

Fire Equipment Test Log

Document control | EMG-FRM-001 | New

Field	Content
Title	Fire Equipment Test Log
Document ID	{{facility.code}}-EMG-FRM-001
Version and status	1.0 Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director date: _____
Approver and signature	{{roles.clinical_director.name}}, clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months after effective date)
Supersedes	None (new document)
Standards and criteria supported	Standard 1, criterion 1.6
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

1. Purpose

To record each test of fire alarm, extinguishers, emergency lighting and exits.

2. How to use

Complete one form per patient, per area or per period, as the purpose states. Tick Yes, No or N/A. Any No is actioned at once and reported to the person named in the procedure.

3. Items

#	Item to check	Standard [evidence]	Yes	No	N/A	Action if No
1	Fire alarm tested	Yes, date recorded [EC]	☐	☐	☐	Action and who to tell
2	Extinguishers checked (in date, in place)	Yes [EC]	☐	☐	☐	Action and who to tell
3	Emergency lighting tested	Yes [EC]	☐	☐	☐	Action and who to tell
4	Exits and corridors clear	Yes [EC]	☐	☐	☐	Action and who to tell
5	Defects found and reported	Yes / N/A [EC]	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

Retention: {{facility.records_retention_years}} years, filed as set in the retention schedule (REC-POL-001).

4. Evidence

ID	Source	Link / status
E-009	ASF Expert Committee consensus.	see source

EC = ASF Expert Committee consensus.