





**FIRE SAFETY LOG BOOK**

**Northumberland Fire & Rescue Service**

**West Hartford Business Park**

**West Hartford**

**Cramlington**

**Northumberland**

**NE23 3JP**



**NORTHUMBERLAND FIRE AND RESCUE SERVICE**



**USEFUL TELEPHONE CONTACTS**

|  |  |
| --- | --- |
| Fire & Rescue Service HQ | (01670) 621110 |
| Commercial Trainer - Conor Reed  Training Courses | (01670) 621145 |

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| --- | --- | --- | --- | --- |
| **Name** | **Area** | **Tel No.** | **Mobile** | **Name** |
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**FIRE ALARM SYSTEM - RECORD OF TESTS**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **FIRE ALARM** | | **AUTOMATIC DOOR RELEASES** | **AUTOMATIC DETECTORS** | | **REMEDIAL ACTION TAKEN** | **SIGNATURE** |
| **Call Point Location or Number** | **Satisfactory Yes/No** | **Satisfactory Yes/No** | **Location or Number** | **Satisfactory**  **Yes/No** |
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**DOOR MAINTENANCE - RECORD**

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| **DATE** | **SATISFACTORY**  **YES / NO** | **IF ANY DOOR IS UNSATISFACTORY, STATE LOCATION OR DOOR I.D. NO.** | **REMEDIAL ACTION TAKEN** | **SIGNATURE** |
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**FIRE EXTINGUISHERS – RECORD OF TESTS & INSPECTIONS**

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| **DATE** | **LOCATION OR NUMBER** | **INSPECTED OR TESTED** | **SATISFACTORY YES/NO** | **REMEDIAL ACTION TAKEN** | **SIGNATURE** |
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**HOSE REELS - RECORD OF TESTS**

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| **DATE** | **LOCATION OR NUMBER** | **INSPECTED OR TESTED** | **SATISFACTORY YES/NO** | **REMEDIAL ACTION TAKEN** | **SIGNATURE** |
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**MISCELLANEOUS EQUIPMENT- RECORD OF TESTS**

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| **DATE** | **ITEMS TESTED ETC** | **SATISFACTORY**  **YES/NO** | **REMEDIAL ACTION TAKEN** | **SIGNATURE** |
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**EMERGENCY LIGHTING SYSTEM - RECORD OF TESTS**

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| **DATE** | **SATISFACTORY**  **YES/NO** | **REMEDIAL ACTION** | **SIGNATURE** |
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**FIRE INSTRUCTIONS AND DRILLS – RECORD OF WHEN GIVEN**

(It is recommended that all individuals participating in a fire drill or receiving instruction are named and signed to confirm receipt of training etc.)

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Instruction**  **Duration** | **Fire Drill**  **Evacuation Time** | **Person Receiving**  **Instruction/**  **Participating**  **In Drill** | **Nature of Instruction/Overview of Drill** | **Observations of Instructor** | **Signature of Instructor &**  **Participant** |
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**PRECAUTIONS**

**(The person carrying out this check should tick all the appropriate items)**

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|  | Cutting and welding equipment in good repair and adequately secured. |
| **Precautions Within 15m of Work** | |
|  | Floors swept clean of combustible materials. |
|  | Combustible floors protected by wetting down, covered with damp sand or covered with sheets of non combustible material. |
|  | All combustible materials and flammable liquids that can be moved are removed from the area. |
|  | Combustible materials and flammable liquids that cannot be moved are protected with non-combustible curtains or sheets. |
|  | All wall and floor openings covered with sheets of non combustible material. All gaps in walls and floors through which sparks or heat could pass covered with sheets of non combustible material, or plugged with non combustible materials. |
|  | Where work is done above floor level, non-combustible curtains or sheets should be suspended beneath to catch sparks. |
| **Work on Walls or Ceilings** | |
|  | Combustible constructions protected by non combustible curtains or sheets. |
|  | Combustible materials moved away from opposite side of walls or ceiling and clear of any metal likely to conduct heat (where metal beams are being worked on and extend through walls or partitions, precautions must be taken on the far side of such a wall). |
| **Work on Enclosed Equipment** | |
|  | Equipment cleaned of all Combustible materials. |
|  | Containers free of flammable vapours |
| **Fire Watch** | |
|  | Provision for the attendance of an employee during and for 2 (two) hours after completion of work. Such employee being supplied with a suitable extinguisher and trained in the use of such equipment and in raising the alarm. |

**Signature of person carrying out the above checks:**