

## Appendix 1

### Building UFAS Procedure

<b>Name of Premises</b>			
<b>Address of Premises</b>			
<b>Name of Duty Holder and/or delegated responsible person</b>			
<b>Building Manager/ Facilities Officer present</b>	Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>Classification of Property (Tick as appropriate)</b>	Small Property <input type="checkbox"/> Medium Property <input type="checkbox"/> Complex/Large Property <input type="checkbox"/> <b>Classification of property:</b> A small/simple property: a single storey building with no more than 10 rooms in total. A medium property: a single or two storey building with more than 10 rooms in total. A complex/large property: a building with three or more storeys with more than 15 rooms in total.		
<b>Provide details below of how and when the building is generally occupied</b> This maybe be different from the ARC list of operational and non-operational hours. If a school, dies it have after school club, lets, etc.			
<b>Are there trained persons for all occupancy hours?</b>	Yes <input type="checkbox"/>		No <input type="checkbox"/>
<small>Please consider activities happening after BM/FO or other responsible person has left the building/is out the building for any particular reason. If answer is No, review trained persons and try to cover all occupied times.</small>			
<b>ARC Operational Hours:</b>	<b>ARC Non-operational Hours:</b>		
<b>Special Access Risks</b> (Gas cylinders, chemical stores, electrical cupboards, etc.)	<b>Location</b>	<b>Nature of Special Fire Risk</b>	
<b>List of UFAS trained Persons and likelihood of times they operate at</b>	<b>Name of Person trained</b>		<b>Likelihood of time they would undertake UFAS investigation if required to do so.</b>
Fire Alarm panel familiarisation <input type="checkbox"/>  Information received on special access risks <input type="checkbox"/>  Zones layout plan <input type="checkbox"/>  How to use radio comms <input type="checkbox"/>			

# UFAS Procedure for NAME OF BUILDING

## Training of Nominated Persons

Name of Person – UFAS training	Date Trained and Signature

**Safe Investigation of Unwanted Fire Alarm Signals**  
 Outline the arrangements for the investigation of unwanted fire alarm signals when the building is occupied e.g. add any details particular to this building that deviates from generic process, if any.

Signed \_\_\_\_\_ (Duty Holder) Name: \_\_\_\_\_

Date: \_\_\_\_\_

Appendix 1 must be retained and kept together with the Fire Risk Assessment for review by relevant enforcement agencies and Council Health and Safety and Fire Safety Officers.