Following excessive false alarms	☐
Clause 29.3.4	Servicing following a fault	☐
Clause 29.3.5	Servicing following a pre-alarm	☐
Clause 29.3.7	Other non-routine attention (specify)	☐

_____

_____

Signed: _____

Name (**BLOCK CAPITALS**): _____

Status: _____ Date: _____

For and on behalf of: _____

(Service Company (BLOCK CAPITALS))

SECTION 6:
Fire Resisting Doors and Exits

Fire Resisting Doors and Exits

Date	Inspected By	Location of Door/Exit	Details of Faults	Automatic Door Release - Operation Satisfactory	Action Taken
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	

Fire Resisting Doors and Exits

Date	Inspected By	Location of Door	Details of Faults	Automatic Door Release - Operation Satisfactory	Action Taken
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	

Fire Resisting Doors and Exits

Date	Inspected By	Location of Door	Details of Faults	Automatic Door Release - Operation Satisfactory	Action Taken
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	

Fire Resisting Doors and Exits

Date	Inspected By	Location of Door	Details of Faults	Automatic Door Release - Operation Satisfactory	Action Taken
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	
				YES ☐ NO ☐	

SECTION 7:
Upholstered Seating and Furniture

Upholstered Seating and Furniture

Date	Inspected by	Details of Faults	Action Taken

Upholstered Seating and Furniture

Date	Inspected by Details of Faults	Action Taken

Upholstered Seating and Furniture

Date	Inspected by	Details of Faults	Action Taken

SECTION 8:
Water Sprinkler Systems

NOTE

Where the system is monitored by a remote alarm monitoring company notify the company prior to any testing or maintenance on the system.

Water Sprinkler System
Maintenance Record

Name of Contractor: _____

_____

Address: _____

_____

Telephone: _____

Period of Inspection and Maintenance: _____

Date	Inspection Routine (as per BS 5306)	Details of Faults	Action Taken / Work Carried out	Signature

Water Sprinkler System
Maintenance Record

Name of Contractor: _____

_____

Address: _____

_____

Telephone: _____

Period of Inspection and Maintenance: _____

Date	Inspection Routine (as per BS 5306)	Details of Faults	Action Taken / Work Carried out	Signature

Water Sprinkler System
Maintenance Record

Name of Contractor: _____

_____

Address: _____

_____

Telephone: _____

Period of Inspection and Maintenance: _____

Date	Inspection Routine (as per BS 5306)	Details of Faults	Action Taken / Work Carried out	Signature

SECTION 9:
Fixed Fire
Suppression Systems

NOTE

It is important that during test and maintenance being carried out that all persons within the protected area be notified and that any gas supply present should be mechanically locked off.

Any person entering the building should be made aware of the test being carried out.

FIXED FIRE SUPPRESSION SYSTEM
MAINTENANCE RECORD

Area where the system is installed _____

Type of System: _____

System Designed By: _____

System installed by: _____

Date Commissioned: _____

Name of Maintenance Contractor: _____

_____

Address: _____

_____

Telephone: _____ After hours: _____

TEST and MAINTENANCE

Date	Checked by	Company	Details of Test or Maintenance	Signature

Date	Checked by	Company	Details of Test or Maintenance	Signature

SECTION 10:
On-Site Fire Hydrants

Information on On-Site Fire Hydrants

Periodical inspections of the vicinity of all hydrants should also be made to ensure that there are no obstructions impeding accessibility and that hydrant indicator plates are in position.

Periodic inspection should be made to ensure that all isolating valves for systems are kept locked in an "open" position. **Also flow and pressure should be checked to ensure that supplies have not deteriorated.**

Arrangements should be made by the owners or the occupiers to ensure that, at least **once a year**, maintenance is carried out on all private fire hydrants by a *competent person*.

Where such hydrants are supplied from mains, arrangements should also be made with the water undertaking before tests are carried out.

During these inspections and tests the condition of the following should be checked and noted for remedial action if necessary:

a) pits;
b) frames;
c) covers;
d) surface paving round edges of frames;

In addition the following should be checked:

e) depth of outlet below the frame;
f) method of indication by means of hydrant indicator plate.

The test should include flushing out the outlet and checking the outlet connection. The flow and pressure at the outlet should also be measured and noted.

On completion of the test, the operation of the frost valve (where fitted) should be checked, and the **pit should be left empty and clean**.

Until the outcome of field trials for plastics hydrant outlets are known and sufficient experience has been gained from their use, plastics for these components should **not** be specified.

Annual Maintenance of Fire Hydrants

Number of Hydrants Inspected ☐

Extent of Work Undertaken _____
_____
_____
_____

The above hydrants have been inspected by me in accordance with B.S. 9990: 2006

The duration of the pressure and flow test was ____ minutes

The minimum pressure recorded was _____ bar
The maximum pressure recorded was _____ bar
The average pressure recorded during the test was _____ bar

The flow recorded was _____ litres/minute ☐ litres/second ☐ OR Gallons/Minute ☐

The average flow was _____ litres/minute ☐ litres/second ☐ OR Gallons/Minute ☐

*The water supply at this location having **consulted** with Cavan Fire Authority is deemed adequate for fire fighting purposes.*

All faults with the system have been noted and the appropriate action has been taken to rectify such faults.

Name: _____ (Block Capitals)

Signature: _____

For and on behalf of: _____
Service Company

SECTION 11:
Rising/Falling Mains

Information on Rising/Falling Mains

Where systems are found to be defective the faulty component should be replaced immediately if possible. Where a replacement is not immediately available or possible an "Out of order" notice should be attached to the faulty component. The premises' fire safety manager (or their deputy) should be informed and arrangements made as soon as possible to reinstate operation of the fire main. The fire safety manager should also inform the fire service immediately in order that alternative arrangements can be made to cover this deficiency if the need arises. Where the entire fire main is defective a notice should be placed in the appropriate inlet box. When the installation is reinstated, the fire service should again be informed so that any alternative arrangements can be cancelled.

Fire mains and associated equipment should be identified in accordance with BS 1710. The following notices should be rectangular with white wording on a red background. Letter height should be not less than 25 mm and should be lower case except for the principal initial letters, which should be upper case and in accordance with BS 5499-1 and BS 5499-5.

a) A notice reading either "Dry fire main" or "Wet fire main" as appropriate should be displayed either on the door of the box or recess in which the landing valve is mounted or in an adjacent prominent position if a door is not provided.
b) A notice reading "Dry riser – drain valve" should be displayed in a prominent position adjacent to the valve. A notice approximately 100 mm × 75 mm should also be displayed in the inlet box reading "Low level drain valve in (here state location)".
c) A notice reading "Fire main pump motor supply – not to be switched off in the event of fire" should be displayed adjacent to all switches in the electrical power supply to pumps.
d) Where any isolating valves are installed a notice reading "Fire main control valve" should be displayed adjacent to the valve.

The position of any inlets should be clearly indicated using the appropriate notice in accordance with BS 5499-1 and BS 5499-5 and using a letter height of 50 mm.

Information should be provided, in a position available to the fire service, to indicate the type of system (i.e. wet or dry fire main) and the parts of the building served by fire main outlets. For dry fire mains, information should also be provided indicating the maximum elevation and/or fall in relation to the riser inlet, and each floor level should have an indication of its elevation in respect to the fire main inlet.

All system information signage should be designed in accordance with BS 5499-1 and BS 5499-5.

Rising/Falling Mains

Main No. _____ Dry Main ☐ Wet Main ☐

Diameter of Main (mm) _____

Location of Inlet _____

_____

Total Number of Dry Riser (falling) Outlets ☐

Total Number of Wet Riser (falling) Outlets ☐

Location of Outlets

Floor	Height (depth) above (below) Inlet	Details of Location

Six Monthly/Annual Maintenance of Rising/Falling Mains

Date of Inspection _____

Extent of Work Undertaken _____

_____

_____

_____

This Rising/Falling Main has been inspected by me in accordance with B.S. 9990: 2006 and B.S. 5588: Part 12: 2004

All inlets, landing valves, drain valves, door hinges and locking arrangements for inlet and landing valve boxes are ready for immediate use, and all valves, spindles, glands and washers are in a satisfactory condition;

Where wet mains are provided:

1) booster pumps and their associated mechanical and electrical apparatus are functioning correctly;
2) storage tanks are full of clean water.

Wet tests have been carried out on the fire mains to check for leaks.

All faults with the system have been noted and the appropriate action has been taken to rectify such faults.

Name: _____ (Block Capitals)

Signature: _____

For and on behalf of: _____

Service Company