

# FIRE SAFETY REGISTER

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**Premises Name:**

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**Premises Address:**

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**Fire Safety Manager:**

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**Contact No.**

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**Kerry County Fire Service**  
[www.kerrycoco.ie](http://www.kerrycoco.ie)

# CONTENTS

<b>Section</b>	<b>Title</b>	<b>Page</b>
1.0	Introduction	3
2.0	Guidance for the completion of the Fire Safety register	4
3.0	General Fire Safety Precautions Notice	5
4.0	Specific Fire Duties Assigned to Particular Staff Members	6
5.0	Record of Fire Safety Training /Drills	8
6.0	Inspection of First Aid Fire Fighting Equipment	13
7.0	Daily Inspection of Means of Escape Routes	20
8.0	Inspection of Fire Resisting Doors	22
9.0	Fire Alarm User Responsibilities	24
10.0	Fire Detection & Alarm System Log Book	26
11.0	Log Book for Fire Detection & Alarm Systems	27
12.0	Fire Detection & Alarm System: General Register	29
13.0	False Alarm Register	34
14.0	Inspection of Emergency Lighting Register	36
15.0	Inventory of Emergency Lighting Equipment	38
16.0	Emergency lighting periodic inspection and testing certificate	43
17.0	Schedule to Emergency Lighting Periodic Inspection & Testing Certification	44
18.0	Furniture & Fittings	49

## 1.0 INTRODUCTION

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.

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

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 minimize the risk of a fire occurring and ensure the safety of persons on the premises in an emergency.

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.

**Note: Owners/Fire Safety managers should satisfy themselves that all Electrical & Gas Installations have been fully serviced by a competent person to ensure compliance with all statutory requirements and codes of practice. Copy & attach any relevant certification**

## 2.0 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 Kerry County Fire Service.
2. The Register generally has sufficient pages to allow for records over a period of 2 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. These are summarised in the table below.

	Emergency Lighting	Fire Alarm	Extinguishers & Hose Reels	Fire Exit Doors	Fire Resisting Doors	Upholstery
Daily		✓		✓		
Weekly	✓	✓			✓	✓
Monthly			✓		✓	
3 Monthly	✓	✓			✓	
6 Monthly				✓	✓	✓
Annually	✓	✓	✓	✓	✓	✓

## **3.0 GENERAL FIRE SAFETY 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

## 4.0 SPECIFIC FIRE DUTIES ASSIGNED TO PARTICULAR STAFF MEMBERS

### Owner Details

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fire Duties:** Overall responsible person with regards to minimising the risk of an outbreak of fire and the risk to staff and occupants should an outbreak of fire occur

### Fire Safety Manager

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fire Duties:** Minimise the risk of outbreak of fire through good fire prevention practice and ensure that all staff are aware and can carry out any relevant fire safety actions

### Deputy Fire Safety Manager

**Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Fire Duties** Minimise the risk of outbreak of fire through good fire prevention practice and ensure that all staff are aware and can carry out any relevant fire safety actions

**4.0 SPECIFIC FIRE DUTIES ASSIGNED TO PARTICULAR STAFF MEMBERS**

**Name**

\_\_\_\_\_

**Position**

\_\_\_\_\_

**Fire Duties**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Position**

\_\_\_\_\_

**Fire Duties**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Position**

\_\_\_\_\_

**Fire Duties**

\_\_\_\_\_

\_\_\_\_\_

**5.0 RECORD OF FIRE SAFETY TRAINING/DRILLS**

**Note: Copy and attach any certificates issued by training provider for submission to any authorised officer of Kerry County Fire Service**

**Date:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Name of Training Provider:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

**Nature of Training:** \_\_\_\_\_

**List of Attendees:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Signed:** \_\_\_\_\_



**5.0 RECORD OF FIRE SAFETY TRAINING/DRILLS**

**Note: Copy and attach any certificates issued by training provider for submission to any authorised officer of Kerry County Fire Service**

**Date:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Name of Training Provider:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

**Nature of Training:** \_\_\_\_\_

**List of Attendees:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Signed:**

**5.0 RECORD OF FIRE SAFETY TRAINING/DRILLS**

**Note: Copy and attach any certificates issued by training provider for submission to any authorised officer of Kerry County Fire Service**

**Date:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Name of Training Provider:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

**Nature of Training:** \_\_\_\_\_

**List of Attendees:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Signed:**

**5.0 RECORD OF FIRE SAFETY TRAINING/DRILLS**

**Note: Copy and attach any certificates issued by training provider for submission to any authorised officer of Kerry County Fire Service**

**Date:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Name of Training Provider:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

**Nature of Training:** \_\_\_\_\_

**List of Attendees:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Signed:**

**5.0 RECORD OF FIRE SAFETY TRAINING/DRILLS**

**Note: Copy and attach any certificates issued by training provider for submission to any authorised officer of Kerry County Fire Service**

**Date:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Name of Training Provider:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

**Nature of Training:** \_\_\_\_\_

**List of Attendees:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Signed:**

## **6.0 INSPECTION OF FIRST AID FIRE FIGHTING EQUIPMENT**

**Note: The annual inspection of the First Aid Fire Fighting Equipment must be carried out by a competent service organisation and the certificate of compliance submitted in accordance with the recommendations of IS 291:2002**

### **Inspection Procedure:**

Inspection procedure: The monthly inspection procedure shall determine that

- The extinguisher is in its designated place;
- Access to or visibility of the extinguisher is not obstructed;
- Any seals or indicator tabs are not broken;
- Pressure indicators, where fitted, show the correct pressure;
- The extinguisher has not been damaged;
- The extinguisher does not have obvious defects such as a clogged nozzle, corrosion, leakage or a loose or damaged hose;
- In the case of all carbon dioxide gas extinguishers the discharge horn or hose/horn is properly secured;
- The maintenance record label is properly attached to the extinguisher and is up to date and the maintenance register is entered up to date;
- A service certificate should be issued to the customer for record purposes.

### **Frequency of inspection:**

Visual inspection of extinguishers shall be carried out at monthly intervals by the user, or agent appointed by the user, supplier, or a competent extinguisher maintenance agent. More frequent inspection may be necessary in the following cases:-

- High frequency of outbreaks of fires;
- Severe hazard;
- Susceptibility to tampering, damage, vandalism or malicious mischief;
- Locations which make extinguishers susceptible to mechanical injury such as exposure to abnormal temperatures, to corrosive atmospheres or to physical obstructions.

**6.0 INSPECTION OF FIRST AID FIRE FIGHTING  
EQUIPMENT**

**Location of Equipment:**

<b>Number</b>	<b>Type</b>	<b>Size</b>	<b>Location</b>

**6.0 INSPECTION OF FIRST AID FIRE FIGHTING  
EQUIPMENT**

**Weekly/Monthly**

<b>Number</b>	<b>Type</b>	<b>Location</b>

<b>6.0 INSPECTION OF FIRST AID FIRE FIGHTING EQUIPMENT</b>
--

**Weekly/Monthly**

Number	Type	Location



**6.0 INSPECTION OF FIRST AID FIRE FIGHTING EQUIPMENT**

**Weekly/Monthly**

<b>Number</b>	<b>Type</b>	<b>Location</b>



**6.0 INSPECTION OF FIRST AID FIRE FIGHTING  
EQUIPMENT**

**Weekly/Monthly**

Number	Type	Location

## 7.0 INSPECTION OF MEANS OF ESCAPE ROUTES

Daily inspection should include checking that all doors forming part of the means of escape are easily and immediately available and that all means of escape routes are free from obstruction at all times.

### Escape Route:

Date	Inspected by:	Faults Found	Action

**Escape Route:**

<b>Date</b>	<b>Inspected by:</b>	<b>Faults Found</b>	<b>Action</b>

## 8.0 INSPECTION OF FIRE RESISTING DOORS

An inspection should be carried out every 6 months to ascertain that:

- All faults recorded in the Fire Safety Register Log book have been dealt with and a record of the action noted
- Every Fire Door closes properly and the receiver engages
- There are no gaps larger than 4mm between the frame and doors or between meeting leaves
- The combined intumescent strip/cold smoke seal is fully intact on the top sides and meeting door leaves
- The correct signage is on all doors on both sides
- The correct ironmongery is on the fire doors

Door Number:	Date:	Inspected by:	Faults Found:	Action Taken:

## Inspection of Fire Resisting Doors

<b>Number:</b>	<b>Date:</b>	<b>Inspected by:</b>	<b>Faults Found:</b>	<b>Action Taken</b>

## **9.0 FIRE DETECTION & ALARM SYSTEM: USER RESPONSIBILITIES**

**Note: The annual inspection of the Fire Detection & Alarm System must be carried out by a competent service organisation and the certificate of compliance submitted in accordance with the recommendations of IS 3218**

### **Daily Attention:**

- Check status of control panel
- Log any defects
- Report defect to responsible person
- Responsible person to action any faults immediately
- Ensure any logged faults from previous inspections are attended to

### **Weekly Attention:**

Daily attention as above in addition to:

- Activate 1 device per 13 zones
- Confirm correct activation of device
- Confirm alarm device operation
- Visual check of standby battery

### **Quarterly Attention**

Weekly attention in addition to:

- Battery Load Test
- Operate min. 1 device per zone
- Confirm all panel functions are operating normally (incl. fault)
- Confirm alarm device operation
- Structure/System survey
- Certificate



## **Annual Attention**

- Analysis & Report by service provider
- Record/Log to be presented by User

**A certificate indicating the buildings Fire Detection & Alarm Systems' compliance with IS 3218 is to be produced on request to any authorized officers of Kerry County Fire Service**

## 10.0 FIRE DETECTION & ALARM SYSTEM LOG BOOK

The Fire Safety Manager shall ensure that a Log Book is kept in which the following shall be recorded:

- The name of the responsible person
- Brief details of any servicing arrangements
- Dates and times of all alarms (genuine, practice, test or false) together with their causes where known. If alarms have been caused by the operation of a detector or manual call point, then the location of the device shall be recorded
- Dates, times and types of all defects and faults
- Dates and types of all tests
- Dates and types of all servicing (routine or special)
- Dates and times of all periods of disconnection or disablement
- All alterations to the system

The Log Book shall be available for inspection by an authorised officer of Kerry County Fire Service.

The reset switch shall not be used as a method of silencing the alarm sounders, since this may destroy the indication of the location of a fire.

### **Notices:**

Where possible, permanent notices should be displayed at the entrance to all areas in which detectors are sited. A suitable text may be;

'This area is protected by automatic fire detectors. Before undertaking any work involving heat, flame, dust or sparks, clearance must be obtained from the responsible person.'

**11.0 LOG BOOK FOR FIRE DETECTION & ALARM SYSTEMS**

Name of Premises/Area \_\_\_\_\_

Address of Premises \_\_\_\_\_  
\_\_\_\_\_

Log Number \_\_\_\_\_ Commencement Date / /  
Date: \_\_\_\_\_

**Responsible Person** \_\_\_\_\_

**System Designer**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

**Installer**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

**Service Provider**

Name	_____
Address	_____ _____
Telephone	_____ email _____

**Maintenance provider**

Name	_____
Address	_____ _____
Telephone	_____ email _____

**THIS LOG BOOK TO BE KEPT AT:**

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## 12.0 FIRE DETECTION & ALARM SYSTEM: GENERAL REGISTER

			Event & Detail							
Log No.	Date	Time	Device	Test	Fire	Fault	Other	Detail/Action	Date Complete	Signature

**12.0 FIRE DETECTION & ALARM SYSTEM: GENERAL REGISTER**

Log No.	Date	Time	Event & Detail					Detail/Action	Date Complete	Signature
			Device	Test	Fire	Fault	Other			

**12.0 FIRE DETECTION & ALARM SYSTEM: GENERAL REGISTER**

			Event & Detail							
Log No.	Date	Time	Device	Test	Fire	Fault	Other	Detail/Action	Date Complete	Signature

**12.0 FIRE DETECTION & ALARM SYSTEM: GENERAL REGISTER**

			Event & Detail							
Log No.	Date	Time	Device	Test	Fire	Fault	Other	Detail/Action	Date Complete	Signature



**12.0 FIRE DETECTION & ALARM SYSTEM: GENERAL REGISTER**

			Event & Detail							
Log No.	Date	Time	Device	Test	Fire	Fault	Other	Detail/Action	Date Complete	Signature

## 13.0 FALSE ALARM REGISTER

Log Ref.	Cause of Alarm/Notes	Action Taken or Needed/Comments	Date Completed	Signature

Log Ref.	Cause of Alarm/Notes	Action Taken or Needed/Comments	Date Completed	Signature

## **14.0 INSPECTION OF EMERGENCY LIGHTING**

**Note: The annual inspection of the Emergency Lighting System must be carried out by a competent person/service organisation and the certificate of compliance submitted in accordance with the recommendations of IS 3217**

### **Maintenance & Testing**

#### **General**

Light Level test shall be carried out every 4 years to confirm adequate illumination levels

#### **Weekly Test**

A test shall be made once every seven days to ascertain that:

- Any fault recorded in the log book has been given urgent attention and the action noted
- Every lamp in a maintained system is lighting,
- The main control or indicating panel of each central battery system indicates normal operation
- The main control or indicating panel of each engine driven generator plant indicates normal operation. After inspection the system shall be started and run to recharge the batteries, and to allow each luminaire to be checked for correct operation,
- The LED in charging circuit is illuminated,
- Any fault found is recorded in the log book and the action taken and noted.

#### **Quarterly Test**

Tests shall be carried out as follows:

- Each self-contained luminaire and internally illuminated escape route sign shall be energized from its battery by simulation of a failure of the supply. During this period all luminaries and/or signs shall be examined visually to ensure that they are functioning correctly.
- Each central battery system shall be energized from its battery by simulation of a failure of the supply to the normal lighting for a period of at least 30 min but not exceeding one quarter of the rated duration of the battery. During this period all luminaries and/or signs shall be examined visually to ensure that they are functioning correctly.

- Each engine-driven generating plant shall be started up by a simulation of a failure of the supply to the normal lighting and allowed to energize the emergency lighting system for a continuous period of at least 1 hr. During this time all luminaries and/or signs shall be examined visually to ensure that they are functioning correctly.

## **Annual Test**

The quarterly test shall be carried out and the following additional tests made:

- Each emergency lighting installation shall be tested and inspected to ascertain compliance with the standard IS 3217: 2008
- Each self-contained luminaire and/or internally illuminated sign shall be tested for its full duration,
- At the end of the test period the supply to the normal lighting shall be restored and any indicator lamp or device checked to ensure that it is showing that the normal supply has been restored,
- Each central battery system shall be tested for its full duration,
- At the end of the test period the supply to the normal lighting shall be restored and any indicator lamp or device checked to ensure that it is showing that the normal supply has been restored. The charging arrangements shall be checked for proper functioning,
- Each generator back-up battery, where fitted, shall be tested for its full duration. At the end of the test period the system shall be restored to normal operation and the charging arrangements for the back-up and engine-starting batteries checked for proper functioning. Any indicator lamp or device shall then be checked to ensure that it is showing that normal arrangements have been restored.

**A certificate indicating the buildings Emergency Lighting Systems' compliance with IS 3217 is to be produced on request to any authorized officers of Kerry County Fire Service**

**15.0 INVENTORY OF EMERGENCY LIGHTING  
EQUIPMENT**

**Location of Equipment**

Number	Type	Location

## **15.0 INVENTORY OF EMERGENCY LIGHTING EQUIPMENT**

### **Location of Equipment**

<b>Number</b>	<b>Type</b>	<b>Location</b>

**15.0 INSPECTION OF EMERGENCY LIGHTING  
EQUIPMENT**

**Weekly/Monthly**

<b>Date</b>	<b>Inspected by</b>	<b>Details of Faults &amp; Action Taken</b>



## 15.0 INSPECTION OF EMERGENCY LIGHTING EQUIPMENT

**Weekly/Monthly**

Date	Inspected by	Details of Faults & Action Taken



**16.0 EMERGENCY LIGHTING PERIODIC INSPECTION AND TESTING CERTIFICATE**

Address of premises.....  
.....Tel. no.....

Date of inspection and test.....

Inspection and test carried out by .....

Name and address (PRINT NAME).....Tel. no.....

I/We hereby certify that the emergency lighting installation at the above premises has been inspected and tested in accordance with the schedule below by me/us and to the best of my/our knowledge and belief complies at the time of my/our test with the requirements of I.S. 3217 "Emergency Lighting", except as stated below.

Signature of person responsible for inspection and test.....

PRINT NAME...

Title.....

For and on behalf of .....

Variations to I.S. 3217 and /or specification (tick one): No/Yes listed as attached)

NOTE It is the owner's responsibility to ensure that the person carrying out the inspection is competent and suitably qualified and meets the criteria for commissioning emergency lighting as detailed in B.4 of I.S. 3217.

**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.**

## 17.0 SCHEDULE TO EMERGENCY LIGHTING PERIODIC INSPECTION AND TEST CERTIFICATION

<b>Results of inspection and tests:</b>	<b>Delete as Applicable</b>
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?	YES/NO
2) Are details of the signs correct?	YES/NO
e) Luminaires: Are luminaires correctly positioned?	YES/NO
f) Illumination for safe movement:	
1) Are the correct lamps installed in the luminaires?	YES/NO
2) Is the installation in a satisfactory condition?	YES/NO
g) Marking:	
1) Is the category and nominal operating voltage of the system clearly marked or readily identifiable?	YES/NO
2) Is information available to ensure correct battery and lamp replacement?	YES/NO
h) Central battery systems including backup batteries:	
1) Are the charging arrangements for secondary batteries satisfactory?	YES/NO
2) Do changeover devices operate satisfactorily upon simulation of failure of the normal supply?	YES/NO
3) After operation for the rated duration:	
i) Do all luminaires operate?	YES/NO
ii) Are all signs illuminated and visible?	YES/NO
iii) Following the restoration of the system to normal, is the battery charger functioning?	YES/NO
iv) Are the levels and the specific gravities of the battery electrolytes satisfactory, where applicable?	YES/NO

i) Engine driven generating plant:

After a period of operation of at least 1h:

- 1) Do all luminaires and operate? YES/NO
- 2) Are all signs illuminated and visible? YES/NO
- 3) Does the back-up battery where installed operate satisfactorily? (See (h) above) YES/NO
- 4) Following the restoration of the system to normal:
  - i) Is the battery charger for the engine starter battery functioning? YES/NO
  - ii) Are the levels and the specific gravities of the battery electrolytes satisfactory? YES/NO
  - iii) Are the fuel coolant and lubricating oil levels correct? YES/NO

j) Self-contained luminaires and signs:

After operation for the 3h duration:

- 1) Does each self-contained luminaire and sign operate? YES/NO
- 2) Following restoration of the system to normal supply is the battery charger functioning? YES/NO

Comment & Variation from the Standard:

Signature of Person Responsible for the test: \_\_\_\_\_

**EMERGENCY LIGHTING PERIODIC INSPECTION AND TESTING  
CERTIFICATE**

Address of premises.....  
.....Tel. no.....

Date of inspection and test.....

Inspection and test carried out by .....

Name and address (PRINT NAME).....Tel. no.....

I/We hereby certify that the emergency lighting installation at the above premises has been inspected and tested in accordance with the schedule below by me/us and to the best of my/our knowledge and belief complies at the time of my/our test with the requirements of I.S. 3217 "Emergency Lighting", except as stated below.

Signature of person responsible for inspection and test.....

PRINT NAME...

Title.....

For and on behalf of .....

Variations to I.S. 3217 and /or specification (tick one): No/Yes listed as attached)

NOTE It is the owner's responsibility to ensure that the person carrying out the inspection is competent and suitably qualified and meets the criteria for commissioning emergency lighting as detailed in B.4 of I.S. 3217.

**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 CERTIFICATION**

<b>Results of inspection and tests:</b>	<b>Delete as Applicable</b>
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?	YES/NO
2) Are details of the signs correct?	YES/NO
e) Luminaires: Are luminaires correctly positioned?	YES/NO
f) Illumination for safe movement:	
1) Are the correct lamps installed in the luminaires?	YES/NO
2) Is the installation in a satisfactory condition?	YES/NO
g) Marking:	
1) Is the category and nominal operating voltage of the system clearly marked or readily identifiable?	YES/NO
2) Is information available to ensure correct battery and lamp replacement?	YES/NO
h) Central battery systems including backup batteries:	
1) Are the charging arrangements for secondary batteries satisfactory?	YES/NO
2) Do changeover devices operate satisfactorily upon simulation of failure of the normal supply?	YES/NO
3) After operation for the rated duration:	
i) Do all luminaires operate?	YES/NO
ii) Are all signs illuminated and visible?	YES/NO
iii) Following the restoration of the system to normal, is the battery charger functioning?	YES/NO
iv) Are the levels and the specific gravities of the battery electrolytes satisfactory, where applicable?	YES/NO

i) Engine driven generating plant:

After a period of operation of at least 1h:

- |   |        |
|---|--------|
| 1) Do all luminaires and operate?   | YES/NO |
| 2) Are all signs illuminated and visible?   | YES/NO |
| 3) Does the back-up battery where installed operate satisfactorily? (See (h) above)     | YES/NO |
| 4) Following the restoration of the system to normal:                                   |        |
| ii) Is the battery charger for the engine starter battery functioning?                  | YES/NO |
| ii) Are the levels and the specific gravities of the battery electrolytes satisfactory? | YES/NO |
| iii) Are the fuel coolant and lubricating oil levels correct?                           | YES/NO |

j) Self-contained luminaires and signs:

After operation for the 3h duration:

- |   |        |
|---|--------|
| 1) Does each self-contained luminaire and sign operate?                                     | YES/NO |
| 2) Following restoration of the system to normal supply is the battery charger functioning? | YES/NO |

Comment & Variation from the Standard:

Signature of Person Responsible for the test: \_\_\_\_\_



## 18.0 FURNITURE & FITTINGS

Inventory, suppliers, specifications and test specifications should be included in this section for bedding, upholstered furniture, curtains, drapes, blinds and floor covering.

### **Inspection of Upholstered Furniture**

Upholstered Furniture, particularly in the designated smoking area should be inspected regularly and any item which has its infill material exposed should be immediately repaired or removed

<b>Date:</b>	<b>Inspected by:</b>	<b>Faults Found:</b>	<b>Action Taken:</b>

**18.0 FURNITURE & FITTINGS**

<b>Date:</b>	<b>Inspected by:</b>	<b>Faults Found:</b>	<b>Action Taken:</b>