**Operational Fire Safety checklist**

Name of School…………………………………………………………

Person Completing return……………………………………………..Please Print

Signature ………………………………………………………………

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| **Element** | **Date** | **Advised frequency** |
| Frequency of fire evacuation drills. |  | Ideally each term or a minimum of twice per year  |
| Date of most recent fire drill |  |  |
| Operational fire Risk Assessment, date reviewed. |  | Should be reviewed annually as a minimum |
| Date that staff received fire safety training? |  |  |
| Are fire alarms tested weekly with records kept? |  |  |
| Date of Fire Alarm servicing? |  | 6 monthly |
| Date Fire Extinguishers were last inspected and serviced? |  | Serviced annually and visually inspected monthly. |
| Date Emergency Lighting was last inspected/ tested? |  | Tested annually and visually inspected monthly. |