Consultation form for Fire Authority.

Premises:…………………………. Contact:……………………………………

Address:…………………………. Telephone/Mobile:…………………………

1. Does the premises comprise of:
   (a) ground floor only                        Yes/No
   (b) basement and ground floor               Yes/No
   (c) basement, ground and first floor        Yes/No
   (d) floor(s) above first floor              Yes/No
   (e) ground floor and first floor            Yes/No

2. Is there more than one final exit from the premises  Yes/No

3. If there is only one final exit from the premises, is the travel distance
   from any part of the premises greater than 18 meters   Yes/No

4. If the answer to question 1(d) is yes.
   Does the premises have a an alternative means of escape from the
   Upper floors                                              Yes/No

5. Does the premises have enclosed areas such as sauna/sun bed rooms etc. Yes/No

6. Are any enclosed areas,
   (a) Fully enclosed with floor to ceiling partitions, or Yes/No
   (b) Provided with % height partitions                   Yes/No

7. Does the premises have smoke detection/fire alarm system provided Yes/No

8. (a) Does any part of the premises, including external escape routes have
     emergency lighting?                                      Yes/No

     (b) Does the external escape routes have adequate standard mains
         lighting?                                              Yes/No

9. Type and location of portable fire fighting equipment on the premises.

   Type and size                                             Location

10. Has the fire fighting equipment been maintained within the previous 12
     months?                                                 Yes/No