**Weekly Home Fire Checks**

Name of Home:

Date when checks were completed:

Name of Person completing:

**Fire Alarm Checks**

If any faults, please note here and report to manager:

Is there any fault with the fire panel (If Applicable) Yes/No

Which Call Point was tested? (If Applicable)

Can the alarm be heard in all areas of the home with doors shut? Yes/No

Has the fire alarm been tested? Yes/No

**Emergency Lighting Check**

If Emergency Lights did not work, please report which ones to the manager:

Did all the Emergency Lights come on when the main lights went off? Yes/No

F**ire Extinguishers**

Date of last service:

If the extinguishers are mounted in a tray or on the wall, is the signage correct? Yes/No

Are the anti-tamper seals in place on all extinguishers? Yes/No

**Door Release**

Did the Door Release Mechanisms release when the fire alarm went off? Yes/No

**General Fire Checks**

Are there any E Bikes or E Scooters on site? They must be stored outside. Yes/No

Are any extension leads overloaded, or daisy chained? Yes/No

When was the date of your last fire drill: nighttime drill:

Are all escape routes accessible? Yes/No

Is there any damage to the Intumescent Strip around the door? Yes/No

Do all Fire Doors close on their own? Yes/No

If you have answered No to the any of the above checks, please not the issues below ensure you **email this report this to your manager**.

Signed: Date: