

1. DAILY CHECKS - Tick each day when checks are satisfactory or X when not satisfactory. Or put an O when the premises are closed

- Can all Fire Exit Doors be easily opened without the use of a key?
- Are all internal escape routes clear?
- Are all fire resisting doors clear of obstructions?
- Is the Fire Alarm Panel showing 'normal' - i.e. no warning lights on?
- Visually check that Emergency Lighting is undamaged
- Are all fire extinguishers in place and clearly visible?

Any unsatisfactory conditions associated with the above must be rectified as a matter of urgency and noted on page 8

January

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

February

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		

March

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

April

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

May

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

June

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

July

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

August

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

September

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

October

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

November

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

December

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Record of faults found during daily checks

Date	Faults noted	Action taken	Date Rectified	Initials

2. Weekly Checks *Tick when checks are satisfactory or X when not satisfactory*

- Test the Fire Alarm system from a different call point each week (ensure all call points are tested within a year)
 1. The Fire Alarm system is audible & visual warning devices are working.
 2. Linked systems (e.g. automatic self-closing fire doors, shutters etc) operate correctly
 3. All emergency release fastening devices work correctly (push-bars etc)
 4. External escape routes clear and safe to use?
 5. Visually check Emergency Lighting charging indicator lights (small red or green lights, where fitted) are on.
 6. All fire-fighting equipment is in place and in good condition

Date of weekly test	Alarm call point no.	1	2	3	4	5	6	Any faults noted	Action taken	Date faults rectified	Initials

Weekly Checks *Continued* *Tick when checks are satisfactory or X when not satisfactory*

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3. Monthly Checks Tick when checks are satisfactory or X when not satisfactory

1. Automatic opening doors on escape routes open during a power failure?
2. Are intumescent strips and cold smoke seals on fire resisting doors (where fitted) in good condition?
3. Self-closing devices work properly?
4. Are external escape routes and stairs safe to use?
5. Does all escape lighting function correctly when tested?
6. Has emergency generator been tested? (run for at least one hour)
7. Is the pressure in 'stored pressure' extinguishers correct? (indicator in green zone where fitted)

Date of Monthly Check	1	2	3	4	5	6	7	Any faults noted	Action taken	Date faults rectified	Initials

4. Six-monthly Checks *Tick when checks are satisfactory or X when not satisfactory*

1. Have any lifts been serviced by a competent person in the last six months?
2. Has the sprinkler system been serviced by a competent person in the last six months?
3. Have the release and closing mechanisms of fire-resisting compartment doors and shutters been tested in the last six months?
4. Has the Fire Alarm system been tested and serviced by a competent person in the last six months?
5. Has the emergency lighting been tested and serviced by a competent person in the last six months?

Date of six - monthly checks	1	2	3	4	5	Any faults noted	Action taken	Date faults rectified	Initials

5. Annual Checks *Tick when checks are satisfactory or X when not satisfactory*

1. Has the Fire Risk Assessment been reviewed?
2. Do all Self-closing fire resisting doors fit correctly?
3. Is the escape route compartmentation in good repair?
4. Does the emergency lighting operate on test for its full duration?
5. Has the fire-fighting equipment been serviced by a competent person?
6. Have any wet/dry risers been tested by a competent person? (generally found in buildings of more than 5 floors)

Date of annual checks	1	2	3	4	5	6	Any faults noted	Action taken	Date faults rectified	Initials