## A U T H O R I T Y



# Fire Safety Form 16 Fire Inspection – Action Plan

This form is to be completed where further control measures are required. Log should be signed off when actions are complete.

Issue Identified	Corrective Action	Person Responsible	Target Date	Completion Date	Completion Signature Confirming Date Completion
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			,		

If further rows are required please click on the outside of the bottom right hand box and press return.

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#### OFFICIAL

## A U T H O R I T Y



# FIRE SAFETY FORM 17 EVACUATION CHAIRS – RECORD OF MAINTENANCE / SERVICING

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Date			**************************************	T T T T T T T T T T T T T T T T T T T						
Equipment Identification		/								
Location										
Type of Inspection					/					
Satisfactory Yes/No						/				
Remedial Action Taken										
Signature										