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**Premises Information**

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| --- | --- |
| **Property/Business Name** |  |
| **Address** |  |
| **Contact Name** |  |

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| **Log Book Start Date** |  |
| **To be retained on site by** |  |
| **Responsible person(s)** |  |
| **Competent person** |  |

**Emergency Numbers**

For Fire and Emergency Dial 999

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| **Fire Alarm Services and Emergencies** |  |
| **Emergency Light Services and Emergencies** |  |
| **Fire Extinguisher Service and Emergencies** |  |
| **Other Fire Equipment** |  |
| **Local Fire Prevention Department** |  |

**About This Log Book**

This fire safety log book is designed to allow you to record information connected to fire safety within the workplace. It contains basic fire safety guidance and is recognised as a method of demonstrating that fire safety systems have been maintained in working order. It may be that you have additional requirements over and above those detailed in the fire safety log book and separate records of these should be maintained. Although every effort has been made to ensure that the information contained in the fire safety log book is correct, Fireline accepts no responsibility for errors, omissions or advice given for any losses arising from reliance upon information contained in this publication.

**Fire Legislation**

The Regulatory Reform (Fire Safety) Order 2005 applies to all premises other than those occupied as private dwellings, and places on a *“nominated, responsible, person to take such general fire precautions to ensure, as far as is reasonable practicable, the safety of all persons lawfully on the premises.”* The Regulatory Reform (Fire Safety) Order 2005 has replaced previous legislation relating to Fire Safety. It does not apply to people’s private homes (including houses or flats in a block) although it is applicable to any common areas and shared means of escape. Where five or more persons are employed, the significant findings of a risk assessment must be recorded and made available to the fire authority. If any changes introduce significant new hazards, the fire risk assessment should be reviewed and revised as necessary.

**Responsible Person**

The Responsible Person is defined as any or all of the following:

* The employer, if the workplace is to any extent under their control
* The person who has control of the premises
* The owner

**Competent Person**

A competent person is defined as:

* A person who is regarded as competent for the purposes of the Regulatory Reform (Fire Safety) Order 2005, where they have sufficient training and experience or knowledge and other qualities to enable themselves properly to assist in the undertaking of preventative and protective measures.

**Servicing Requirements**

**Fire Alarms**

**The Responsible Person’s Job:**

A summary of the responsible person functions are as follows:

1. All those persons who will have to use the system must be instructed in its use

2. Liaison with workers on the building such as decorators and cleaners is needed so that adverse effects on the alarm system are prevented. If the building is altered, the changes may affect the operation of the fire alarm system.

3. Ensure that the system’s efficiency is not affected by obstructions that prevent the movement of fire products to reach the detector, or obstructions obscuring or blocking access to manual call points.

4. All drawings and operating instructions must be maintained.

5. This fire logbook needs to be kept up to date. This includes the recording of

all details that affect the alarm. The responsible person’s name needs to be recorded in this log book.

6. Prevention of false alarms.

7. Ensuring reinstatement of the system after any work has been carried out on the alarm system.

8. Ensuring that the alarm system is given routine attention at the stipulated intervals.

9. After any alarm activation, damage or warning the responsible person must ensure that the system is serviced.

10. Keep a suitable stock of spares (example call point glasses). The responsible person should be encouraged to recognise their limitations and appoint a service company to assist.

**Daily Checks:**

1. Check that the panel indications are normal - faults to be recorded in this log book.
2. Previous faults have been attended to.
3. Signalling if not monitored is checked.

**Weekly Tests:**

1. One detector or call point should be operated and ensure that the panel indicates correctly.

2. A different call point or detector should be used each week.

3. If the sounders are isolated during the test, they should be tested to prove reinstatement.

4. Standby generator fuel oil and coolants should be checked.

5. Where a printer is fitted the paper and ribbon should be checked to ensure at least two weeks’ supply remains.

**Monthly Tests:**

1. If a standby generator is used it should be started by a simulated power failure for the stipulated time. The alarm should be monitored to check for any malfunctions.
2. The generator’s battery should then be checked for correct function. Fuel and coolant levels should be topped up where necessary.

**All defects must be recorded in this fire logbook and corrective action taken.**

**After a False Alarm**

All alarm activations should be treated as actual fire alarms until it is proven otherwise. When a false alarm is found to be the case the responsible person

shall carry out the following actions immediately;

1. If it is possible, identify the detector or call point before resetting the system.

2. Where possible try and establish the reason for the false alarm.

3. Make notes of any activities in the area of operation if the cause is not found.

4. Record details in this Fire Logbook and inform the maintenance company. Where it is found that a single detector or group of detectors gives repeated false alarms, the maintenance company should be asked to investigate.

*False alarms records need to maintained* and the alarm company should investigate the causes.

**Action Following a Fault**

However a fault is discovered, the following actions should be taken:

1. Determine the area of the fault and if special action is required such as fire patrols.

2. If possible determine the reason for the fault.

3. If the reason cannot be determined then a note of activities in the area prior to the activation needs to be made.

4. Record details in this Fire Log Book.

5. Notify the Maintenance Company to arrange repairs.

**Emergency Lighting**

**The Responsible Person’s Job:**

All lighting systems should be checked and maintained regularly and any remedial actions should be undertaken immediately. Annual emergency lighting testing should be carried out by a competent person in line with current British Standards and the manufacturer’s instructions.

**Monthly Test:**

Tests should be carried out as follows:

1. A simulated power failure should be carried out and all lights checked for operation.

2. The test should not exceed 5 minutes.

3. When the power is restored, check all the charging lights are working.

4. Each central battery system has a simulated failure and tested as above.

5. If all lights are not checked after a recharging period the remainder need to be checked.

6. All generators start up on power failure and are then run for 1 hour.

7. All fuel tanks battery cells and coolants are checked.

**All defects must be recorded in this fire logbook.**

**Extinguishers**

All trained staff should know where fire extinguishers are located and how to safely operate them in the event of an emergency.

Fire extinguishers should be inspected, serviced and maintained annually by a competent Service Technician in line with current British Standards using recommended tools and equipment. The annual test should be recorded on the fire extinguisher maintenance label.

When new fire extinguishers are installed, an initial commissioning service should be carried out on site by a competent Service Technician in line with British Standards.

Fire extinguishers should also be routinely visually inspected by the user to check that they are correctly located, are in working order and have not been damaged.

**Weekly Checks:**

* Ensure the extinguisher is in the designated place
* Ensure the extinguisher is not damaged or obstructed
* Ensure all seals and indicators are in place and not missing or broken;
* You should also check that any signage is in place and is legible and unobstructed.

**Fire Drills**

Any signalling devices should be isolated and a simulated fire condition to train all staff.

Fire drills should be carried out at intervals shown below and conducted to simulate fire conditions, i.e. one escape route obstructed. Advance warning should not be given, other than to specific staff for purposes of safety and the avoidance of a false call being made to the Fire Service.

**6 Monthly:**

Residential premises, places of entertainment, large shops and department stores.

**Staff Training**

All employees must receive instruction and training to ensure that they understand the fire precautions that are in place and the action to take in the event of a fire to ensure that everyone gets out safely. Special needs of those less able should also be considered.

All new staff should receive training and additional specific training should be provided for those staff acting as fire wardens. You must ensure that all other staff including those who work part time also receive training. Refresher training should be provided periodically.

Staff training should include:

* General fire precautions
* The action to be taken upon the discovery of a fire
* The action to be taken upon hearing the fire alarm
* How to raise the alarm including the location of call points
* How to call the fire service
* The location and use of firefighting equipment if it is safe to do so
* Knowledge of escape routes and assembly points and the correct evacuation procedures for the premises
* Any specific evacuation requirements e.g. assisting persons who are less able, members of the public, etc.

In larger buildings, some staff may have specific tasks to be carried out in the event of a fire and these tasks should be recorded in the relevant emergency action plan.

**Means of Escape**

It is recommended that emergency escape routes and fire exits are checked weekly to ensure that they are free from obstructions. All final exit doors should open without the need for keys, etc All fire door self-closing devices should be in good working order and should be maintained on a regular basis. All safety signs and notices should be in place and free from damage.

**General Housekeeping**

All electrical equipment and installation should be regularly maintained and checked in line with current legislation.

Boiler and plant rooms should not be used as additional storage spaces and all portable heating appliances must be kept away from combustible materials such as furniture and paper storage.

Appropriate No Smoking signs should be displayed in line with current legislation.

**Disability Discrimination Act**

The following need to be considered:

1. Fire alarm audibility for the hard of hearing. Fitting strobes or a paging system may solve this problem.

2. Hotels may consider radio operated systems with vibrating pillows

3. Braille signs

4. Ramps

**FIRE RISK ASSESSMENT**

The Regulatory Reform (Fire Safety) Order 2005 requires that a suitable and sufficient assessment of the fire risks is carried out in all non-domestic premises.

Where five or more people are employed the significant findings of the fire risk assessment must be recorded. Any records should be kept and made available for inspection by the fire authority.

The risk assessment should be reviewed at regular intervals and updated if any changes introduce new hazards.

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| **Date of completed fire risk assessment** |  |
| **Name of fire risk assessor** |  |
| **Position / Company name** |  |
| **Signature** |  |
| **Date** |  |

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| **Review Date** | **Name of person completing review** | **Comments** | **Signature of assessor** | **Next review date** |
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**FIRE ALARM SYSTEMS**

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| **Panel Manufacturer:**  **System Type:**  **Batteries**  Qty Volts Amps Last Changed | | System fitted to standard:  BS3116 / BS5839 Pt 1 1988 / BS5839 Pt 1 2002 / BS5839 Pt 6  **Certificates issued for a BS5839Pt 1 2002 System**  **By: Date: Certificate No:** | | | | | |
| Design | | | |  | |
| Installation | | | |  | |
| Commissioning | | | |  | |
| Acceptance | | | |  | |
| Verification | | | |  | |
| Modification | | | |  | |
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| **No.** | **Detector/Call Point Type & Location** | | **Zone** | **No.** | **Detector/Call Point Type & Location** | | **Zone** |
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**FIRE ALARM SYSTEM SERVICING**

Normal Services are due during the following months: Jan / Feb / Mar / Apr / May / Jun / Jul / Aug / Sep / Oct / Nov / Dec

The Annual Service is due: Jan / Feb / Mar / Apr / May / Jun / Jul / Aug / Sep / Oct / Nov / Dec

The 5 Yearly wiring test is due (Normally part of buildings electrical test): Month: Year:

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| **Date** | **Company** | **Battery Date** | **Eng. Signature** |
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| **Faults Found** | | | |
| **Action Taken** | | | |

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| **Date** | **Company** | **Battery Date** | **Eng. Signature** |
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| **Action Taken** | | | |

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| **Date** | **Company** | **Battery Date** | **Eng. Signature** |
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| **Faults Found** | | | |
| **Action Taken** | | | |

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| **Date** | **Company** | **Battery Date** | **Eng. Signature** |
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| **Action Taken** | | | |

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**FIRE ALARM SYSTEM SERVICING**

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| **Comments** | | | |

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**FIRE ALARM ACTIVATIONS**

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| **Reason for Activation** | | |
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**FIRE ALARM ACTIVATIONS**

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**FIRE ALARM WEEKLY TEST**

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| **Date** | **Call Point No.** | **Faults Found** | **Action Taken** | **Signature** |
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**FIRE ALARM WEEKLY TEST**

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| **Date** | **Call Point No.** | **Faults Found** | **Action Taken** | **Signature** |
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**EMERGENCY LIGHTING**

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| **No.** | **Type & Location** | **No.** | **Type & Location** |
| **1** |  | **41** |  |
| **2** |  | **42** |  |
| **3** |  | **43** |  |
| **4** |  | **44** |  |
| **5** |  | **45** |  |
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NBCD = Next Battery Change Due

**EMERGENCY LIGHTING SERVICE**

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| **Date** | **Company**  **Battery Date** | **Eng. Signature** |
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| **Comments** | | |
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| **Date** | **Charge Light**  **Battery Date** | **Eng. Signature** |
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**EMERGENCY LIGHTING SERVICE**

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| **Date** | **Charge Light**  **Battery Date** | **Eng. Signature** |
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| **Comments** | | |
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| **Date** | **Charge Light**  **Battery Date** | **Eng. Signature** |
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**EMERGENCY LIGHTING MONTHLY TEST**

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| **Date** | **Faults Found** | **Action Taken** | **Signature** |
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**PORTABLE FIRE EXTINGUISHERS**

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| **No.** | **Extinguisher Type & Location** | **No.** | **Extinguisher Type & Location** |
| **1** |  | **43** |  |
| **2** |  | **44** |  |
| **3** |  | **45** |  |
| **4** |  | **46** |  |
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**PORTABLE FIRE EXTINGUISHER SERVICE**

Normal Services are due during the following months: Jan / Feb / Mar / Apr / May / Jun / Jul / Aug / Sep / Oct / Nov / Dec

Discharge testing is to be carried out as required in the current standards and the extinguishers may be sued for training.

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| **Date** | **Company** | **Eng. Signature** |
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**PORTABLE FIRE EXTINGUISHERS WEEKLY TEST**

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| **Date** | **Tamper Tag Checked** | **Faults Found** | **Action Taken** | **Signature** |
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**PORTABLE FIRE EXTINGUISHERS WEEKLY TEST**

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**PORTABLE FIRE EXTINGUISHERS WEEKLY TEST**

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**PORTABLE FIRE EXTINGUISHERS WEEKLY TEST**

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**PORTABLE FIRE EXTINGUISHERS WEEKLY TEST**

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**REGISTER OF FIRE DOORS**

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| **Door No** | **Location** | **Res. Min** | **SS/IS** | **Single/Double** | **SC** | **RM** | **Glazing** |
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**Codes:** SS = Smoke seal IS = Intumescent strip SC = Self closer RM = Release mechanism Res.Min = Resistance minutes

**FIRE DOOR INSPECTION RECORD**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Door No** | **IS Strip** | **Closer** | **Dorgard** | **Faults/Remedial Action Taken** | **Signature** |
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**External doors inspect weekly, internal doors check monthly**

**FIRE DOOR INSPECTION RECORD**

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| **Date** | **Door No** | **IS Strip** | **Closer** | **Dorgard** | **Faults/Remedial Action Taken** | **Signature** |
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**External doors inspect weekly, internal doors check monthly**

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| **No.** | **Carbon Monoxide Alarm Location** |
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**CARBON MONOXIDE ALARMS**

**CARBON MONOXIDE DETECTOR SERVICING**

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| **Date** | **Company** | **Eng. Signature** |
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| **Comments** | | |
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**CARBON MONOXIDE DETECTOR MONTHLY CHECKS**

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| **Date** | **Faults Found** | **Action Taken** | **Signature** |
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**CARBON MONOXIDE DETECTOR MONTHLY CHECKS**

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**SMOKE VENTS**

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**SMOKE VENT SERVICING**

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**SMOKE VENT SERVICING**

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**WET & DRY RISERS SERVICING**

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| **Date** | **Company** | **Eng. Signature** |
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| **Comments** | | |

**FIRE EVACUATION DRILLS**

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| --- | --- |
| Date of drill: | Assessment of Evacuation:  Remedial action required:  Comments: |
| Type of evacuation: Drill / False alarm |
| No. of persons involved: |
| Evacuation time: |
| **Responsible Person** |
| Name: |
| Signature: |
|  | |
| Date of drill: | Assessment of Evacuation:  Remedial action required:  Comments: |
| Type of evacuation: Drill / Actual alarm / False alarm |
| No. of persons involved: |
| Evacuation time: |
| **Responsible Person** |
| Name: |
| Signature: |
|  | |
| Date of drill: | Assessment of Evacuation:  Remedial action required:  Comments: |
| Type of evacuation: Drill / Actual alarm / False alarm |
| No. of persons involved: |
| Evacuation time: |
| **Responsible Person** |
| Name: |
| Signature: |
|  | |
| Date of drill: | Assessment of Evacuation:  Remedial action required:  Comments: |
| Type of evacuation: Drill / Actual alarm / False alarm |
| No. of persons involved: |
| Evacuation time: |
| **Responsible Person** |
| Name: |
| Signature: |
|  | |
| Date of drill: | Assessment of Evacuation:  Remedial action required:  Comments: |
| Type of evacuation: Drill / Actual alarm / False alarm |
| No. of persons involved: |
| Evacuation time: |
| **Responsible Person** |
| Name: |
| Signature: |

**FIRE EVACUATION DRILLS**

|  |  |
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| Date of drill: | Assessment of Evacuation:  Remedial action required:  Comments: |
| Type of evacuation: Drill / False alarm |
| No. of persons involved: |
| Evacuation time: |
| **Responsible Person** |
| Name: |
| Signature: |
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| Date of drill: | Assessment of Evacuation:  Remedial action required:  Comments: |
| Type of evacuation: Drill / Actual alarm / False alarm |
| No. of persons involved: |
| Evacuation time: |
| **Responsible Person** |
| Name: |
| Signature: |
|  | |
| Date of drill: | Assessment of Evacuation:  Remedial action required:  Comments: |
| Type of evacuation: Drill / Actual alarm / False alarm |
| No. of persons involved: |
| Evacuation time: |
| **Responsible Person** |
| Name: |
| Signature: |
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| Date of drill: | Assessment of Evacuation:  Remedial action required:  Comments: |
| Type of evacuation: Drill / Actual alarm / False alarm |
| No. of persons involved: |
| Evacuation time: |
| **Responsible Person** |
| Name: |
| Signature: |
|  | |
| Date of drill: | Assessment of Evacuation:  Remedial action required:  Comments: |
| Type of evacuation: Drill / Actual alarm / False alarm |
| No. of persons involved: |
| Evacuation time: |
| **Responsible Person** |
| Name: |
| Signature: |

**STAFF TRAINING RECORD**

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| **Date** | **Employee Name** | **Type of Training** | **Signature** |
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**STAFF TRAINING RECORD**

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**STAFF TRAINING RECORD**

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| **Date** | **Employee Name** | **Type of Training** | **Trainer’s Name and Signature** |
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**FIRE OFFICER VISITS**

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| **Date** | **Comments and recommendations** | **Officer** |
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**MEANS OF ESCAPE WEEKLY CHECKS**

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| **Date** | **Comments / Further Action** | **Signature** |
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**MEANS OF ESCAPE WEEKLY CHECKS**

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**MEANS OF ESCAPE WEEKLY CHECKS**

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| **Date** | **Comments / Further Action** | **Signature** |
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