

# **FIRE SAFETY LOG BOOK**

## **Master Forms**

**To Be Used With 2024 V2 Fire Log Book Only**

## FIRE SAFETY TRAINING – STAFF RECORDS

Year: \_\_\_\_\_

Date	Type of training/instruction (E-learning, Face to face)	Signature of Person Receiving Instruction
		Name:  Signature:
		Name:  Signature:
		Name:  Signature:
		Name:  Signature:
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		Name:  Signature:
		Name:  Signature:

**DAILY FIRE SYSTEM AND ACCESS AND EGRESS ROUTE CHECKS**

Date	Fire Panel	Fire Escape Doors & Escape Routes	Emergency Lighting	Signature
	Visual Inspection Completed	Visual Inspection Completed	Visual Inspection Completed	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	

**If the answer to any of the above questions is “No” then please state your reasons on the “Fault Reporting Sheet”**

### Fault Reporting Sheet – Daily Tasks

Caretakers – Site Staff				Responsible Person Only
Door Location or Number	Brief Description Of Fault & Location	Fault Reported To	Date Of Report	Confirmed Resolved By Site Responsible Person
	Operative Initials : Fault :			Date
	Operative Initials : Fault :			Date
	Operative Initials : Fault :			Date
	Operative Initials : Fault :			Date

**FIRE ALARM & AUTOMATIC DETECTION SYSTEM – Weekly test**

Fire System Test Details					Connected Interfaces					Signed
Date	MCP Tested	Are Faults Indicated On The Panel	Did Sounders & Strobes Activate	System Test Outcome	Did Hold Back Devices Disengage	Did Maglocks Disengage / Shutters Close	Did Connected Lifts Ground	Did ARC Connections & Pages Work	Did Gas Shut Off Activate & Reset	
		Yes / No	Yes / No	Ok / Failed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Ok / Failed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Ok / Failed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Ok / Failed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Ok / Failed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Ok / Failed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Ok / Failed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Ok / Failed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Ok / Failed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Ok / Failed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Ok / Failed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	

**If the answer to any of the above questions is “No or Failed” then please state your reasons on the “Fault Reporting Sheet”**

### EMERGENCY LIGHTING (Centralised Battery System Only) – Weekly Check

Any defects should be recorded in the fault reporting sheet and then **immediately** reported to the Maintenance Helpdesk on (01332) 640212.

<b>Normal Volts reading =</b>
<b>Normal Amps reading =</b>

Emergency Light location	Centralised EL battery system – record volts/amps	Date	Signed
	Volts		
	Amps		
	Volts		
	Amps		
	Volts		
	Amps		
	Volts		
	Amps		
	Volts		
	Amps		
	Volts		
	Amps		
	Volts		
	Amps		



### Fault Reporting Sheet – Weekly Tasks

Caretakers – Site Staff				Responsible Person Only
Door Location or Number	Brief Description Of Fault & Location	Fault Reported To	Date Of Report	Confirmed Resolved By Site Responsible Person Date
	Operative Initials : Fault :			
	Operative Initials : Fault :			Date
	Operative Initials : Fault :			Date
	Operative Initials : Fault :			Date

### PORTABLE FIRE FIGHTING EQUIPMENT – Monthly check

Month				
Date	Is all equipment located in the correct position, visible and facing outwards	Are all safety tags or pins intact and pressure gauges in the green	Any visible damage or defect?	Signed
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	
	Yes / No	Yes / No	Yes / No	

**If the answer to any of the above questions is “No” then please state your reasons on the “Fault Reporting Sheet”**



**Fire Door Check Sheet**

**MONTH:**

Location of door	Are all Fire Resisting Doors in good visual condition (fastenings , release mechanisms , glass , hinges , surface)?	Do all electronic release mechanisms on escape doors work correctly? Do they 'fail safe' in the open position?	Are fire door seals and self-closing devices in good condition?	Do all internal self-closing fire doors close from open without assistance ?	Date	Initial
	Yes / No	Yes / No	Yes / No	Yes / No		
	Yes / No	Yes / No	Yes / No	Yes / No		
	Yes / No	Yes / No	Yes / No	Yes / No		
	Yes / No	Yes / No	Yes / No	Yes / No		
	Yes / No	Yes / No	Yes / No	Yes / No		
	Yes / No	Yes / No	Yes / No	Yes / No		
	Yes / No	Yes / No	Yes / No	Yes / No		
	Yes / No	Yes / No	Yes / No	Yes / No		
	Yes / No	Yes / No	Yes / No	Yes / No		
	Yes / No	Yes / No	Yes / No	Yes / No		
	Yes / No	Yes / No	Yes / No	Yes / No		
	Yes / No	Yes / No	Yes / No	Yes / No		
	Yes / No	Yes / No	Yes / No	Yes / No		

**If the answer to any of the above questions is "No" then please state your reasons on the "Fault Reporting Sheet"**



### Fault Reporting Sheet – Fire Doors

Caretakers – Site Staff				Responsible Person Only
Door Location or Number	Brief Description Of Fault & Location	Fault Reported To	Date Of Report	Confirmed Resolved By Site Responsible Person Date
	Operative Initials : Fault :			Date
	Operative Initials : Fault :			Date
	Operative Initials : Fault :			Date
	Operative Initials : Fault :			Date

**Emergency Lighting Check Sheet**

**MONTH:**

Emergency Light location	Luminaires / directional signs (where relevant) to be checked for correct operation	Visually check luminaires for signs of damage and cleanliness	Date	Signed
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		
	Pass / Fail	Okay / Damaged / Unclean		

**If the answer to any of the above questions is “Fail , Damaged or Unclean” then please state your reasons on the “Fault Reporting Sheet”**



### Fault Reporting Sheet – Emergency Lights

Caretakers – Site Staff				Responsible Person Only
Door Location or Number	Brief Description Of Fault & Location	Fault Reported To	Date Of Report	Confirmed Resolved By Site Responsible Person Date
	Operative Initials : Fault :			Date
	Operative Initials : Fault :			Date
	Operative Initials : Fault :			Date
	Operative Initials : Fault :			Date

# Fire Evacuation Drill Record

<b>Name / Department</b>			
<b>Address:</b>			
<b>Date Of Fire Drill</b>			
<b>Location Of Activation</b>			
<b>Weather Conditions</b>			
<b>Time – Alarm Activated</b>			
<b>Time – All Staff Accounted For</b>			
<b>Person In Control Of Exercise</b>			
<b>Overall Standard Of Fire Drill</b>	Unsatisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/> Very Good <input type="checkbox"/>
<b>Comments</b>	<b>Actions Required / Responsibility</b>		<b>Date of Action Cleared &amp; by Whom</b>
<b>Persons Involved In The Drill</b>	<b>No. Of Persons Evacuated</b>	It is important to record the numbers and category of persons evacuating the premise , as this data is invaluable during the post event review.	
Staff			
Tenants			
Visitors			
Contractors			
Children (Under 18)			
Persons With Additional Needs			

<b>The Fire Drill Supervisors Name and Position</b>		
Name:		Signature:
Position:		Date:

## Unwanted Fire Activation Record

Name / Department	
Address	
Date Of False Alarm	
Location Of Activation / Zone / Device	
False Alarm Type <ul style="list-style-type: none"> <li>• Accidental Damage / Operation</li> <li>• Malicious Alarm</li> <li>• Good Intent</li> <li>• Unknown / Investigation Required</li> </ul>	
Weather Conditions	
Time – Alarm Activated	
Date / Time – Alarm Silenced	
Person In Control Of Site On Activation	
Did The Fire Service Attend	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was An Evacuation Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number Of People Evacuated	
Cause Of Incident	Give Details
Measures To Prevent Reoccurrence	Give Details
DCC Fire Team Advised	Yes <input type="checkbox"/> No <input type="checkbox"/>
Person Signing Off Report	
Date	

## FIRE LOGBOOK AND RECORDS – SIX MONTHLY CHECK

Date	Satisfactory visual inspection	Action (Note any unsatisfactory results and location)	Signature

**Where concerns have been noted please contact the Fire Service Manager for review.**

## FIRE ACTION PLAN – ANNUAL REVIEW

**Where records are held electronically, please identify the location to allow for an accurate review of your site data.**

**This review of completed actions should be conducted prior to the annual compliance review by the DCC Team. Where actions remain open , reasons should be given to ensure site safety has not been compromised.**

Date	Have All Outstanding Actions Been Addressed	Name of Responsible Person	Details Of Outstanding Actions Awaiting Closure
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		

**Where concerns have been noted please contact the Fire Service Manager for review.**



## EMERGENCY EVACUATION PLAN – ANNUAL REVIEW

The following points should be considered:

- Is the evacuation plan still relevant to how the building is being utilised?
- Is the plan available for staff to read?
- Are staff aware of what to do if the fire alarm sounds?

Insert Emergency Evacuation Plan Document.

**Where records are held electronically, please identify the location to allow for an accurate review of your site data.**

EEP Reviewed By	Is The EEP Still Suitable & Sufficient	Date Of Inspection	Outcome Of Assessment

**Where concerns have been noted please contact the Fire Service Manager for review.**

**FIRE TRAINING RECORDS – ANNUAL REVIEW**

Insert Fire Warden and Fire Training Records Here.

**Where records are held electronically, please identify the location to allow for an accurate review of your site data.**

Training Records Reviewed	Are All Records In Date & Relevant	Date Of Inspection	Outcome Of Assessment

**Where concerns have been noted please contact the Fire Service Manager for review.**

## FIRE LOGBOOK – ANNUAL COMPLIANCE AUDIT

Logbook Condition	Are All Records In Date & Relevant	Date Of Inspection	Outcome Of Assessment

**Where concerns have been noted please contact the Fire Service Manager for review.**