



**EMBS - FIRE SAFETY UNIT**

"Promoting Safety - Reducing Risk"

FSAR1-08

**FIRE SAFETY AUDIT REPORT (STAGE 1)**

**Note: Keep one copy of this form on site at the back of the 'DREAM' file and a second copy to be sent to the Fire Safety Unit by the end of April 2008.**

<b>ADDRESS</b> .....
..... <b>Postcode</b> .....

<b>BUILDING CODE:</b>	<b>DATE:</b>
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General	Yes	No	N/A	Comments
Are you aware of the identified maintenance procedures for dealing with fire safety defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are records in your Fire safety Log Book kept up to date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you procedures in place to minimise unwanted fire calls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have adequate arrangements for evacuating disabled persons?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Daily Checks (not normally recorded)</b>				
<b>Escape Routes</b>				
Are escape routes kept clear of obstruction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are escape notices clear and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are other fire related notices clearly posted and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all escape doors readily available without the use of a key?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are hazardous conditions adequately controlled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fire Warning System</b>				
Is the main indicator panel showing 'normal'?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is access to the fire alarm call points maintained unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the system in a good state of repair?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Escape Lighting</b>				
Are luminaires and illuminated exit signs in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Fire-Fighting Equipment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Are all extinguishers in their allotted positions and fully charged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all extinguishers clearly visible or is a sign provided to indicate location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Weekly Checks</b>				
<b>Escape Routes</b>				
Do all emergency fastening devices to fire exits work correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all automatic opening doors work correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all fire resisting doors in good condition with self closing devices working correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are external escape stairs in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are external escape routes clear and available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fire Warning System</b>				
Do you carry out a weekly call point test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all linked fire protection systems work correctly? (e.g. fire door hold open devices)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all sounders, visual indicators and vibrating pagers work correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the fire signal audible throughout the building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If you have a voice alarm is the message clear and understandable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Monthly Checks</b>				
<b>Escape Routes</b>				
Are any electronic access/egress override controls provided? (green break glass boxes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are 'green' break glass devices tested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all fire shutters provided for compartmentation work correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Quarterly Checks</b>				
Are fire hydrants clearly indicated and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Annual Checks (record date in comments)</b>				
Have all staff including part time received refresher fire safety training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have staff trained in the use of disabled evacuation aids received refresher training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you carried out an evacuation drill in the last 12 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the building structural layout the same as it was at the time of last years report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Emergency Plan</b>				
Is your prepared Emergency Plan up to date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are sufficient numbers of staff nominated to implement plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**You should carry out a review of your Fire Risk Assessment whenever a material change takes place and notify the Fire Safety Unit.**

**The Fire Safety Unit will continue to undertake an audit of the Fire Risk Assessment (Stage 2) at periodic intervals.**

<b>Signature of Responsible Person</b> .....	<b>Print Name</b> .....
<b>Position held</b> .....	<b>Date</b> .....
<b>Preferred contact details</b> .....	

**For Fire Safety Unit Use Only**

**Receipt acknowledged** .....

**(Signature)**

**Print Name** .....

**Date** .....

**Follow up required**      Yes     No

**Passed for action to** .....

**Fire Safety Unit Mission Statement**  
**'To deliver the highest level of Fire Safety support and advice to all stakeholders thereby protecting the University's people, estate and reputation from the possible consequences of Fire'**