



SELF INSPECTION REPORT FORM

			YES	NO
Sprinklers	1.1	Weekly test(s) made and test cards fully completed?	<input type="checkbox"/>	<input type="checkbox"/>
	1.2	No evidence of leaks?	<input type="checkbox"/>	<input type="checkbox"/>
	1.3	Adequate space between heads and stored goods?	<input type="checkbox"/>	<input type="checkbox"/>
	1.4	Maximum storage heights observed?	<input type="checkbox"/>	<input type="checkbox"/>
	1.5	Pressures correct?	<input type="checkbox"/>	<input type="checkbox"/>
	1.6	Pump rooms and valve sets clear?	<input type="checkbox"/>	<input type="checkbox"/>
	1.7	Valves strapped?	<input type="checkbox"/>	<input type="checkbox"/>
	1.8	Heating adequate and operational?	<input type="checkbox"/>	<input type="checkbox"/>
	1.9	Indicator lamps showing normal condition?	<input type="checkbox"/>	<input type="checkbox"/>
Gas Extinguishing Systems	2.1	Power supply healthy?	<input type="checkbox"/>	<input type="checkbox"/>
	2.2	Indicator lamps showing normal condition?	<input type="checkbox"/>	<input type="checkbox"/>
	2.3	Fire brigade signalling in working order?	<input type="checkbox"/>	<input type="checkbox"/>
	2.4	Manual discharge buttons clearly visible and accessible?	<input type="checkbox"/>	<input type="checkbox"/>
Fire Hydrants	3.1	Clear?	<input type="checkbox"/>	<input type="checkbox"/>
Hosereels	4.1	Clear?	<input type="checkbox"/>	<input type="checkbox"/>
	4.2	In good condition?	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarms	5.1	Bells/sirens working?	<input type="checkbox"/>	<input type="checkbox"/>
	5.2	Mains supply healthy?	<input type="checkbox"/>	<input type="checkbox"/>
	5.3	Indicator lamps showing correct display?	<input type="checkbox"/>	<input type="checkbox"/>
	5.4	Fire brigade or central station connections in order?	<input type="checkbox"/>	<input type="checkbox"/>
	5.5	Manual call points -- clear access?	<input type="checkbox"/>	<input type="checkbox"/>
Extinguishers	6.1	All present and correct?	<input type="checkbox"/>	<input type="checkbox"/>
	6.2	Not obstructed?	<input type="checkbox"/>	<input type="checkbox"/>
	6.3	In good order?	<input type="checkbox"/>	<input type="checkbox"/>
	6.4	All mounted on wall brackets?	<input type="checkbox"/>	<input type="checkbox"/>
	6.5	Maintenance schedule adhered to?	<input type="checkbox"/>	<input type="checkbox"/>
Fire Resisting Doors	7.1	Not obstructed?	<input type="checkbox"/>	<input type="checkbox"/>
	7.2	All self-closing devices operating?	<input type="checkbox"/>	<input type="checkbox"/>
	7.3	Any damaged?	<input type="checkbox"/>	<input type="checkbox"/>
Fire Escape Doors	8.1	Not obstructed?	<input type="checkbox"/>	<input type="checkbox"/>
	8.2	Unlocked?	<input type="checkbox"/>	<input type="checkbox"/>
	8.3	Routes sign-posted and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>
Boilers	9.1	All statutory safety checks made & test cards completed?	<input type="checkbox"/>	<input type="checkbox"/>
	9.2	Any fuel or boiler leaks?	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	10.1	Are smoking rules observed?	<input type="checkbox"/>	<input type="checkbox"/>
	10.2	Ashtrays available in permitted areas?	<input type="checkbox"/>	<input type="checkbox"/>
	10.3	Notices displayed?	<input type="checkbox"/>	<input type="checkbox"/>
Flammable Liquids	11.1	Any excessive quantities in workshop areas?	<input type="checkbox"/>	<input type="checkbox"/>
Gas Cylinders	12.1	Any gas cylinders on site?	<input type="checkbox"/>	<input type="checkbox"/>
	12.2	Any not secured?	<input type="checkbox"/>	<input type="checkbox"/>
	12.3	Bulk storage facility used?	<input type="checkbox"/>	<input type="checkbox"/>
	12.4	Any cylinders surplus to requirements in process or storage areas?	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	13.1	Any accumulations of rubbish in buildings or surrounds?	<input type="checkbox"/>	<input type="checkbox"/>
	13.2	Any area untidy or congested?	<input type="checkbox"/>	<input type="checkbox"/>



SELF INSPECTION REPORT FORM (cont'd)

			YES	NO
Housekeeping (cont'd)	13.3	Are storage rooms locked?	<input type="checkbox"/>	<input type="checkbox"/>
	13.4	Is any area being used for storage without authority?	<input type="checkbox"/>	<input type="checkbox"/>
	13.5	Any combustibles adjacent to switchgear?	<input type="checkbox"/>	<input type="checkbox"/>
	13.6	Any combustibles in electrical cupboards?	<input type="checkbox"/>	<input type="checkbox"/>
	13.7	Any combustibles in boiler-houses?	<input type="checkbox"/>	<input type="checkbox"/>
	13.8	Bins for process waste in position?	<input type="checkbox"/>	<input type="checkbox"/>
Battery Charging	14.1	Designated areas being used?	<input type="checkbox"/>	<input type="checkbox"/>
	14.2	Clear of combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	15.1	Any temporary wiring?	<input type="checkbox"/>	<input type="checkbox"/>
	15.2	Any damaged electrical fittings?	<input type="checkbox"/>	<input type="checkbox"/>
	15.3	Any radiator or plumbing leaks?	<input type="checkbox"/>	<input type="checkbox"/>
	15.4	Are kitchen extraction filters clean?	<input type="checkbox"/>	<input type="checkbox"/>
	15.5	All oil tank catch-pits clear and drain valves closed?	<input type="checkbox"/>	<input type="checkbox"/>
	15.6	Drains clear?	<input type="checkbox"/>	<input type="checkbox"/>
	15.7	Any "hot work" being undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
	15.8	Hot Work Permit issued?	<input type="checkbox"/>	<input type="checkbox"/>
	15.9	No deposits on electric motors?	<input type="checkbox"/>	<input type="checkbox"/>
	15.10	Maintenance schedules met for:	<input type="checkbox"/>	<input type="checkbox"/>
	15.11	Process plant?	<input type="checkbox"/>	<input type="checkbox"/>
	15.12	Electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>
	15.13	Heating and ventilation equipment?	<input type="checkbox"/>	<input type="checkbox"/>
	15.14	Fire and intruder protection equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Process	16.1	Temperature controls properly monitored?	<input type="checkbox"/>	<input type="checkbox"/>
	17.1	Aisles clear?	<input type="checkbox"/>	<input type="checkbox"/>
Storage	17.2	Any excess storage?	<input type="checkbox"/>	<input type="checkbox"/>
	17.3	Height restrictions adhered to?	<input type="checkbox"/>	<input type="checkbox"/>
	17.4	Storage clear of electric light fittings etc.?	<input type="checkbox"/>	<input type="checkbox"/>
	17.5	Any sign of damage to racking (e.g. by fork lift trucks)?	<input type="checkbox"/>	<input type="checkbox"/>
	18.1	Are all keys present and accounted for?	<input type="checkbox"/>	<input type="checkbox"/>
Security	18.2	Is all CCTV equipment in efficient working order?	<input type="checkbox"/>	<input type="checkbox"/>
	18.3	Gates & fences secure?	<input type="checkbox"/>	<input type="checkbox"/>
	18.4	Any pallets stored against building?	<input type="checkbox"/>	<input type="checkbox"/>
	19.1	Prominent notices displayed on entry regarding parking conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Liability	19.2	Are all fire exit route notices clearly displayed?	<input type="checkbox"/>	<input type="checkbox"/>
	19.3	Are floors and stairs in good order and free from defects?	<input type="checkbox"/>	<input type="checkbox"/>
	19.4	Stair handrails in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
	20.1	Are fire doors and shutters closed?	<input type="checkbox"/>	<input type="checkbox"/>
When Premises Closed	20.2	Has plant and equipment been safely shut down?	<input type="checkbox"/>	<input type="checkbox"/>
	20.3	Are electricity and gas supplies closed at mains?	<input type="checkbox"/>	<input type="checkbox"/>
	20.4	Are electricity and gas supplies closed at equipment?	<input type="checkbox"/>	<input type="checkbox"/>
	20.5	Have waste bins been emptied?	<input type="checkbox"/>	<input type="checkbox"/>
	20.6	Are the following clear of storage/materials:	<input type="checkbox"/>	<input type="checkbox"/>
	20.7	Light fittings?	<input type="checkbox"/>	<input type="checkbox"/>
	20.8	Electrical motors?	<input type="checkbox"/>	<input type="checkbox"/>
	20.9	Sprinklers?	<input type="checkbox"/>	<input type="checkbox"/>