

**SHE Group - Building Fire Safety ‘Sign Off’ prior to beneficial occupation – only to be signed by a site Fire Safety Advisor.**

# Site................... ..... Building......

**Area ......... Room ....**

For use with new works, refurbishments, change of use of premises, revised access or egress routes, and any changes or modifications to Fire Alarm System.

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| **Fire Alarm Systems** |
|  | CertificateProvided Yes/No | Variations Yes/No | Not Applicable | Notes | Signed | Date |
| Designed to – BS5839-1 |  |  |  |  |  |  |
| Installed toBS 5839-1 |  |  |  |  |  |  |
| Commissionedto BS 5839-1 |  |  |  |  |  |  |
| Voice Alarm to BS5839-8 |  |  |  |  |  |  |

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| **Witnessed Tests** |
|  | VerifiedYes/No | VariationsYes/No | NotApplicable | Notes | Signed | Date |
| SounderCompatibility |  |  |  |  |  |  |
| SounderAudibility |  |  |  |  |  |  |
| Data link toMonitoring Station |  |  |  |  |  |  |
| Detector Type |  |  |  |  |  |  |
| ½ Hour BellTest |  |  |  |  |  |  |
| Cause &Effect Scheme Verified |  |  |  |  |  |  |
| Dampers CorrectlyLocated |  |  |  |  |  |  |
| DampersIdentified |  |  |  |  |  |  |

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|  DamperOperation |  |  |  |  |  |  |
| Access Control Doors to Fail Safe onFire Condition |  |  |  |  |  |  |
| Lift Registered(SHE Group) |  |  |  |  |  |  |
| Lift Operationon Fire Condition |  |  |  |  |  |  |
| Lift emergency phoneoperation |  |  |  |  |  |  |
| Smoke ExtractSystem |  |  |  |  |  |  |
| Soak Test (1 Week FaultFree) |  |  |  |  |  |  |

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| **Devices Labelled** |
|  | VerifiedYes/No | VariationsYes/No | NotApplicable | Notes | Signed | Date |
| Manual CallPoints |  |  |  |  |  |  |
| PointDetectors |  |  |  |  |  |  |
| OtherDetectors |  |  |  |  |  |  |
| Bells/Sounders  |  |  |  |  |  |  |
| RemoteIndicators |  |  |  |  |  |  |
| Batteries |  |  |  |  |  |  |
| I/O Units |  |  |  |  |  |  |

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| **Fixed Fire Suppression System** |
|  | Certificate ProvidedYes/No | Variations Yes/No | Not Applicable | Notes | Signed | Date |
| Type of System(s) Installed  |  |  |  |  |  |  |
| Designed toCurrent BS ISO 14520-1 |  |  |  |  |  |  |

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| Installed to current BS ISO 14520-1 |  |  |  |  |  |  |
| Commissionedto current BS ISO 14520-1 |  |  |  |  |  |  |

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| **Witnessed Tests** |
|  | VerifiedYes/No | VariationsYes/No | NotApplicable | Notes | Signed | Date |
| Room IntegrityTested |  |  |  |  |  |  |
| 1st Knock |  |  |  |  |  |  |
| 2nd Knock |  |  |  |  |  |  |
| Gas Type |  |  |  |  |  |  |
| SystemOperational |  |  |  |  |  |  |

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| **Fire Management** |
|  | VerifiedYes/No | VariationsYes/No | NotApplicable | Notes | Signed | Date |
| Building ControlApproval |  |  |  |  |  |  |
| Building Control Final Certificate |  |  |  |  |  |  |
| Regulation 38 of Building Regs (Fire Safety information or Fire Engineers Fire Strategy  |  |  |  |  |  |  |
| Fire Strategy Plans  |  |  |  |  |  |  |
| Zone Charts inPlace |  |  |  |  |  |  |
| O&M Manuals |  |  |  |  |  |  |
| Cause & Effect Document  |  |  |  |  |  |  |
| As InstalledDrawings |  |  |  |  |  |  |
| Signage providedunder contract to current BS 5499 |  |  |  |  |  |  |
| Fire Stopping through Vertical & Horizontal compartmentation |  |  |  |  |  |  |
| Means of Escape Incl. External |  |  |  |  |  |  |
| Fire HydrantsCorrect plate and Painted |  |  |  |  |  |  |

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| **Fire Doors** |
|  | VerifiedYes/No | VariationsYes/No | NotApplicable | Notes | Signed | Date |
| 3rd party Certified |  |  |  |  |  |  |
| Correct Locations |  |  |  |  |  |  |
| Correct Signage |  |  |  |  |  |  |

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| **Fire Extinguishers** |
|  | VerifiedYes/No | VariationsYes/No | NotApplicable | Notes | Signed | Date |
| Appropriate for the Risk |  |  |  |  |  |  |
| Appropriately Located |  |  |  |  |  |  |
| Correctly fitted to Wall/Stand Provided |  |  |  |  |  |  |
| Signage to current BS 5499 |  |  |  |  |  |  |

No

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| **Emergency Lighting and Escape Lighting**  |
|  | Declarationof Conformity | Variations Yes/No | Not Applicable | Notes | Signed | Date |
| Designed to current BS 5266-1:  |  |  |  |  |  |  |
| Installed to currentBS 5266-1 |  |  |  |  |  |  |
| Completion Certificate |  |  |  |  |  |  |

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| **Witnessed Tests** |
|  | VerifiedYes/No | VariationsYes/No | NotApplicable | Notes | Signed | Date |
| Ave. illuminancelevel (lux) |  |  |  |  |  |  |
| Design Duration |  |  |  |  |  |  |
| Full Duration Test |  |  |  |  |  |  |

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| **Miscellaneous Tests** |
|  | VerifiedYes/No | VariationsYes/No | NotApplicable | Notes | Signed | Date |
| Disabled Refuge SystemInstalled to current BS8300: |  |  |  |  |  |  |
|  Emergency Voice CommunicationTested |  |  |  |  |  |  |
| Access control on escape routes and final exit doors  |  |  |  |  |  |  |
| Lightning Protection System installed to current BS EN:62305  |  |  |  |  |  |  |
| Emergency Signal from Disabled WC |  |  |  |  |  |  |

Building Fire Safety Acceptance

All the above have been verified and therefore I am satisfied that beneficial occupancy may take place.

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| Name |  |
| Signed |  |
| Date |  |

Site Fire Safety Advisor

Circulation: Contractor

Contract Supervising Officer RAL Estates – copy to

SHE Group