## Section A4.1 – New Building/Area Refurbishment Fire Sign Off pro-forma



SHE Group - Building Fire Safety 'Sign Off' pri	or 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.

Fire Alarm Systems							
	Certificate	Variations	Not	Notes	Signed	Date	
	Provided	Yes/No	Applicable				
	Yes/No						
Designed to				Category			
BS 5839-1, as				Designed by			
revised =							
Installe <mark>d t</mark> o				Installed by			
BS 5839-1, as				-			
revised =							
Commissioned				Commissioned			
to BS 5839-1,				by			
as revised 📒							

Witnessed	Verified	Variations	Not	Notes	Signed	Date
Tests	Yes/No	Yes/No	Applicable			
Sounder						
Compatibility						
Sounder						
Audibility						
Data Link to						
Monitoring						
Station						
Detector Type						
½ Hour Bell						
Test						
Cause &						
Effect Scheme						
Verified						
Dampers						

Correctly			
Located			
Damper			
Operation			
Dampers			
Identified			
Access			
Control Doors			
to Fail Safe on			
Fire Condition			
Lift Registered			
(SHE Group)			
Lift operation			
on Fire			
Condition			
Lift emergency			
phone			
operation			
Smoke Extract			
System			
Soak Test (1			
week Fault			
Free)			

Devices	Verified	Variations	Not	Notes	Signed	Date
Labelled	Yes/No	Yes/No	Applicable			
Manual Call						
Points						
Point						
Detectors						
Other						
Detectors						
Sounders						
Remote						
Indicators						
Batteries						
I/O Units						

Fixed Fire Suppression System							
	Certificate Provided Yes/No	Variations Yes/No	Not Applicable	Notes	Signed	Date	
Designed to							

Issue Number: 1.10	Issue Date: 25/10/2018	Author: STFC Fire Advisors	Page 26 of 52
--------------------	------------------------	----------------------------	---------------

BS ISO			
14520-1, as			
revised,			
Installed to			
BS ISO			
14520-1, as			
revised,			
Commissioned			
to			
BS ISO			
14520-1, as			
revised,			

Witnessed	Verified	Variations	Not	Notes	Signed	Date
Tests	Yes/No	Yes/No	Applicable			
Room Integrity						
Tested						
1st knock						
2 <sup>nd</sup> knock						
Gas Type						
System						
Operational						

Fire Management						
	Verified Yes/No	Variations Yes/No	Not Applicable	Notes	Signed	Date
Building Control Approval			•			
Zone Charts in place						
O&M Manuals						
As installed Drawings						
Signage provided under contract to BS 5499						
Fire Stopping through Vertical & Horizontal compartmentation						
Means of Escape Incl. External						
Fire Hydrants						

Issue Number: 1.10	Issue Date: 25/10/2018	Author: STFC Fire Advisors	Page 27 of 52
--------------------	------------------------	----------------------------	---------------

Fire Doors						
THE DOOLS	Verified	Variations	Not	Notes	Signed	Date
	Yes/No	Yes/No	Applicable			
3 <sup>rd</sup> party						
Certified						
Correctly						
Fitting						
Correct						
Number of Hinges						
All screws						
correct length						
& fitted						
Self Closing						
Device Fitted						
Penetrations						
Vision Panels						
Fire Rated						
Hold Open						
Devices						
Fire Signage						
to						
BS 5499						

Fire Extinguishers						
	Verified	Variations	Not	Notes	Signed	Date
	Yes/No	Yes/No	Applicable			
Appropriate for the Risk						
Appropriately Located						
Correctly Fitted to Wall						
Signage to BS 5499						

Emergency Lighting						
	Declaration	Variations	Not	Notes	Signed	Date
	of	Yes/No	Applicable			
	Conformity					
Designed to						
BS EN						
50172, as						
revised,						

Issue Number: 1.10	Author: STFC Fire Advisors	Page 28 of 52
--------------------	----------------------------	---------------

Installed to BS			
EN 50172,			
as revised, 📒			
Completion			
Certificate			

Witnessed	Verified	Variations	Not	Notes	Signed	Date
Tests	Yes/No	Yes/No	Applicable			
Ave.						
illuminance						
level (lux)						
Design						
Duration						
Full Duration						
Test						

## **Building Fire Safety Acceptance**

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

Name	Site Fire Safety Advisor
Signed	
Date	

Circulation:

Contractor Contract Supervising Officer BPG – to SHE Group