F I R E

S A F E T Y

R E G I S T E R

Cork County Fire Department
www.corkcoco.ie

August 2019

Introduction

1.1 Section 18(2) of the ***Fire Services Acts, 1981 and 2003*** generally applies to all premises other than a dwelling house occupied as a single private dwelling. This section of the Act places a duty on persons having control over premises to -

- ***take all reasonable measures to guard against the outbreak of fire,***
- ***provide reasonable fire safety measures,***
- ***prepare and provide appropriate fire safety procedures,***
- ***ensure that the fire safety measures and procedures are applied at all times, and***
- ***ensure as far as is reasonably practicable the safety of persons on the premises in the event of an outbreak of fire.***

1.2 The Department of the Environment and Local Government has published guidance to assist persons in control of particular types of premises in discharging their statutory responsibilities under the Fire Services Act. The publications include the following:-

- Code of Practice for the Management of Fire Safety in Places of Assembly
- Guide to Fire Precautions in Existing Hotels, Guesthouses and Similar Premises
- Fire Safety in Guest Accommodation
- Fire Safety in Hostels
- Fire Safety in Nursing Homes

1.3 Compliance with responsibilities under the Fire Services Act requires that –

- ***the premises must be suitable for its intended use and certain essential fire safety features appropriate to the use of the premises must be provided, and***
- a proactive fire safety management policy must be in place to minimise the risk of a fire occurring and ensure the safety of persons on the premises in an emergency.

1.4 The keeping of fire safety records is an important element of the proper fire safety management of a premises. This Fire Safety Register has been produced to assist in the keeping of records for specific items. It will also be necessary to keep records and certificates for other items such as furnishings, bedding, electrical installations, as appropriate to the particular premises.

GUIDANCE FOR COMPLETION OF THE FIRE SAFETY REGISTER

1. The Register should be kept in a safe place on the premises at all times together with the relevant Code of Practice or Guide to Fire Precautions and should be available for inspection by any Authorised Officer of the Fire Authority.

2. The Register has a sample blank template of each certificate listed in the table of contents. Additional certificates should be printed as required.

3. Owners or Managers of premises should take careful note of the intervals at which various inspections, tests or inventory/location checks are to be carried out. These are summarised in the table below.

	Daily	**Weekly**	**Monthly**	**Quarterly**	**6 Monthly**	**Yearly/ Periodic**
Emergency Lighting	✓	✓		✓		✓
Fire Alarm	✓	✓		✓		✓
Extinguishers Hose Reels			✓			✓
Fire Exit Doors	✓	✓	✓	✓	✓	✓
Fire Resisting Doors		✓	✓	✓	✓	✓
Furniture Seating etc.		✓	✓	✓	✓	✓
Gas Installations						*
General Wiring						*

* Relevant Testing Interval Determined by Risk Assessment (but not greater than once every three years for gas installations and once every five years for general wiring)

INSPECTION AND TESTS ON FIRE PROTECTION EQUIPMENT

A summary of the recommended tests for some fire protection systems and equipment is given below. More extensive details of the tests may be found in the relevant Irish Standard. Reference should also be made to the relevant guidance for a particular premises type, such as the Code of Practice for the Management of Fire Safety in Places of Assembly.

Fire Extinguishers

MONTHLY: All fire extinguishers should be inspected to make sure that appliances are in their proper position, have not been discharged or lost pressure (in the case of extinguishers fitted with a pressure indicator) or suffered obvious damage. Any extinguishers that are not available for use should be replaced by serviceable extinguishers. The frequency of inspections may need to be increased for premises where extinguishers are subject to tampering, damage, vandalism or malicious mischief

ANNUALLY: A more thorough examination of extinguishers (a detailed description of which is given in I.S. 291: 2015) should be carried out by a person with the necessary training and experience, and with access to the requisite tools, equipment and information.. Extinguishers should be discharged periodically in accordance with the provisions of I.S. 291: 2015. When discharge is taking place the opportunity to train staff in the use of extinguishers should be taken.

Hose Reels

In accordance with BS 5306-1: 2006 the maintenance and testing of hose reels should be in accordance with IS EN 671-3: 2009. (If booster pumps have been installed, these and their associated mechanical and electrical equipment should also be checked.

Emergency Lighting System

Maintenance, inspection and testing of emergency lighting systems should be in accordance with Section 16 of I.S. 3217: 2013+A1:2017. Daily, weekly, quarterly and annual inspections and testing should be carried out by competent persons and relevant certification retained for inspection. Samples of the relevant quarterly report and annual certificate are included in this register.

Fire Detection And Alarm System

Maintenance, inspection and testing of the fire detection and alarm system should be in accordance with Section 9.2 of I.S. 3218: 2013. Daily, weekly, quarterly and annual inspections and testing should be carried out by competent persons and relevant certification retained for inspection.

Gas Installations

Safety inspections of existing non-domestic gas installations should be in accordance with Annex E of IS 820: 2019. The inspection shall be carried out by a competent person authorised to do so by the duty holder on a regular basis in addition to a planned maintenance schedule and relevant certification shall be retained for inspection.

General Wiring

1. All new electrical installations or a major alterations or an extension to an existing installation shall, after completion, be inspected and tested by a competent person and a certificate of test be obtained verifying that the relevant requirements of the ETCI National Rules for Electrical Installations.
2. All existing installations shall be tested by a competent person in an appropriate manner at an interval determined by risk assessment having regard to the nature, location and use of the installation (but not greater than five years) and a report, conforming to Annex 62A of the ETCI National Rules for Electrical Installations, of the test be completed by the competent person carrying out the test. Any works required to make the installation safe for use detailed in this report shall be carried out and a new report be completed by a competent person.

FIRE SAFETY REGISTER

PREMISES and MANAGEMENT DETAILS

PREMISES _____

ADDRESS _____

_____

_____

Telephone Number _____

Name of Owner/Hirer/Lessee _____

Name of FIRE SAFETY MANAGER _____

_____

_____

Name of DEPUTY FIRE SAFETY MANAGER _____

_____

_____

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1. SPECIFIC FIRE PROTECTION DUTIES ASSIGNED TO STAFF MEMBERS

Name _____

Position _____

Duties _____

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Name _____

Position _____

Duties _____

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Name _____

Position _____

Duties _____

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Name _____

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Duties _____

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Name _____

Position _____

Duties _____

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2. STAFF INSTRUCTION AND TRAINING INCLUDING FIRE AND EVACUATION DRILLS

Date _____

Instructor _____

Nature _____

_____

Duration _____

_____

Date _____

Instructor _____

Nature _____

_____

Duration _____

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Date _____

Instructor _____

Nature _____

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Duration _____

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Instructor _____

Nature _____

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Duration _____

_____

3. Weekly Check Sign-Off Sheet for Premises Staff

Date	Fire Alarm	Emergency Lighting	Extinguishers	Exits (Daily Checks)							Fire Doors	Electro Magnetic Devices	Upholstered Seating & Furniture	Comments / Issues	Sign Off
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4A. ANNUAL INVENTORY OF FIRE FIGHTING EQUIPMENT

This list should be updated on an annual basis at the time of the annual inspection and test of fire fighting equipment.

Month	_____	_____	_____	_____	_____	_____
Year	_____	_____	_____	_____	_____	_____
Number of Water Extinguishers	_____	_____	_____	_____	_____	_____
Number of Foam Extinguishers	_____	_____	_____	_____	_____	_____
Number of AFFF Extinguishers	_____	_____	_____	_____	_____	_____
Number of CO_2 Extinguishers	_____	_____	_____	_____	_____	_____
Number of Dry Powder Extinguishers	_____	_____	_____	_____	_____	_____
Number of Hose Reels	_____	_____	_____	_____	_____	_____
Number of Fire Blankets	_____	_____	_____	_____	_____	_____
Other Equipment						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

4B. LOCATION OF FIRE FIGHTING EQUIPMENT

Fire Point Number	Location	Type of extinguisher or other equipment	Size of extinguisher or details of other equipment

4C. ANNUAL MAINTENANCE OF FIRE FIGHTING EQUIPMENT

Date of Inspection / Test _____

Number of Fire Extinguishers Inspected [ ]

Number of Fire Blankets Inspected [ ]

Number of Hose Reels Inspected [ ]

Observations _____

_____

This is to certify that the Fire Fighting Equipment been serviced in accordance with the relevant standards.

Signed
For and on behalf of _____
SERVICE COMPANY

4C. ANNUAL MAINTENANCE OF FIRE FIGHTING EQUIPMENT

Date of Inspection / Test _____

Number of Fire Extinguishers Inspected [ ]

Number of Fire Blankets Inspected [ ]

Number of Hose Reels Inspected [ ]

Observations _____

_____

This is to certify that the Fire Fighting Equipment been serviced in accordance with the relevant standards.

Signed
For and on behalf of _____
SERVICE COMPANY

5A Emergency Lighting System Report for Inspection, Testing & Servicing

This is not a certificate of annual inspection and testing or a final certificate of commissioning.

This report shall be printed on paper clearly showing the inspection, testing or servicing company's details

Applicable standard(s) to which the Emergency Lighting System was installed: [tick appropriate box(s)]

I.S. 3217:1989 ☐ I.S. 3217:2008 ☐ I.S. 3217:2013 ☐ I.S. 3217:2013+A1:2017 ☐

Evidence of commissioning available Yes ☐ No ☐ [tick as appropriate]

Building Name, Owner and/or Occupier ……

Address of Building ……

……

Description of Works ……

……...

……

As installed drawing(s)
…….

The Inspection, Testing and Servicing work covered by this report is set out below (tick appropriate box):

☐ Quarterly Inspection and Test

☐ Special Servicing following a fault

☐ Other non-routine attention

I/We hereby declare that the Emergency Lighting System at the above building, and as detailed above, has been inspected, tested and/or serviced by me/us in accordance with the requirements of 16.2.4 (quarterly inspection) of I.S. 3217: 2013+A1:2017 and with reference to the applicable standard(s) to which the emergency lighting system was installed, that all relevant details have been recorded in the logbook in accordance with Clause 14 and the schedule for periodic inspections and tests due dates has been updated.

I/We hereby declare that where this report relates to a special servicing following a fault(s) and/or other non-routine attention that the details of any deficiencies, defects and/or faults otherwise discovered and any necessary corrective action(s) required or carried out have been recorded in the logbook.

Comments/Recommendations: ……..

I/We confirm my/our competence to undertake this work

Name…… Position ……..

Signed ……. Date ……/……/……..

For and on behalf of (Company) ……

5B Emergency Lighting System Certificate for Annual Inspection & Testing

This is not a final certificate of commissioning.

This certificate shall be printed on paper clearly showing the inspection, testing or servicing company's details

A copy of this certificate shall be retained by the person/company responsible for issuing it.

Certificate Number……

Applicable standard(s) to which the Emergency Lighting System was installed and is now being certified against: [tick appropriate box]

I.S. 3217:1989 ☐ I.S. 3217:2008 ☐ I.S. 3217:2013 ☐ I.S. 3217:2013+A1:2017 ☐

Is commissioning certificate available Yes ☐ No ☐ [tick as appropriate]

Building Name, Owner and/or Occupier ……

……

……

Description of Works and area being certified ……

……...

……

As installed drawing(s)
…….

System Type: [tick appropriate box(s)]

☐ Self-Contained ☐ Central Powered System ☐ ATS

Comments on system type ……

……

I/We hereby certify that the Emergency Lighting System at the above building, and as detailed above, has been inspected and tested by me in accordance with the relevant requirements of 16.2.5 of I.S. 3217: 2013+A1:2017 and with reference to the applicable standard(s) to which the emergency lighting system was installed, confirm that there are no deviations or faults with the system as of the date of this declaration.

I/We confirm our competence to carry out this work.

Name…… Position ……..

Signed ……. Date ……/……/……..

For and on behalf of (Company) ……

Comments ……..

…….

6 Fire Detection and alarm system – Certificate of Servicing/Testing

Page 1 of 2

[to be given to user after completion of service]

Certificate Number: …….

Name of Company and or person responsible for Servicing/Testing ……

Address of above: ……..

Certificate of testing of the fire alarm system at:

Name of protected premises or owner: …….

Address of protected premises: ……

……

System Category (tick as appropriate)

M	L4	L3	L2/L4	L2/L3	L1	Variations as attached **Y/N**

The Servicing and Testing work covered by this certificate is as set out below (tick appropriate box):

☐ Quarterly Servicing and Testing as in 9.2.2.5

☐ Annual Servicing and Testing as in 9.2.2.6 (including dates of interim certificates as below)

Date Tested	
Quarter 1	
Quarter 2	
Quarter 3	
Quarter 4	

☐ Special servicing following a fire (the work set out in 9.2.3.2 has been completed).

☐ Special servicing following a false alarm (the work set out in 9.2.3.3 has been completed).

☐ Special servicing following excessive false alarms (the work set out in 9.2.3.3 has been completed and the User has been advised of the requirements of 7.3.5, 7.3.6, 7.5.2 and 7.5.4).

☐ Special servicing following a fault (the work set out in 9.2.3.4 has been completed).

☐ Special servicing following a pre-alarm (the work set out in 9.2.3.5 has been completed).

☐ Other non-routine attention (specify as 9.2.3.7 or detail other works).

NOTE Page 2 of this certificate shall be completed, signed and dated.

Fire Detection and alarm system – Certificate of Servicing/Testing

I/We confirm my/our competence to undertake this work and certify that the following items have been checked during the works indicated on page 1 of this Certificate, and that consequently the system is operational and compliant in relation to these works

☐ Entries in the Logbook have been checked (as 9.2.2.5)

☐ Alarm functions and controls have been checked (as 9.2.2.5)

☐ A visual inspection of any structural or occupational changes has been made (as 9.2.2.5) and the system has been modified accordingly as per I.S. 3218: 2013.

☐ A clear space of at least 500 mm is preserved in all directions below and around every detector (as 9.2.2.5.1(5)).

☐ Detectors are sited and spaced in accordance with 6.10.3 and 6.10.4.

☐ All manual call points have been checked and remain unobstructed and conspicuous (as per 9.2.2.5 or 9.2.2.6 c)).

☐ Sounders and any link to an ARC have been tested and are operational (as 9.2.2.5, and as 9.2.2.6 a) and 9.2.2.6 e)).

☐ Wiring, cables and cable fitting have been visually checked (as 9.2.2.6 d)) and they remain secure, undamaged and adequately protected.

☐ Any defects have been recorded in the Logbook and reported to the Responsible Person for appropriate action (as in 9.2.2.5).

☐ A Schedule of Service (as Annex D 2) has been completed and affixed adjacent to the Fire Alarm Control Panel.

Signature of Authorised Person responsible for servicing/testing of the system

Name (Print): …….. Position: ……..

Signed: …….. Date: ……../……/…….

For and on behalf of (user or Service Provider):……..

……...

7. Periodic Safety Inspection for Gas Installations
(I.S. 820:2019 Non Domestic Gas Installations)

Name of Premises _____

Premises Address _____

_____

Date of Inspection and Test _____

I hereby declare that the gas installation at the above premises has been inspected and tested by me in accordance with Annex E of I.S. 820:2019 "Non Domestic Gas Installations", published by the National Standards Authority of Ireland, and in my opinion is safe for continued operation.

Inspection carried out by _____
(SERVICE COMPANY)

RGI Number: _____

Company Address _____

_____

Telephone No. _____

Signature of person responsible for inspection and test: _____

Name (block capitals): _____

Details of variation (if any) from I.S. 820:2019 :

_____

_____

_____

_____

_____

_____

_____

7B Schedule of Periodic Inspection, Testing & Servicing Due Dates for Gas Installations

Date Inspection/Test was carried out	Name of Person responsible for carrying out Inspection/Test	Signature	Date next Inspection/Test is Due

7C Schedule of Periodic Inspection, Testing & Servicing Due Dates for General Wiring

Date Inspection/Test was carried out	Name of Person responsible for carrying out Inspection/Test	Signature	Date next Inspection/Test is Due