

## APPENDIX D

### Fire Safety Register

**Name of Premises** \_\_\_\_\_  
\_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Name of Owner/Hirer/Lessee** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Name of Fire Safety Manager** \_\_\_\_\_

**Name of Deputy Fire Safety Manager** \_\_\_\_\_

**1. SPECIFIC FIRE DUTIES ASSIGNED TO  
PARTICULAR STAFF MEMBERS**

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

**Position** \_\_\_\_\_

**Fire Duties** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Position** \_\_\_\_\_

**Fire Duties** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Position** \_\_\_\_\_

**Fire Duties** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ETC**

## 2. FIRE AND EVACUATION DRILLS/ INSTRUCTION/TRAINING

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

**Instructor** \_\_\_\_\_

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

**Training Received By** \_\_\_\_\_

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

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

**Instructor** \_\_\_\_\_

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

**Training Received By** \_\_\_\_\_

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

**ETC**

### 3. FIRE FIGHTING EQUIPMENT

#### 3A. FIRST AID EQUIPMENT

##### Inventory of First Aid Equipment

Number of Water Extinguishers

Number of Foam Extinguishers

Number of Co2 Extinguishers

Number of Halon Extinguishers

Number of Hose Reels

Number of Fire Blankets

##### LOCATION OF FIRST AID EQUIPMENT

TYPE	SIZE	NUMBER	LOCATION

## MONTHLY INSPECTIONS OF FIRST AID EQUIPMENT

DATE	NO. OF APPLIANCES INSPECTED	INSPECTED BY	DETAILS OF FAULTS AND ACTION TAKEN

## ANNUAL MAINTENANCE OF FIRST AID EQUIPMENT

Number of Fire Extinguishers Inspected

Number of Hose Reels Inspected

Extent of Work Undertaken

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Inspected by

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For and on behalf of

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**SERVICE ORGANISATION**

**3B. FIRE HYDRANTS**

Total Number of Fire Hydrants

Location of Fire Hydrants \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HYDRANT NUMBER	LOCATION

## MONTHLY INSPECTION OF FIRE HYDRANTS

DATE	NO. OF HYDRANTS INSPECTED	INSPECTED BY	DETAILS OF FAULTS AND ACTION TAKEN



**ANNUAL MAINTENANCE OF FIRE HYDRANTS**

Number of Hydrants Inspected

Extent of Work Undertaken

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The above Hydrants have been inspected by me in accordance with B.S. 5306: Part 1: 1976 (1988).

Signature

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For and on behalf of

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**SERVICE ORGANISATION**

**3C. RISING MAINS**

**Location of Inlet** \_\_\_\_\_  
\_\_\_\_\_

**Total Number of Dry Riser Outlets**

**Total Number of Wet Riser Outlets**

**LOCATION OF OUTLETS**

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**SIX MONTHLY/ANNUAL MAINTENANCE OF RISING MAINS**

Date of Inspection \_\_\_\_\_

Extent of Work Undertaken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The system has been inspected by me in accordance with B.S. 5306: Part 1: 1976 (1988).

Signature \_\_\_\_\_

For and on behalf of \_\_\_\_\_  
**SERVICE ORGANISATION**

#### 4. EMERGENCY LIGHTING

##### Inspection and Test

DATE	INSPECTED BY	DETAILS OF FAULTS	ACTION TAKEN

**EMERGENCY LIGHTING**

**Model Inspection and Test Certificate** \_\_\_\_\_

**Occupier** \_\_\_\_\_

**Name, Address and Telephone Number of Premises** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Inspection** \_\_\_\_\_

**Inspected by** \_\_\_\_\_

**Extent of Work Undertaken** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This system has been inspected by me and complies in all respects with the recommendations of I.S. 3217: 1989**

**Signature** \_\_\_\_\_

**For and on behalf of** \_\_\_\_\_  
**SERVICE ORGANISATION**

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

## 5. FIRE ALARM SYSTEM

Number of Zones

Number of Sounders

Number of Smoke Detectors

Number of Heat Detectors

Number of Manual Call Points

Location of Secondary Battery

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### MODEL CERTIFICATE OF QUARTERLY/YEARLY TESTING OF FIRE ALARM SYSTEM

Certificate of Testing of Fire Alarm system at:

Protected Area

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Address

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This system is operational and has been checked and tested in accordance with I.S. 3218: 1989.

Signed

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Status

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Date

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For and on behalf of

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SERVICE ORGANISATION

## FIRE ALARM SYSTEM

# Log Book

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 work.

DATE	TIME	ZONE	EVENT	ACTION REQUIRED	COMPLETION DATE	SIGNATURE

**6. SPRINKLER SYSTEMS**

DATE	INSPECTED BY	DETAILS OF FAULTS	ACTION TAKEN



## 7. FIRE STOP DOORS AND EXIT DOORS

DATE	INSPECTED BY	DETAILS OF FAULTS	ACTION TAKEN

**8. UPHOLSERED SEATING**

DATE	INSPECTED BY	DETAILS OF FAULTS	ACTION TAKEN

