

FIRE LOG BOOK

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Log Book MUST be printed out, placed in a ring binder and retained in RED BOX at all times when not in use.

Issue Date January 2013 Valid for Period January 2013 to December 2013

1.0 GUIDANCE ON FIRE LOG

1.1 Fire Extinguisher Checks – Form 2.1

All fire extinguishers should be recorded by type and location in the relevant boxes. A daily check of fire extinguishers must take place with any requiring servicing being recorded and the service engineer called.

1.2 Emergency Exit and Fire Escape Route Checks – Form 2.2

The fire escape routes and exits must be checked three times per day (AM, Midday and PM) and recorded.

Fire escape doors must be checked to ensure they are in good working order and escape routes must be checked for obstructions, trip hazards, structural damage etc. Any faults must be recorded along with remedial action taken.

Check that fire extinguishers are in their correct positions on wall brackets and along escape routes.

Managers should be aware when the next service is due (from the service label on the extinguishers) and if the service is not carried out by the due date, it should be reported.

1.3 Fire Alarm Tests – Form 2.3

Fire alarms (where present) must be tested on a weekly basis, using a different alarm point or Break Glass Call Point each time. Be sure to note the location or number of the call point tested on the log sheet. A visual check of the alarm panel must be undertaken daily to check that system is functioning (this check is not recorded). Note the details of the fire system panel on the appropriate form.

The date and outcome should be recorded on the Fire Alarm Test Record Sheet.

If the alarms are found to be unsatisfactory, the fault must be reported immediately and details recorded. Remedial action must be taken and the date of such action recorded.

1.4 Emergency Lighting Tests – Form 2.4

The emergency lighting where present must be tested on a weekly basis.

The test date should be recorded on the Record Log Sheet.

Indicate whether the lights are satisfactory.

If a light is found to be unsatisfactory, record remedial action taken.

1.5 Fire Induction and Training – Form 2.5a and 2.5b

On commencement of employment, each employee must be trained on the fire procedure. See the First Day Fire training sheet in the Staff Training record.

New employees must be shown the fire fighting equipment within the venue.

New employees must be trained on the evacuation procedures including meeting points.

This training should be signed off in the individual's training record as well as recorded on the Log Sheet and signed by both trainee and trainer.

In addition, all staff should be regularly retrained in fire procedures on a three monthly basis to ensure adequate working knowledge in emergencies. This must also be recorded in the Staff Training Record and the Venue Training log.

1.6 Evacuation Drill Records – Form 2.6

A full evacuation must be carried out every 6 months.

A record must be made of the date, time and duration of evacuation.

Record whether the evacuation was satisfactory or unsatisfactory. Unsatisfactory for example would be if the drill took too long or not everyone in the building was evacuated successfully.

All those staff members involved in the drill must sign the record sheet.

1.7 Fires and False Alarms – Form 2.7

The dates and times of any fires or false alarms must be recorded onto this log sheet.

Record location of fire or location of false alarm.

Record any possible cause of fire and any remedial action taken by management to extinguish or prevent future recurrences.

Record any attendance by the fire brigade.

1.8 Contractor Checks – Form 2.8

The dates of any contractor checks to examine fire extinguishers, hose reels or the fire alarm system must be recorded onto this log sheet.

Where possible get the actual contractor to complete this section and sign it off.

If certificates etc. are issued by the contractor then these should be stored in this section too.

SCHEDULE

MANAGEMENT INSPECTION OF PREMISES AND FIRE LOG BOOK

	Daily	Weekly	Monthly	Quarterl y	Six Monthly	Annually
Inspection of Escape Routes	√ (check and record)					
Fire Alarm System	√ (off panel)	√ (test at least 1 BGCP each week and record)				√ (under contract)
Automatic Fire System (loop) -Manual Call Points -Smoke Detectors						√ (under contract)
Emergency Lighting	√ (visual)	√ (test and record)			√ (under contract test & cert.)	
Fire Extinguishers	√ (visual)				coray	√ (under contract)
Training Records	(First Day training to be recorded)			√ Monthly Training for all staff		
Fire Drills					√ Full Evacuatio n	
Fire Suppression (Ansul type system, where fitted)			√ (visual check nozzle heads)			√ (under contract to test and cert.)

Section 2.1 RECORD OF FIRE EXTINGUISHER CHECKS

Unit	Week Ending

AREA	TYPE	No.	MON	TUES	WED	THUR		SAT	SUN
E.g. 1 st	foam	1	√	√	V	√	✓	X	X
floor									
office									
Signature									
Signature of									
checker									
checker KEY: ✓									
Unit OK									
X									
Service									
Required	· .	_	<u> </u>	L			L		

If service {insert phone number Of your service engineer} required the ring:

2.2 EMERGENCY EXIT & FIRE ESCAPE ROUTE CHECKS

FREQUENCY – MORNING, MIDDAY AND EVENING

DAY	CHECK				Signed
	AM				
MON	MID				
	PM				
	AM				
TUE	MID				
	PM				
	AM				
WED	MID				
	PM				
	AM				
THU	MID				
	PM				
	AM				
FRI	MID				
	PM				
	AM				
SAT	MID				
	PM				
	AM				
SUN	MID				
	PM				

Insert	location	of fire	exit in	each	green	hox
111261 t	iocation	or me	exit iii	eacii	green	DUX

E.g. Front door

Give details below of any shared fire exits

Location of shared fire exit	Contact details for person with control of exit

2.3 FIRE ALARM PANEL DETAILS AND TEST RECORD

PANEL DETAILS

MAKE:	{insert make of fire system}
MODEL:	{insert model number or name of fire system}
NUMBER OF ZONES:	
ZONE 1	{insert location and scope of each Zone}
■ ZONE 2	
• ZONE 3	
ZONE 4	
• ZONE 5	
■ ZONE 6	
INSTALLED ON:	{insert date of installation}
LAST SERVICE ON:	{insert date of last service}
LINKED TO ANOTHER BUILDING?	YES {delete as applicable} NO
DETAILS:	
CONTACT NAME AND NUMBER:	{insert details}
SPARE BREAK GLASS INSERTS KEPT:	{location}

Print off copies of floor plans and note location of Break Glass Call Points, Smoke Detectors, Sounders and Lamps and Buzzers – file in this section.

2.3 FIRE ALARM TEST RECORD

FREQUENCY - WEEKLY

Date	Alarm Point Location or Number	Satisfactor y Y/N	Action Required	Signature

2.4 EMERGENCY LIGHTING TEST RECORD

FREQUENCY - WEEKLY

Date	Satisfactory Y/N	Action Required (Give location of any defective units)	Signature
	,		

Please print off floor plans and note location of emergency lights. Please file completed plans with this section.

2.5 a FIRST DAY FIRE TRAINING RECORD

FREQUENCY – EVERY STAFF MEMBER TO RECEIVE ON THEIR FIRST DAY OF EMPLOYMENT.

The following procedures were shown on during this training, see individual staff training record for more details of this training.

- ✓ the action to be taken on discovery of a fire
- ✓ the action to be taken on hearing the fire alarm
- operation of the fire alarm
- ✓ the position of the fire alarm
- ▼ the position of the fire alarm indicator panel
- ▼ the correct method for calling the fire brigade
- ▼ the correct method for using the fire fighting appliances
- ✓ the position of the fire fighting appliances
- ▼ the location of all fire escape routes
- ✓ the purpose of fire doors and the need to maintain them unrestricted and in good working order
- ✓ how to evacuate the building and the location of the assembly points

Date	Name of Trainee	Signature of Trainee	Name of Trainer	Signature of Trainer
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2.5 b ESSENTIAL FIRE SAFETY TRAINING RECORD

FREQUENCY – EVERY STAFF MEMBER TO RECEIVE 3 MONTHLY REFRESHER TRAINING

Topics covered - for full explanation of content please see the Trainer's notes				
book	let			
Fire Safety Management What you should do if you discover a fire How to operate the fire alarm call point Location of call points What to do if you hear the fire alarm The Alarm Evacuation Procedures	Tour of the building Fire Extinguishers and their uses Controls Operation of Fire Doors People with disabilities Fire Exit routes			
Meeting point				

Date	Name of Trainee	Signature of Trainee	Name of Trainer	Signature of Trainer
1				

2.6 FIRE DRILL RECORD

FIRE DRILL AND EVACUATION TO BE CARRIED OUT AT LEAST EVERY 6 MONTHS

Date of fire drill					
Time of fire drill					
Person carrying out fire drill					
Job title					
Time to evacuate premises					
-					
Name of persons present	Job Title				
Number of customers/non staff present					
Observations/Problems					
Signed {person co-ordinating the Fire Drill}					

2.7 RECORD OF FIRES AND FALSE ALARMS

Date	Location of fire or area of false alarm	Probable cause of fire or cause of false alarm	Attendance by Fire Brigade	Action taken by Management

2.8 RECORD OF CONTRACTOR CHECKS / SYSTEM CHECKS

Date	Contractor Name or Company	Checking Fire Extinguishers / Hose Reels / System / Other	Any Faults Found? Y/N	Action taken by Management

Please file your Certificates of Inspection for the Fire Alarm System and the Portable Fire Appliances in this section.