

DATE: September 2017  
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FIRE PLAN PROCEDURE  
FORM 1  
Site Walkover Inspection



Site Name		Date / Time	
Name of Person Undertaking Inspection			

Please refer to FPP-E01 – Site Walkover Inspection

Please identify what machinery / aspects of the site have been inspected, at what time and if any remedial actions carried out (e.g cleaning, maintenance):

*Any evidence of external fire / vandalism, machinery or equipment fault or malfunction must be instantly reported.*

Please illustrate what storage areas have been inspected and at what time:

*Any evidence of self heating / self ignition, external fire / vandalism, machinery or equipment fault or malfunction must be instantly reported.*

Storage / Pile Ref.	Identified Problem
WEEE BAY	
AREA 1	
AREA 2	
AREA 3	

Author / Function or Department:

Process Owner / Department:  
Site Manager

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AREA 4	
AREA 5	

Notes / Action required (to address unsatisfactory conditions)

Form reviewed by: (PRINT  
Name)

Job Title

DRAFT

Author / Function or Department:

Process Owner / Department:  
Site Manager

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