	Address				
	Telephone number:				
	Used As:				
	Date of assessment:				
	Name of assessor:				
	Details of assessor:				
	Review Frequency:				
		Statement	of Policy		
Statemer	nt:		•		
Signed:		Print		Date:	
Oigilica.		Name:		Date.	
		Managemen	t Systems		
		Managemen	t Oyotomo		

Property Description					
Occupancy	Size:				
Times premises in use:	Building Footprint: (metres) X				
Max number at work at any time:	Number of floors:				
Max number of people: (employees and others)	Number of stairs:				
Fire Safety Systems					
Fire Warning System:	<u> </u>				
Escape Lighting					
Other Fire Safety Systems (e.g. sprinklers)					

How a Fire Could Start				
People Affected by Fire				
2. ((= 1.1				
Staff Training				

Escape Routes					
•					
Fire Alarm					
Fire Extinguishers					
Fire Extinguishers					
Fire Action					

Fire Information					
Summary of Significant Findings					
Summary of Significant Findings					
Action Plan					
Review Date Comments					

Sketch Plan of Premises (Not to scale)