

Fire Safety Register

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, gas 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 generally has sufficient pages to allow for records over a period of 5 years. Additional photocopies of unused pages should be added 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.

	Emergency Lighting	Fire Alarm	Extinguishers Hose Reels	Fire Exit Doors	Fire Resisting Doors	Furniture Seating Etc.
Daily		✓		✓		
Weekly	✓	✓		✓	✓	✓
Monthly			✓	✓	✓	✓
3 Monthly	✓	✓		✓	✓	✓
6 Monthly				✓	✓	✓
Yearly	✓	✓	✓	✓	✓	✓

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, such as IS 3218 for fire alarm systems. 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.

ANNUALLY: A more thorough examination of extinguishers (a detailed description of which is given in I.S. 291:2002) 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. 291:2002. When discharge is taking place the opportunity to train staff in the use of extinguishers should be taken.

Hose Reels

MONTHLY: Hose reels should be inspected to ensure that the inlet valve, automatic on/off valve (if any), glands, tubing and shut-off nozzle are sound and free from leaks, that the outlet of the nozzle is not choked, and that none of the moving parts are seized.

ANNUALLY: The hose should be completely run out and subjected to operational water pressure to ensure that the hose is in good condition and that all couplings are water tight. A flow test should be carried out to ensure that a discharge of 30 litres/minute is achieved. A more detailed description of the maintenance and testing of hose reels is given in BS 5306: Part 1: 1976 (1988).

Emergency Lighting

WEEKLY: An inspection should be made to check that: -

- every lamp in a maintained system is lighting (including EXIT signs);
- the LED in each emergency lighting unit is illuminated;
- any fault found, and the action taken, is recorded in the Fire Safety Register.

QUARTERLY: The following should be carried out -

- Clean exterior of luminaires and signs,
- Ensure the correct operation of luminaires and signs by operating the test facility or cutting the power to the lighting circuits
- Record results in the fire safety register.

ANNUALLY: The Fire Safety Manager should ensure that the annual inspection and test procedures as described in I.S. 3217: 1989 are carried out by the manufacturer, supplier or installer, or by an employee who has received special training with the manufacturer, supplier or installer.

Fire Detection And Alarm System

DAILY: A check should be made every day* to check that (a) the panel indicates normal operation (and if not, that any fault indicated is recorded in the Fire Safety Register and is receiving urgent attention) and (b) any fault warning recorded the previous day has received attention.

* where premises are not used on a daily basis, these inspections should be made on each occasion before the public is admitted on the premises.

WEEKLY

- (a) The system should be set off from a detector or call point (break glass unit) to test the ability of the control and indicating equipment to receive a signal and to sound the alarm. A different zone should be tested each week in turn; the zone and trigger device used should be recorded in the register.
- (b) Any defect should be recorded in the Fire Safety Register and reported to the responsible person, and action should be taken to correct it.

QUARTERLY: The Fire Safety Manager should ensure that the quarterly inspection and test procedures as described in I.S. 3218: 1989 are carried out by the manufacturer, supplier or installer or by an employee who has received special training with the manufacturer, supplier or installer.

ANNUALLY: The Fire Safety Manager should ensure that the annual inspection and test procedures as described in I.S. 3218: 1989 are carried out by the manufacturer, supplier or installer or by an employee who has received special training with the manufacturer, supplier or installer.

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 _____

Name _____

Position _____

Duties _____

Name _____

Position _____

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Name _____

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Duties _____

Name _____

Position _____

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**1. SPECIFIC FIRE PROTECTION DUTIES ASSIGNED TO
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Duties _____

Name _____

Position _____

Duties _____

2. STAFF INSTRUCTION AND TRAINING INCLUDING FIRE AND EVACUATION DRILLS

Date _____

Instructor _____

Nature _____

Duration _____

Date _____

Instructor _____

Nature _____

Duration _____

Date _____

Instructor _____

Nature _____

Duration _____

**2. STAFF INSTRUCTION AND TRAINING INCLUDING FIRE
AND EVACUATION DRILLS**

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Nature _____

Duration _____

Date _____

Instructor _____

Nature _____

Duration _____

Date _____

Instructor _____

Nature _____

Duration _____

3A. 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	_____	_____	_____	_____	_____	_____

3D. 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

3D. 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

3D. 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 _____

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Signed
For and on behalf of _____
SERVICE COMPANY

3D. 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

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Number of Fire Extinguishers Inspected

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Number of Fire Extinguishers Inspected

Number of Fire Blankets Inspected

Number of Hose Reels Inspected

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Signed
For and on behalf of _____
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3D. ANNUAL MAINTENANCE OF FIRE FIGHTING EQUIPMENT

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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.

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For and on behalf of _____
SERVICE COMPANY

3D. 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. EMERGENCY LIGHTING ANNUAL INSPECTION AND TEST
FOR SELF-CONTAINED SYSTEMS**

Name of Premises _____

Date of Inspection and Test _____

I hereby certify that the emergency lighting installation at the above premises **has been inspected and tested in accordance with the schedule overleaf** by me and to the best of my knowledge and belief complies at the time of my test with the recommendations of I.S. 3217 : 1989 “Code of Practice for Emergency Lighting”, published by the National Standards Authority of Ireland, except as stated below.

Inspection and Test carried out by _____
(SERVICE COMPANY)

Address _____

_____ Tel.No. _____

Signature of person responsible for inspection and test _____

Name (block capitals) _____

Details of variation (if any) from Code of Practice (I.S. 3217 : 1989):

NOTE:

1. The owner should ensure that the person carrying out the inspection is competent and has received adequate instruction to complete the task.
2. Owing to the possibility of a failure of the supply to the normal lighting occurring shortly after a period of testing all tests should be undertaken at times of minimum risk.
3. **The person carrying out the test must also complete the schedule overleaf.**

SCHEDULE TO EMERGENCY LIGHTING PERIODIC INSPECTION AND TEST CERTIFICATE

Results of inspection and test: Delete as applicable

- (a) Are correct entries made in the log book? YES / NO
- (b) Are record drawings available? YES / NO
- (c) Are record drawings correct? YES / NO
- (d) Signs:
- (1) Are the signs correctly positioned? (See Clause 6.8) YES / NO
- (2) Are details of the signs correct? (See Clause 6.8) YES / NO
- (e) Luminaires: Are luminaires correctly positioned? YES / NO
(See Clauses 6.6, 6.7 and 10.2)
- (f) Illumination for safe movement (Clause 5 and see record drawings)
- (1) Are the correct lamps installed in the luminaires? YES / NO
(See Clause 6.12)
- (2) Is the installation in a generally satisfactory condition? YES / NO
- (3) Is the horizontal illuminance at floor level on the centre line of clearly defined escape routes not less than 0.5 lux? YES / NO
- (4) Is the average horizontal illuminance at floor level over open areas (with no defined escape route) not less than 1.0 lux? YES / NO
- (g) Where non-maintained emergency lighting is provided, is the wiring to same arranged so that in the event of normal supply sub-circuit failure the emergency lighting will operate in the area of the premises covered by this sub-circuit? YES / NO
- (h) Marking:
- (1) Is the category and nominal operating voltage of the system clearly marked or readily identifiable? (See Clause 6.12) YES / NO
- (2) Is information available to ensure correct battery and lamp replacement? (See Clause 6.12) YES / NO
- (i) After operation for the 3 hour duration:
- (1) Does each self-contained luminaire and sign operate? YES / NO
(See Clauses 6.8 and 6.10)
- (2) Following restoration of the system to normal supply is the battery charger functioning? (See Clause 6.10) YES / NO

COMMENT (if any) and variation from the Code of Practice:

Signature of person responsible for inspection and test _____

**4C. EMERGENCY LIGHTING ANNUAL INSPECTION AND TEST
FOR SELF-CONTAINED SYSTEMS**

Name of Premises _____

Date of Inspection and Test _____

I hereby certify that the emergency lighting installation at the above premises **has been inspected and tested in accordance with the schedule overleaf** by me and to the best of my knowledge and belief complies at the time of my test with the recommendations of I.S. 3217 : 1989 "Code of Practice for Emergency Lighting", published by the National Standards Authority of Ireland, except as stated below.

Inspection and Test carried out by _____
(SERVICE COMPANY)

Address _____

_____ Tel.No. _____

Signature of person responsible for inspection and test _____

Name (block capitals) _____

Details of variation (if any) from Code of Practice (I.S. 3217 : 1989):

NOTE:

1. The owner should ensure that the person carrying out the inspection is competent and has received adequate instruction to complete the task.
2. Owing to the possibility of a failure of the supply to the normal lighting occurring shortly after a period of testing all tests should be undertaken at times of minimum risk.
3. **The person carrying out the test must also complete the schedule overleaf.**

SCHEDULE TO EMERGENCY LIGHTING PERIODIC INSPECTION AND TEST CERTIFICATE

Results of inspection and test:	Delete as applicable
(a) Are correct entries made in the log book?	YES / NO
(b) Are record drawings available?	YES / NO
(c) Are record drawings correct?	YES / NO
(d) Signs:	
(1) Are the signs correctly positioned? (See Clause 6.8)	YES / NO
(2) Are details of the signs correct? (See Clause 6.8)	YES / NO
(e) Luminaires: Are luminaires correctly positioned? (See Clauses 6.6, 6.7 and 10.2)	YES / NO
(f) Illumination for safe movement (Clause 5 and see record drawings)	
(1) Are the correct lamps installed in the luminaires? (See Clause 6.12)	YES / NO
(2) Is the installation in a generally satisfactory condition?	YES / NO
(3) Is the horizontal illuminance at floor level on the centre line of clearly defined escape routes not less than 0.5 lux?	YES / NO
(4) Is the average horizontal illuminance at floor level over open areas (with no defined escape route) not less than 1.0 lux?	YES / NO
(g) Where non-maintained emergency lighting is provided, is the wiring to same arranged so that in the event of normal supply sub-circuit failure the emergency lighting will operate in the area of the premises covered by this sub-circuit?	YES / NO
(h) Marking:	
(1) Is the category and nominal operating voltage of the system clearly marked or readily identifiable? (See Clause 6.12)	YES / NO
(2) Is information available to ensure correct battery and lamp replacement? (See Clause 6.12)	YES / NO
(i) After operation for the 3 hour duration:	
(1) Does each self-contained luminaire and sign operate? (See Clauses 6.8 and 6.10)	YES / NO
(2) Following restoration of the system to normal supply is the battery charger functioning? (See Clause 6.10)	YES / NO

COMMENT (if any) and variation from the Code of Practice:

Signature of person responsible for inspection and test _____

**4C. EMERGENCY LIGHTING ANNUAL INSPECTION AND TEST
FOR SELF-CONTAINED SYSTEMS**

Name of Premises _____

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I hereby certify that the emergency lighting installation at the above premises **has been inspected and tested in accordance with the schedule overleaf** by me and to the best of my knowledge and belief complies at the time of my test with the recommendations of I.S. 3217 : 1989 "Code of Practice for Emergency Lighting", published by the National Standards Authority of Ireland, except as stated below.

Inspection and Test carried out by _____
(SERVICE COMPANY)

Address _____

_____ Tel.No. _____

Signature of person responsible for inspection and test _____

Name (block capitals) _____

Details of variation (if any) from Code of Practice (I.S. 3217 : 1989):

NOTE:

1. The owner should ensure that the person carrying out the inspection is competent and has received adequate instruction to complete the task.
2. Owing to the possibility of a failure of the supply to the normal lighting occurring shortly after a period of testing all tests should be undertaken at times of minimum risk.
3. **The person carrying out the test must also complete the schedule overleaf.**

SCHEDULE TO EMERGENCY LIGHTING PERIODIC INSPECTION AND TEST CERTIFICATE

Results of inspection and test:	Delete as applicable
(a) Are correct entries made in the log book?	YES / NO
(b) Are record drawings available?	YES / NO
(c) Are record drawings correct?	YES / NO
(d) Signs:	
(1) Are the signs correctly positioned? (See Clause 6.8)	YES / NO
(2) Are details of the signs correct? (See Clause 6.8)	YES / NO
(e) Luminaires: Are luminaires correctly positioned? (See Clauses 6.6, 6.7 and 10.2)	YES / NO
(f) Illumination for safe movement (Clause 5 and see record drawings)	
(1) Are the correct lamps installed in the luminaires? (See Clause 6.12)	YES / NO
(2) Is the installation in a generally satisfactory condition?	YES / NO
(3) Is the horizontal illuminance at floor level on the centre line of clearly defined escape routes not less than 0.5 lux?	YES / NO
(4) Is the average horizontal illuminance at floor level over open areas (with no defined escape route) not less than 1.0 lux?	YES / NO
(g) Where non-maintained emergency lighting is provided, is the wiring to same arranged so that in the event of normal supply sub-circuit failure the emergency lighting will operate in the area of the premises covered by this sub-circuit?	YES / NO
(h) Marking:	
(1) Is the category and nominal operating voltage of the system clearly marked or readily identifiable? (See Clause 6.12)	YES / NO
(2) Is information available to ensure correct battery and lamp replacement? (See Clause 6.12)	YES / NO
(i) After operation for the 3 hour duration:	
(1) Does each self-contained luminaire and sign operate? (See Clauses 6.8 and 6.10)	YES / NO
(2) Following restoration of the system to normal supply is the battery charger functioning? (See Clause 6.10)	YES / NO

COMMENT (if any) and variation from the Code of Practice:

Signature of person responsible for inspection and test _____

**4C. EMERGENCY LIGHTING ANNUAL INSPECTION AND TEST
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Inspection and Test carried out by _____
(SERVICE COMPANY)

Address _____

_____ Tel.No. _____

Signature of person responsible for inspection and test _____

Name (block capitals) _____

Details of variation (if any) from Code of Practice (I.S. 3217 : 1989):

NOTE:

1. The owner should ensure that the person carrying out the inspection is competent and has received adequate instruction to complete the task.
2. Owing to the possibility of a failure of the supply to the normal lighting occurring shortly after a period of testing all tests should be undertaken at times of minimum risk.
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(2) Is the installation in a generally satisfactory condition?	YES / NO
(3) Is the horizontal illuminance at floor level on the centre line of clearly defined escape routes not less than 0.5 lux?	YES / NO
(4) Is the average horizontal illuminance at floor level over open areas (with no defined escape route) not less than 1.0 lux?	YES / NO
(g) Where non-maintained emergency lighting is provided, is the wiring to same arranged so that in the event of normal supply sub-circuit failure the emergency lighting will operate in the area of the premises covered by this sub-circuit?	YES / NO
(h) Marking:	
(1) Is the category and nominal operating voltage of the system clearly marked or readily identifiable? (See Clause 6.12)	YES / NO
(2) Is information available to ensure correct battery and lamp replacement? (See Clause 6.12)	YES / NO
(i) After operation for the 3 hour duration:	
(1) Does each self-contained luminaire and sign operate? (See Clauses 6.8 and 6.10)	YES / NO
(2) Following restoration of the system to normal supply is the battery charger functioning? (See Clause 6.10)	YES / NO

COMMENT (if any) and variation from the Code of Practice:

Signature of person responsible for inspection and test _____

**4C. EMERGENCY LIGHTING ANNUAL INSPECTION AND TEST
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Name of Premises _____

Date of Inspection and Test _____

I hereby certify that the emergency lighting installation at the above premises **has been inspected and tested in accordance with the schedule overleaf** by me and to the best of my knowledge and belief complies at the time of my test with the recommendations of I.S. 3217 : 1989 "Code of Practice for Emergency Lighting", published by the National Standards Authority of Ireland, except as stated below.

Inspection and Test carried out by _____
(SERVICE COMPANY)

Address _____

_____ Tel.No. _____

Signature of person responsible for inspection and test _____

Name (block capitals) _____

Details of variation (if any) from Code of Practice (I.S. 3217 : 1989):

NOTE:

1. The owner should ensure that the person carrying out the inspection is competent and has received adequate instruction to complete the task.
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SCHEDULE TO EMERGENCY LIGHTING PERIODIC INSPECTION AND TEST CERTIFICATE

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(f) Illumination for safe movement (Clause 5 and see record drawings)	
(1) Are the correct lamps installed in the luminaires? (See Clause 6.12)	YES / NO
(2) Is the installation in a generally satisfactory condition?	YES / NO
(3) Is the horizontal illuminance at floor level on the centre line of clearly defined escape routes not less than 0.5 lux?	YES / NO
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(1) Is the category and nominal operating voltage of the system clearly marked or readily identifiable? (See Clause 6.12)	YES / NO
(2) Is information available to ensure correct battery and lamp replacement? (See Clause 6.12)	YES / NO
(i) After operation for the 3 hour duration:	
(1) Does each self-contained luminaire and sign operate? (See Clauses 6.8 and 6.10)	YES / NO
(2) Following restoration of the system to normal supply is the battery charger functioning? (See Clause 6.10)	YES / NO

COMMENT (if any) and variation from the Code of Practice:

Signature of person responsible for inspection and test _____

5B

CERTIFICATE OF TESTING OF FIRE ALARM SYSTEM

Indicate whether Quarterly or Annual Test

Protected Area _____

Number of Zones

Total

Number Tested

Number of Sounders

Total

Number Tested

Number of Smoke Detectors

Total

Number Tested

Number of Heat Detectors

Total

Number Tested

Number of Manual Call Points

Total

Number Tested

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S. 3218.

Signed _____

Status _____

Date _____

For and on behalf of _____

SERVICE COMPANY

Indicate whether Quarterly or Annual Test

Protected Area _____

Number of Zones

Total

Number Tested

Number of Sounders

Total

Number Tested

Number of Smoke Detectors

Total

Number Tested

Number of Heat Detectors

Total

Number Tested

Number of Manual Call Points

Total

Number Tested

Location of Secondary Battery _____

This system is operational and has been checked and tested in accordance with I.S. 3218.

Signed _____

Status _____

Date _____

For and on behalf of _____

SERVICE COMPANY

5B

CERTIFICATE OF TESTING OF FIRE ALARM SYSTEM

Indicate whether Quarterly or Annual Test

Protected Area _____

Number of Zones Total Number Tested

Number of Sounders Total Number Tested

Number of Smoke Detectors Total Number Tested

Number of Heat Detectors Total Number Tested

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