



**INSPECTION / SURVEY CHECK SHEET & REGISTER  
FOR  
FIRE EQUIPMENTS**

**ADANI POWER LIMITED**

**INSPECTION CHECKLIST – FIRE EQUIPMENTS**

| <b>SN</b> | <b>Title</b>                                                                 |             | <b>Page No</b> |
|-----------|------------------------------------------------------------------------------|-------------|----------------|
| F01       | Internal Inspection Check sheet for Fire Extinguisher                        | (Quarterly) | 1-2            |
| F02       | Visual Inspection Check sheet for Fire Extinguisher                          | (Monthly)   | 1-2            |
| F03       | Inspection and Testing Check sheet for Manual Call Point                     | (Monthly)   | 1-2            |
| F04       | Visual Inspection Check sheet for Fire Hydrant and Riser                     | (Monthly)   | 1-2            |
| F05       | Visual Inspection Check sheet for Foam / Long Range Monitor                  | (Monthly)   | 1-2            |
| F06       | Visual Inspection Check sheet for Water Monitor                              | (Monthly)   | 1-2            |
| F07       | Visual Inspection Check sheet for Isolation Valve                            | (Quarterly) | 1-2            |
| F08       | Visual Inspection Check sheet for Fire Hose Reel                             | (Monthly)   | 1-2            |
| F09       | Visual Inspection Check sheet for Fire Hose Box                              | (Monthly)   | 1-2            |
| F10       | Visual Inspection Check sheet for Fire Bucket                                | (Monthly)   | 1-2            |
| F11       | Visual Inspection Check sheet for SCBA Set                                   | (Monthly)   | 1-2            |
| F12       | Testing Check sheet for Emergency Siren                                      | (Weekly)    | 1-1            |
| F13       | Visual Inspection & Testing Check sheet for Deluge System                    | (Monthly)   | 1-2            |
| F14       | Testing Check sheet for Medium Velocity Water Spray System                   | (Quarterly) | 1-2            |
| F15       | Performance Testing Check sheet for Semi Fixed Foam pourer System (Annually) |             | 1-2            |
| F16       | Check sheet for Maintenance of Fire Extinguisher                             | (Quarterly) | 1-2            |
| F17       | Testing Check sheet for Foam Tender Pump                                     | (Monthly)   | 1-2            |
| F18       | Testing Check sheet for Foam Nurser Pump                                     | (Monthly)   | 1-1            |
| F19       | Inspection Check sheet for Fire Vehicles                                     | (Weekly)    | 1-2            |
| F20       | Check sheet for Fire Tender Preventive Maintenance                           | (Monthly)   | 1-4            |
| F21       | Check sheet for Trailer Fire Pump Preventive Maintenance                     | (Monthly)   | 1-2            |
| F22       | Check sheet for Fire Jeep Preventive Maintenance                             | (Monthly)   | 1-2            |
| F23       | Testing Check sheet for Extension Ladder                                     | (Monthly)   | 1-1            |
| F24       | Testing Check sheet for Suction Hose                                         | (Monthly)   | 1-1            |
| F25       | Testing Check sheet for Delivery Hose                                        | (Monthly)   | 1-1            |
| F26       | Inspection Check sheet for PPEs                                              | (Monthly)   | 1-1            |
| F27       | Testing Check sheet for Ropes & Line                                         | (Monthly)   | 1-1            |
| F28       | Inspection Check sheet for Small Gear                                        | (Monthly)   | 1-1            |
| F29       | Inspection and Testing Check sheet for Hose Fittings                         | (Monthly)   | 1-2            |
| F30       | Inspection Check sheet for Fire Vehicle Equipment                            | (Daily)     | 1-2            |
| F31       | Visual Inspection Check sheet for Semi Fixed Foam pourer System              | (Monthly)   | 1-2            |
| F32       | Inspection Check sheet for Fire Water Leakage                                | (Daily)     | 1-1            |
| F33       | Inspection Check sheet for Water Cum Foam Monitor Trolley                    | (Monthly)   | 1-2            |
| F34       | Inspection Check sheet for Foam Compound Trolley                             | (Monthly)   | 1-2            |
| F35       | Visual Inspection Check sheet for Spreader / Cutter                          | (Monthly)   | 1-2            |

**SAFETY AND FIRE DEPARTMENT****INSPECTION CHECKLIST, SURVEY CHECK SHEET & REGISTER FOR FIRE EQUIPMENTS****Issue No.: 01****Rev. No: 00****Date: 01-01-2014****SURVEY CHECK SHEET – FIRE EQUIPMENTS**

| <b>SN</b> | <b>Title</b>                                                            | <b>Page No</b> |
|-----------|-------------------------------------------------------------------------|----------------|
| FS01      | SURVEY CHECK SHEET FOR RESPIRATORY EQUIPMENT (Emergency Escape - 10min) | 1-2            |
| FS02      | SURVEY CHECK SHEET FOR RESPIRATORY EQUIPMENT (SCBA - 45min)             | 1-2            |
| FS03      | SURVEY CHECK SHEET FOR FIRE EXTINGUISHER                                | 1-2            |
| FS04      | SURVEY CHECK SHEET FOR HOSE BOX & HYDRENT VALVE                         | 1-2            |
| FS05      | SURVEY CHECK SHEET FOR FIRE WATER MONITOR                               | 1-2            |
| FS06      | SURVEY CHECK SHEET FOR WATER SRINKLER                                   | 1-2            |
| FS07      | SURVEY CHECK SHEET FOR MANUAL CALL POINT                                | 1-2            |
| FS08      | SURVEY CHECK SHEET FIRE DOOR                                            | 1-2            |
| FS09      | SURVEY CHECK SHEET FOR SMOKE DETECTORS                                  | 1-2            |
| FS10      | SURVEY CHECK SHEET FOR LEL / PPM / HEAT DETECTORS                       | 1-2            |

**REGISTER – LIST OF FIRE EQUIPMENTS**

| <b>SN</b> | <b>Title</b>                                                    | <b>Page No</b> |
|-----------|-----------------------------------------------------------------|----------------|
| FR01      | REGISTER – LIST OF FIRE EXTINGUISHERS                           | 1-1            |
| FR02      | REGISTER – SUMMARY OF FIRE EXTINGUISHERS                        | 1-1            |
| FR03      | REGISTER – LIST OF CRITICAL VALVE                               | 1-1            |
| FR04      | REGISTER – ALARM ANALYSIS OF LEL / PPM / HEAT / SMOKE DETECTORS | 1-1            |



## INTERNAL INSPECTION CHECK SHEET FOR FIRE EXTINGUISHER

[illegible]



# SAFETY AND FIRE DEPARTMENT

## INTERNAL INSPECTION CHECK SHEET FOR FIRE EXTINGUISHER

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

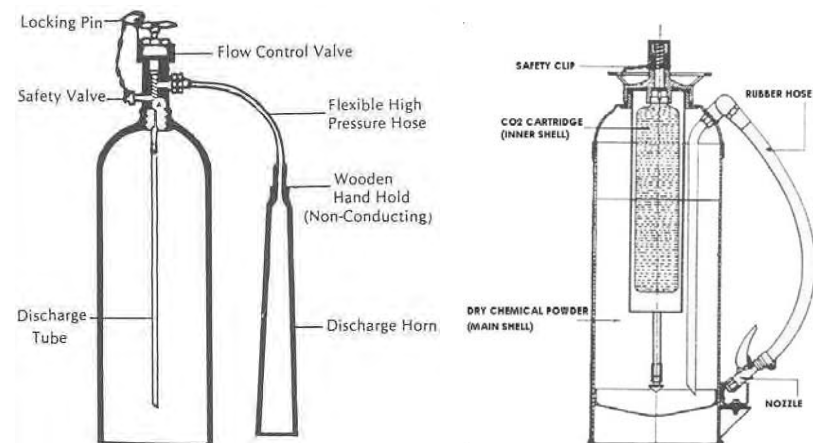
Form No - F01

| Sr. No. | Extinguisher No. | Location | Type | Size | STATUS          |                                        |             |                         |              |             |                |                 | Remarks |
|---------|------------------|----------|------|------|-----------------|----------------------------------------|-------------|-------------------------|--------------|-------------|----------------|-----------------|---------|
|         |                  |          |      |      | Inner container | Weight of Cartridge / CO2 Extinguisher | Powder      | Discharge Nozzle / Horn | Cap Assembly | Body        | Trolley Wheels | Carrying Handle |         |
|         |                  |          |      |      | OK / Not OK     | OK / Not OK                            | OK / Not OK | OK / Not OK             | OK / Not OK  | OK / Not OK | OK / Not OK    | OK / Not OK     |         |
| 14      |                  |          |      |      |                 |                                        |             |                         |              |             |                |                 |         |
| 15      |                  |          |      |      |                 |                                        |             |                         |              |             |                |                 |         |
| 16      |                  |          |      |      |                 |                                        |             |                         |              |             |                |                 |         |
| 17      |                  |          |      |      |                 |                                        |             |                         |              |             |                |                 |         |
| 18      |                  |          |      |      |                 |                                        |             |                         |              |             |                |                 |         |
| 19      |                  |          |      |      |                 |                                        |             |                         |              |             |                |                 |         |
| 20      |                  |          |      |      |                 |                                        |             |                         |              |             |                |                 |         |

### Remarks:

| SN | Observations |
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## VISUAL INSPECTION CHECK SHEET FOR FIRE EXTINGUISHER

[illegible]

**SAFETY AND FIRE DEPARTMENT****VISUAL INSPECTION CHECK SHEET FOR FIRE EXTINGUISHER**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

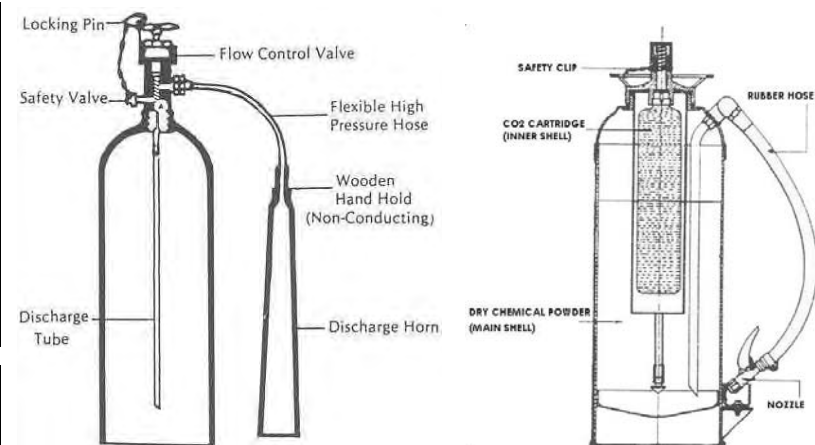
Form No - F02

| Sr. No. | Extinguisher No. | Location | Type | Size | STATUS      |                   |                |                         |              |             |                |                 | Remarks |
|---------|------------------|----------|------|------|-------------|-------------------|----------------|-------------------------|--------------|-------------|----------------|-----------------|---------|
|         |                  |          |      |      | Safety Seal | Safety Clip / Pin | Discharge Hose | Discharge Nozzle / Horn | Cap Assembly | Body        | Trolley Wheels | Carrying Handle |         |
|         |                  |          |      |      | OK / Not OK | OK / Not OK       | OK / Not OK    | OK / Not OK             | OK / Not OK  | OK / Not OK | OK / Not OK    | OK / Not OK     |         |
| 14      |                  |          |      |      |             |                   |                |                         |              |             |                |                 |         |
| 15      |                  |          |      |      |             |                   |                |                         |              |             |                |                 |         |
| 16      |                  |          |      |      |             |                   |                |                         |              |             |                |                 |         |
| 17      |                  |          |      |      |             |                   |                |                         |              |             |                |                 |         |
| 18      |                  |          |      |      |             |                   |                |                         |              |             |                |                 |         |
| 19      |                  |          |      |      |             |                   |                |                         |              |             |                |                 |         |
| 20      |                  |          |      |      |             |                   |                |                         |              |             |                |                 |         |

**Remarks:**

| SN | Observations |
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## INSPECTION & TESTING CHECK SHEET FOR MANUAL CALL POINT (MCP)

[illegible]

**SAFETY AND FIRE DEPARTMENT****INSPECTION & TESTING CHECK SHEET FOR MANUAL CALL POINT**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No - F03

| Sr. No. | MCP No. | Location | Type | Size | STATUS      |               |                       |                            |              |               |             | Remarks |
|---------|---------|----------|------|------|-------------|---------------|-----------------------|----------------------------|--------------|---------------|-------------|---------|
|         |         |          |      |      | Tag Plate   | MCP Lettering | Weather guard/ Canopy | Back ground / post painted | Hooter/ Bell | Signal at RFS | Approach    |         |
|         |         |          |      |      | OK / Not OK | OK / Not OK   | OK / Not OK           | OK / Not OK                | OK / Not OK  | OK / Not OK   | OK / Not OK |         |
| 14      |         |          |      |      |             |               |                       |                            |              |               |             |         |
| 15      |         |          |      |      |             |               |                       |                            |              |               |             |         |
| 16      |         |          |      |      |             |               |                       |                            |              |               |             |         |
| 17      |         |          |      |      |             |               |                       |                            |              |               |             |         |
| 18      |         |          |      |      |             |               |                       |                            |              |               |             |         |
| 19      |         |          |      |      |             |               |                       |                            |              |               |             |         |
| 20      |         |          |      |      |             |               |                       |                            |              |               |             |         |

**Remarks:**

| SN | Observations |
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**SAFETY AND FIRE DEPARTMENT****VISUAL INSPECTION CHECK SHEET FOR FIRE HYDRENT & RISER**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No - F04

**VISUAL INSPECTION CHECK SHEET FOR FIRE HYDRENT & RISER**

|                        |  |                      |         |
|------------------------|--|----------------------|---------|
| Plant                  |  | Date                 |         |
| Area of Inspection     |  | Shift                |         |
| Location of Inspection |  | Inspection Frequency | Monthly |
| CHECK ITEMS            |  |                      |         |

| Sr. No. | Hydrant No. | Location | Condition of Landing Valve |               |               |           |                 | Condition of ISV |           | Approach | Remarks |
|---------|-------------|----------|----------------------------|---------------|---------------|-----------|-----------------|------------------|-----------|----------|---------|
|         |             |          | Lugs                       | Rubber Washer | Spindle Wheel | Blank Cap | Female Coupling | Lever            | Flow Test |          |         |
| 1       |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 2       |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 3       |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 4       |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 5       |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 6       |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 7       |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 8       |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 9       |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 7       |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |



# SAFETY AND FIRE DEPARTMENT

## VISUAL INSPECTION CHECK SHEET FOR FIRE HYDRENT & RISER

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

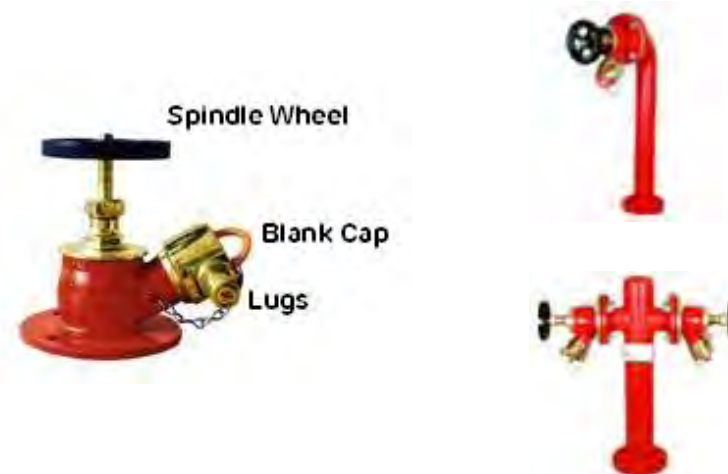
Form No - F04

| Sr. No. | Hydrant No. | Location | Condition of Landing Valve |               |               |           |                 | Condition of ISV |           | Approach | Remarks |
|---------|-------------|----------|----------------------------|---------------|---------------|-----------|-----------------|------------------|-----------|----------|---------|
|         |             |          | Lugs                       | Rubber Washer | Spindle Wheel | Blank Cap | Female Coupling | Lever            | Flow Test |          |         |
| 8       |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 9       |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 10      |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 11      |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 12      |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 13      |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |
| 14      |             |          | L                          |               |               |           |                 |                  |           |          |         |
|         |             |          | R                          |               |               |           |                 |                  |           |          |         |

Remarks:

| SN | Observations |
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## VISUAL INSPECTION CHECK SHEET FOR FOAM / LONG RANGE MONITOR

[illegible]



# SAFETY AND FIRE DEPARTMENT

## VISUAL INSPECTION CHECK SHEET FOR FOAM / LONG RANGE MONITOR

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

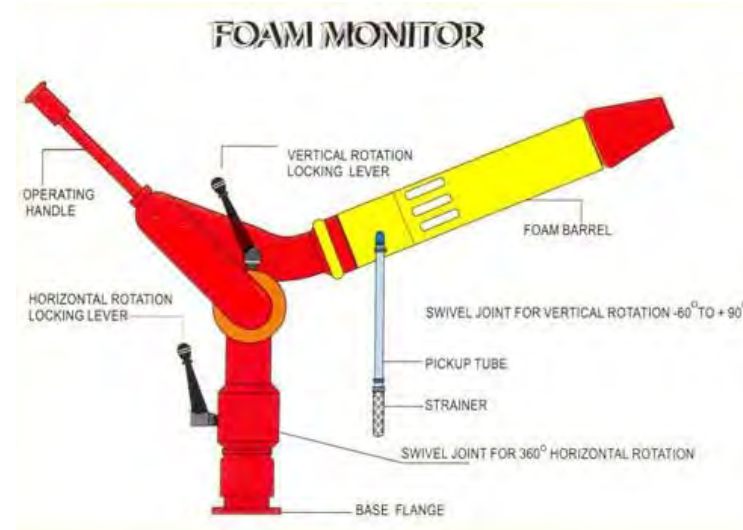
Form No - F05

| Sr. No. | Foam Monitor No. | Location | Foam/Long Range Monitor |            |          |            |               |              |           |        | Isolation Valve |                 | Approach | Remarks |
|---------|------------------|----------|-------------------------|------------|----------|------------|---------------|--------------|-----------|--------|-----------------|-----------------|----------|---------|
|         |                  |          | Drain Valve             | Worm Wheel | Movement |            | Grease Nipple | Pick up Tube | Flow Test | Nozzle | Wheel           | Valve Operation |          |         |
|         |                  |          |                         |            | Vertical | Horizontal |               |              |           |        |                 |                 |          |         |
| 12      |                  |          |                         |            |          |            |               |              |           |        |                 |                 |          |         |
| 13      |                  |          |                         |            |          |            |               |              |           |        |                 |                 |          |         |
| 14      |                  |          |                         |            |          |            |               |              |           |        |                 |                 |          |         |
| 15      |                  |          |                         |            |          |            |               |              |           |        |                 |                 |          |         |
| 16      |                  |          |                         |            |          |            |               |              |           |        |                 |                 |          |         |
| 17      |                  |          |                         |            |          |            |               |              |           |        |                 |                 |          |         |
| 18      |                  |          |                         |            |          |            |               |              |           |        |                 |                 |          |         |

### Remarks:

| SN | Observations |
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| Plant                  |  | Date                 |         |
| Area of Inspection     |  | Shift                |         |
| Location of Inspection |  | Inspection Frequency | Monthly |

[illegible]



# SAFETY AND FIRE DEPARTMENT

## VISUAL INSPECTION CHECK SHEET FOR WATER MONITOR

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No - F06

| Sr. No. | Water Monitor No. | Location | Water Monitor |        |          |             |           |        | Isolation Valve |                 | Approach | Remarks |
|---------|-------------------|----------|---------------|--------|----------|-------------|-----------|--------|-----------------|-----------------|----------|---------|
|         |                   |          | Drain Valve   | Handle | Movement | Locking Nut | Flow Test | Nozzle | Wheel           | Valve Operation |          |         |
| 12      |                   |          |               |        |          |             |           |        |                 |                 |          |         |
| 13      |                   |          |               |        |          |             |           |        |                 |                 |          |         |
| 14      |                   |          |               |        |          |             |           |        |                 |                 |          |         |
| 15      |                   |          |               |        |          |             |           |        |                 |                 |          |         |
| 16      |                   |          |               |        |          |             |           |        |                 |                 |          |         |
| 17      |                   |          |               |        |          |             |           |        |                 |                 |          |         |
| 18      |                   |          |               |        |          |             |           |        |                 |                 |          |         |

### Remarks:

| SN | Observations |
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|            | Signature |  |





## VISUAL INSPECTION CHECK SHEET FOR ISOLATION VALVE

[illegible]



# SAFETY AND FIRE DEPARTMENT

## VISUAL INSPECTION CHECK SHEET FOR ISOLATION VALVE

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No - F07

| Sr. No. | ISV No. | Location of ISV | Size of ISV | Status |       | Operating Wheel | Leakage | Approach / Pit Ladder | Pit Cover | Remarks |
|---------|---------|-----------------|-------------|--------|-------|-----------------|---------|-----------------------|-----------|---------|
|         |         |                 |             | Open   | Close |                 |         |                       |           |         |
| 12      |         |                 |             |        |       |                 |         |                       |           |         |
| 13      |         |                 |             |        |       |                 |         |                       |           |         |
| 14      |         |                 |             |        |       |                 |         |                       |           |         |
| 15      |         |                 |             |        |       |                 |         |                       |           |         |
| 16      |         |                 |             |        |       |                 |         |                       |           |         |
| 17      |         |                 |             |        |       |                 |         |                       |           |         |
| 18      |         |                 |             |        |       |                 |         |                       |           |         |

### Remarks:

| SN | Observations |
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## VISUAL INSPECTION CHECK SHEET FOR FIRE HOSE REEL

[illegible]

**SAFETY AND FIRE DEPARTMENT****VISUAL INSPECTION CHECK SHEET FOR FIRE HOSE REEL**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No - F08

| Sr. No. | Hose Reel No. | Location | Condition |           |              |        |                  |                      | Approach | Remarks |
|---------|---------------|----------|-----------|-----------|--------------|--------|------------------|----------------------|----------|---------|
|         |               |          | Hub       | Hose Reel | Swivel Joint | Nozzle | Stop Valve Lever | Stop Valve Operation |          |         |
| 12      |               |          |           |           |              |        |                  |                      |          |         |
| 13      |               |          |           |           |              |        |                  |                      |          |         |
| 14      |               |          |           |           |              |        |                  |                      |          |         |
| 15      |               |          |           |           |              |        |                  |                      |          |         |
| 16      |               |          |           |           |              |        |                  |                      |          |         |
| 17      |               |          |           |           |              |        |                  |                      |          |         |
| 18      |               |          |           |           |              |        |                  |                      |          |         |

**Remarks:**

| SN | Observations |
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|            | Signature |  |





## VISUAL INSPECTION CHECK SHEET FOR FIRE HOSE BOX

Form No – F09

|                        |  |                      |         |
|------------------------|--|----------------------|---------|
| Plant                  |  | Date                 |         |
| Area of Inspection     |  | Shift                |         |
| Location of Inspection |  | Inspection Frequency | Monthly |

| CHECK ITEMS |  |
|-------------|--|
|-------------|--|

[illegible]



# SAFETY AND FIRE DEPARTMENT

## VISUAL INSPECTION CHECK SHEET FOR FIRE HOSE BOX

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No - F09

| Sr. No. | Hose Box No. | Location | Type of Hose | Quantity | TP Branch | Quantity | Condition |        | Approach | Remarks |
|---------|--------------|----------|--------------|----------|-----------|----------|-----------|--------|----------|---------|
|         |              |          |              |          |           |          | Hose      | Branch |          |         |
| 12      |              |          |              |          |           |          |           |        |          |         |
| 13      |              |          |              |          |           |          |           |        |          |         |
| 14      |              |          |              |          |           |          |           |        |          |         |
| 15      |              |          |              |          |           |          |           |        |          |         |
| 16      |              |          |              |          |           |          |           |        |          |         |
| 17      |              |          |              |          |           |          |           |        |          |         |
| 18      |              |          |              |          |           |          |           |        |          |         |

### Remarks:

| SN | Observations |
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|------------------------|--|----------------------|---------|
| Plant                  |  | Date                 |         |
| Area of Inspection     |  | Shift                |         |
| Location of Inspection |  | Inspection Frequency | Monthly |

| CHECK ITEMS |  |
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[illegible]



# SAFETY AND FIRE DEPARTMENT

## VISUAL INSPECTION CHECK SHEET FOR FIRE BUCKET

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

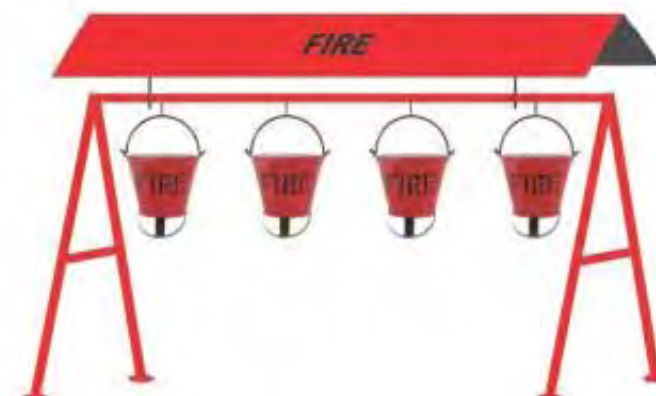
Form No - F10

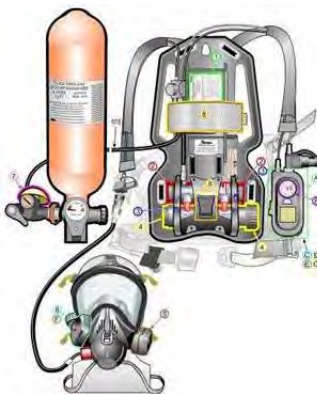
| Sr. No. | Fire Bucket No. | Location | Condition   |                   |       |           | Quantity & Quality of Sand | Approach | Remarks |
|---------|-----------------|----------|-------------|-------------------|-------|-----------|----------------------------|----------|---------|
|         |                 |          | Fire Bucket | Fire Bucket Stand | Paint | Numbering |                            |          |         |
| 12      |                 |          |             |                   |       |           |                            |          |         |
| 13      |                 |          |             |                   |       |           |                            |          |         |
| 14      |                 |          |             |                   |       |           |                            |          |         |
| 15      |                 |          |             |                   |       |           |                            |          |         |
| 16      |                 |          |             |                   |       |           |                            |          |         |
| 17      |                 |          |             |                   |       |           |                            |          |         |
| 18      |                 |          |             |                   |       |           |                            |          |         |

### Remarks:

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

|            |           |  |
|------------|-----------|--|
| Checked by | Name      |  |
|            | Signature |  |



**VISUAL INSPECTION CHECK SHEET FOR SCBA SET**


|                 |  |                             |                |
|-----------------|--|-----------------------------|----------------|
| <b>Plant</b>    |  | <b>Date</b>                 |                |
| <b>Area</b>     |  | <b>Shift &amp; Time</b>     |                |
| <b>Location</b> |  | <b>Inspection Frequency</b> | <b>Monthly</b> |

**CHECK ITEMS**

| <b>Sr. No.</b> | <b>DESCRIPTION</b>            | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>Remarks</b> |
|----------------|-------------------------------|----------|----------|----------|----------|----------|----------------|
| 1              | S.C.B.A. Set No.              |          |          |          |          |          |                |
| 2              | Cylinder Nos.                 |          |          |          |          |          |                |
| 3              | Cylinder Pressure ( Marked )  |          |          |          |          |          |                |
| 4              | Cylinder Pressure ( Present ) |          |          |          |          |          |                |
| 5              | Warning Whistle               |          |          |          |          |          |                |
| 6              | Demand valve Condition        |          |          |          |          |          |                |
| 7              | Condition of pressure Tubes   |          |          |          |          |          |                |
| 8              | Condition of pressure Gauges  |          |          |          |          |          |                |
| 9              | Condition of Back plate       |          |          |          |          |          |                |
| 10             | Condition of Harness          |          |          |          |          |          |                |
| 11             | Condition of Face Mask        |          |          |          |          |          |                |
| 12             | Condition of Inner Mask       |          |          |          |          |          |                |
| 13             | Condition of Visor            |          |          |          |          |          |                |

**SAFETY AND FIRE DEPARTMENT****VISUAL INSPECTION CHECK SHEET FOR SCBA SET****Issue No.: 01****Rev. No: 00****Date: 01-01-2014****Form No – F11****CHECK ITEMS**

| Sr. No. | DESCRIPTION              | 1 | 2 | 3 | 4 | 5 | Remarks |
|---------|--------------------------|---|---|---|---|---|---------|
| 14      | Condition of Head Strips |   |   |   |   |   |         |
| 15      | High Pressure Test       |   |   |   |   |   |         |
| 16      | Others (If any)          |   |   |   |   |   |         |
| 17      | Others (If any)          |   |   |   |   |   |         |
| 18      | Others (If any)          |   |   |   |   |   |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

|                   |                  |  |  |  |  |  |  |
|-------------------|------------------|--|--|--|--|--|--|
| <b>Checked by</b> | <b>Name</b>      |  |  |  |  |  |  |
|                   | <b>Signature</b> |  |  |  |  |  |  |

**SAFETY AND FIRE DEPARTMENT****TESTING CHECK SHEET FOR EMERGENCY SIREN**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F12

**TESTING CHECK SHEET FOR EMERGENCY SIREN**

|          |  |                      |        |
|----------|--|----------------------|--------|
| Plant    |  | Date                 |        |
| Area     |  | Shift & Time         |        |
| Location |  | Inspection Frequency | Weekly |

**CHECK ITEMS**

| Sr. No. | DESCRIPTION                                                                                    | Time  |      | Remarks |
|---------|------------------------------------------------------------------------------------------------|-------|------|---------|
|         |                                                                                                | Start | Stop |         |
| 1       | Testing<br>Wailing tone<br>Continuous tone 2 minutes.                                          |       |      |         |
| A       | Level - I On site Crisis<br>Wailing tone<br>15 Sec-ON & 10 Sec-OFF - Three times               |       |      |         |
| B       | Level - II Mutual Aid / District Crisis<br>Wailing tone<br>20 Sec-ON & 05 Sec-OFF - Five times |       |      |         |
| C       | Level - III State / National Crisis<br>Wailing tone<br>25 Sec-ON & 05 Sec-OFF - Eight times    |       |      |         |
| D       | All Clear<br>Wailing tone<br>Continuous tone 2 minutes.                                        |       |      |         |

| Sr. No. | DESCRIPTION       | Status |        | Remarks |
|---------|-------------------|--------|--------|---------|
|         |                   | OK     | Not OK |         |
| 1       | Power supply lamp |        |        |         |
| 2       | Switches          |        |        |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

|            |           |  |
|------------|-----------|--|
| Checked by | Name      |  |
|            | Signature |  |



## VISUAL INSPECTION & TESTING CHECK SHEET FOR DELUGE SYSTEM

[illegible]



# SAFETY AND FIRE DEPARTMENT

## VISUAL INSPECTION & TESTING CHECK SHEET FOR DELUGE SYSTEM

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

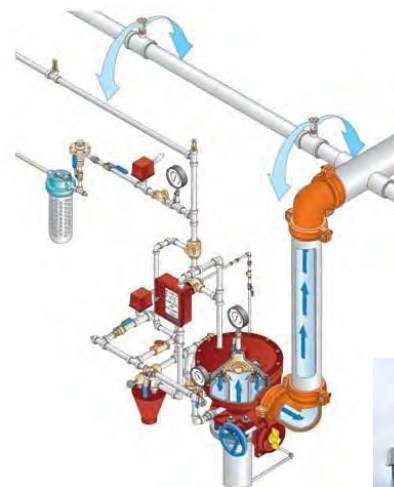
Form No – F13

| Sr. No. | Deluge System No | Operation by |                         | Condition        |                |                      |           |                      |                        |             |          | Approach | Remarks |
|---------|------------------|--------------|-------------------------|------------------|----------------|----------------------|-----------|----------------------|------------------------|-------------|----------|----------|---------|
|         |                  | Auto Mode    | Emergency by pass lever | Downstream valve | Upstream valve | Water Pressure Gauge | Gong Bell | Spray Heads & Header | Quartzite bulbs & Line | Drain Valve | Supports |          |         |
| 11      |                  |              |                         |                  |                |                      |           |                      |                        |             |          |          |         |
| 12      |                  |              |                         |                  |                |                      |           |                      |                        |             |          |          |         |
| 13      |                  |              |                         |                  |                |                      |           |                      |                        |             |          |          |         |
| 14      |                  |              |                         |                  |                |                      |           |                      |                        |             |          |          |         |
| 15      |                  |              |                         |                  |                |                      |           |                      |                        |             |          |          |         |

### Remarks:

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By   |  | Witness-01 | Witness-02 |
|------------|--|------------|------------|
| Name       |  |            |            |
| Signature  |  |            |            |
| Department |  |            |            |





## TESTING CHECK SHEET FOR MEDIUM VELOCITY WATER SPRAY SYSTEM (MVWSS)

[illegible]



# SAFETY AND FIRE DEPARTMENT

## TESTING CHECK SHEET FOR MEDIUM VELOCITY WATER SPRAY SYSTEM

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F14

| Sr. No. | TAG NO | Protected Equipment | Condition         |             |             |         |     |                       |      | Condition of Isolating Valve |        |           |          | SPRAY PATTERN | Remarks |
|---------|--------|---------------------|-------------------|-------------|-------------|---------|-----|-----------------------|------|------------------------------|--------|-----------|----------|---------------|---------|
|         |        |                     | Strainer (visual) | Spray Rings | SPRAY HEADS |         | QBD | Low Drain Point (LDP) | PIPE | Wheel                        | Status | Operation | Approach |               |         |
|         |        |                     |                   |             | Chock       | Missing |     |                       |      |                              |        |           |          |               |         |
| 11      |        |                     |                   |             |             |         |     |                       |      |                              |        |           |          |               |         |
| 12      |        |                     |                   |             |             |         |     |                       |      |                              |        |           |          |               |         |
| 13      |        |                     |                   |             |             |         |     |                       |      |                              |        |           |          |               |         |
| 14      |        |                     |                   |             |             |         |     |                       |      |                              |        |           |          |               |         |
| 15      |        |                     |                   |             |             |         |     |                       |      |                              |        |           |          |               |         |

### Remarks:

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By   |  | Witness-01 | Witness-02 |
|------------|--|------------|------------|
| Name       |  |            |            |
| Signature  |  |            |            |
| Department |  |            |            |





## PERFORMANCE TESTING CHECK SHEET FOR SEMI FIXED FOAM POURER SYSTEM

[illegible]



# SAFETY AND FIRE DEPARTMENT

## PERFORMANCE TESTING CHECK SHEET FOR SEMI FIXED FOAM POURER SYSTEM

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

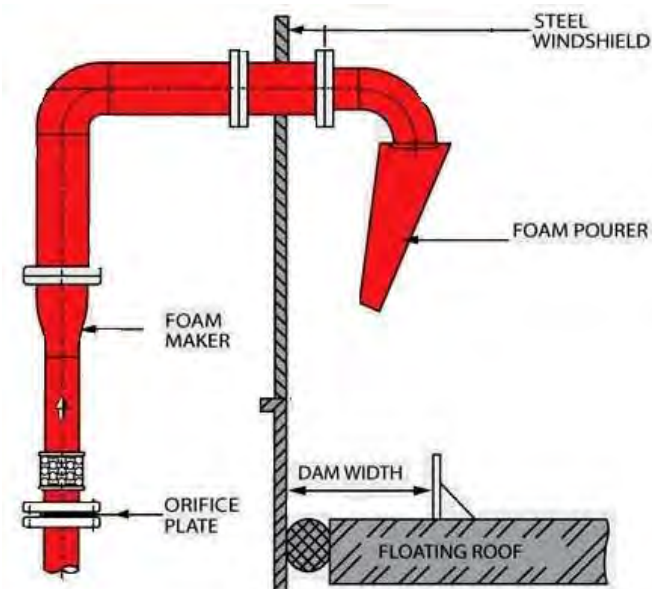
Form No - F15

| Sr. No. | TANK | Foam System No | Foam System & Pourer Lettering | Condition        |               |     |                          |                   |             | Performance | Condition of Pipe | Low Point Drain (LPD) | Remarks |
|---------|------|----------------|--------------------------------|------------------|---------------|-----|--------------------------|-------------------|-------------|-------------|-------------------|-----------------------|---------|
|         |      |                |                                | Female Blank Cap | Male Coupling | NRV | Foam Maker Aeration Port | Vapour Seal Glass | Foam Pourer |             |                   |                       |         |
| 11      |      |                |                                |                  |               |     |                          |                   |             |             |                   |                       |         |
| 12      |      |                |                                |                  |               |     |                          |                   |             |             |                   |                       |         |
| 13      |      |                |                                |                  |               |     |                          |                   |             |             |                   |                       |         |
| 14      |      |                |                                |                  |               |     |                          |                   |             |             |                   |                       |         |
| 15      |      |                |                                |                  |               |     |                          |                   |             |             |                   |                       |         |

### Remarks:

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By   |  | Witness-01 | Witness-02 |
|------------|--|------------|------------|
| Name       |  |            |            |
| Signature  |  |            |            |
| Department |  |            |            |





## CHECK SHEET FOR MAINTENANCE OF FIRE EXTINGUISHER

[illegible]



# SAFETY AND FIRE DEPARTMENT

## CHECK SHEET FOR MAINTENANCE OF FIRE EXTINGUISHER

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

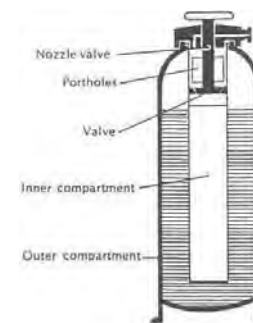
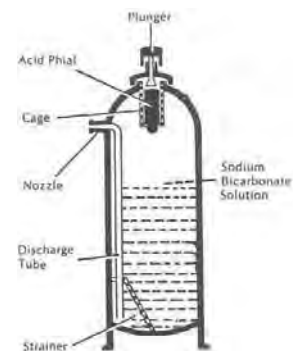
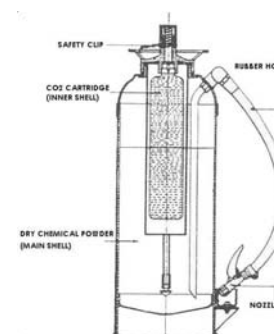
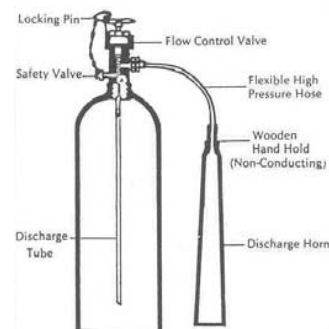
Form No - F16

| Sr. No. | Extinguisher No. | Location | Date of Maintenance | Type | Size | STATUS         |                         |                   |      |       |             |                  |           |           |                 | Remarks |
|---------|------------------|----------|---------------------|------|------|----------------|-------------------------|-------------------|------|-------|-------------|------------------|-----------|-----------|-----------------|---------|
|         |                  |          |                     |      |      | Discharge Hose | Discharge Nozzle / Horn | Safety Clip / Pin | Body | Label | Siphon Tube | Cartridge weight | Vent Hole | Port Hole | Inner Container |         |
| 15      |                  |          |                     |      |      |                |                         |                   |      |       |             |                  |           |           |                 |         |
| 16      |                  |          |                     |      |      |                |                         |                   |      |       |             |                  |           |           |                 |         |
| 17      |                  |          |                     |      |      |                |                         |                   |      |       |             |                  |           |           |                 |         |
| 18      |                  |          |                     |      |      |                |                         |                   |      |       |             |                  |           |           |                 |         |
| 19      |                  |          |                     |      |      |                |                         |                   |      |       |             |                  |           |           |                 |         |
| 20      |                  |          |                     |      |      |                |                         |                   |      |       |             |                  |           |           |                 |         |

### Remarks:

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

|                                  |           |  |
|----------------------------------|-----------|--|
| Checked by                       | Name      |  |
|                                  | Signature |  |
| Shift In-Charge<br>Fire & Safety | Name      |  |
|                                  | Signature |  |





## SAFETY AND FIRE DEPARTMENT

### TESTING CHECK SHEET FOR FOAM TENDER PUMP

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F17

### TESTING CHECK SHEET FOR FOAM TENDER PUMP



|                                                           |  |                      |         |
|-----------------------------------------------------------|--|----------------------|---------|
| Plant                                                     |  | Vehicle KM Reading   |         |
| Vehicle Registration No                                   |  | Inspection Frequency | Monthly |
| Fire Crew                                                 |  |                      |         |
| Fireman                                                   |  | Shift-In-Charge      |         |
| DCO                                                       |  |                      |         |
| CHECK ITEMS                                               |  |                      |         |
| Description                                               |  | Condition            | Remarks |
| <b>TEST 1: DEEP LIFT TEST (QUARTERLY)</b>                 |  |                      |         |
| 1. Vehicle parked (Source of water):                      |  |                      |         |
| 2. Nos. of suction hoses used                             |  | Nos.                 |         |
| 3. Depth of water from pump eye                           |  | Meters               |         |
| 4. Time required to pick up water                         |  | Second               |         |
| <b>TEST 2 : PUMP PERFORMANCE (MONTHLY)</b>                |  |                      |         |
| <b>1.SOURCE OF WATER : (OPEN SOURCE / HYDRANT SYSTEM)</b> |  |                      |         |
| <b>2. IF HYDRANT SYSTEM:</b>                              |  |                      |         |
| 1. PUMP HOUSE PRESSURE                                    |  | Kg/cm <sup>2</sup>   |         |
| 2. HYDRANT USED : DH:                                     |  |                      |         |
| <b>3. PUMP TO MONITOR:</b>                                |  |                      |         |
| 1. PUMP PRESSURE                                          |  | Kg/cm <sup>2</sup>   |         |
| 2. MONITOR PRESSURE                                       |  | Kg/cm <sup>2</sup>   |         |
| 3. MONITOR THROW                                          |  | Meters               |         |
| 4. MONITOR OPERATION / MOVEMENT                           |  |                      |         |
| <b>4. PUMP TO MONITOR + 2 DELIVERY</b>                    |  |                      |         |
| 1. PUMP PRESSURE :                                        |  | Kg/cm <sup>2</sup>   |         |
| 2. MONITOR PRESSURE:                                      |  | Kg/cm <sup>2</sup>   |         |
| 3. MONITOR THROW:                                         |  | Meters               |         |
| 4. DELIVERY THROW:                                        |  | Meters               |         |
| 5. MONITOR MOVEMENT/OPERATION:                            |  |                      |         |

**SAFETY AND FIRE DEPARTMENT****TESTING CHECK SHEET FOR FOAM TENDER PUMP****Issue No.: 01****Rev. No: 00****Date: 01-01-2014****Form No – F17**

| Description                                 | Condition          | Remarks |
|---------------------------------------------|--------------------|---------|
| <b>5. FOAM SYSTEM PERFORMANCE (MONTHLY)</b> |                    |         |
| 1. PUMP PRESSURE                            | Kg/cm <sup>2</sup> |         |
| 2. MONITOR PRESSURE                         | Kg/cm <sup>2</sup> |         |
| 3. MONITOR FOAM GENERATION & INDUCTION      |                    |         |
| 4. DELIVERY WITH FB-10 OPERATION            |                    |         |
| <b>6. HOSE REEL OPERATION:</b>              |                    |         |
| <b>7. PTO OPERATION:</b>                    |                    |         |
| <b>8. COOLING LINE OPERATION:</b>           |                    |         |
| <b>9. ALL VALVE OPERATION:</b>              |                    |         |
| <b>10. FOAM CONCENTRATE USED:</b>           |                    |         |
| <b>11. FIRE WATER USED:</b>                 |                    |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | DCO | Fire Supervisor | Shift In-Charge<br>Fire & Safety | Manager Fire |
|-----------|-----|-----------------|----------------------------------|--------------|
| Name      |     |                 |                                  |              |
| Signature |     |                 |                                  |              |



## SAFETY AND FIRE DEPARTMENT

## TESTING CHECK SHEET FOR FOAM NURSER PUMP

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F18

## TESTING CHECK SHEET FOR FOAM NURSER PUMP

|                                                                                                         |                    |                      |         |
|---------------------------------------------------------------------------------------------------------|--------------------|----------------------|---------|
| Plant                                                                                                   |                    | Vehicle KM Reading   |         |
| Vehicle Registration No                                                                                 |                    | Inspection Frequency | Monthly |
| Fire Crew                                                                                               |                    |                      |         |
| Fireman                                                                                                 |                    | Shift-In-Charge      |         |
| DCO                                                                                                     |                    |                      |         |
| CHECK ITEMS                                                                                             |                    |                      |         |
| Description                                                                                             | Condition          | Remarks              |         |
| TEST 1: OPEN CIRCUIT PUMP OPERATION (QUARTERLY)                                                         |                    |                      |         |
| 1. Vehicle parked :                                                                                     |                    |                      |         |
| 2. Delivery hoses used                                                                                  | Nos.               |                      |         |
| 3. Time require to fill 200 ltr foam drum                                                               | Second             |                      |         |
| 4. Time required to emptied out 200 ltr foam drum through suction                                       | Second             |                      |         |
| 5. Delivery pressure                                                                                    | Kg/cm <sup>2</sup> |                      |         |
| Note: By-pass valve / Pump to tank valve must be kept open (Fully opened or crake open approximate 15%) |                    |                      |         |
| TEST 2 : CLOSE CIRCUIT PUMP PERFORMANCE TEST (MONTHY)                                                   |                    |                      |         |
| FOAM SYSTEM PERFORMANCE (MONTHLY)                                                                       |                    |                      |         |
| 1. PTO OPERATION                                                                                        |                    |                      |         |
| 2. PUMP PRESSURE                                                                                        | Kg/cm <sup>2</sup> |                      |         |
| 3. FOAM LEVEL INDICATOR                                                                                 |                    |                      |         |
| 4. ALL VALVE OPERATION                                                                                  |                    |                      |         |

## Remarks:

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

|           |     |                 |                                  |              |
|-----------|-----|-----------------|----------------------------------|--------------|
| Check By  | DCO | Fire Supervisor | Shift In-Charge<br>Fire & Safety | Manager Fire |
| Name      |     |                 |                                  |              |
| Signature |     |                 |                                  |              |



## SAFETY AND FIRE DEPARTMENT

## INSPECTION CHECK SHEET FOR FIRE VEHICLE

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F19

## INSPECTION CHECK SHEET FOR FIRE VEHICLE

|                                                                       |           |                      |        |
|-----------------------------------------------------------------------|-----------|----------------------|--------|
| Plant                                                                 |           | Battery Serial No    |        |
| Vehicle Registration No                                               |           | Vehicle KM Reading   |        |
| RTO Validity Date                                                     |           | Inspection Frequency | Weekly |
| CHECK ITEMS                                                           |           |                      |        |
| Description                                                           | Condition | Remarks              |        |
| <b>Lubricating System check points</b>                                |           |                      |        |
| 1. Check oil pressure                                                 |           |                      |        |
| 2. Check Engine oil                                                   |           |                      |        |
| 3. Check Steering oil                                                 |           |                      |        |
| 4. Check Transmission Gear oil                                        |           |                      |        |
| 5. Check PTO oil                                                      |           |                      |        |
| 6. Check Differential oil                                             |           |                      |        |
| 7. Check Clutch oil                                                   |           |                      |        |
| 8. Check pump & primer oil                                            |           |                      |        |
| 9. Check all hoses and its connection                                 |           |                      |        |
| <b>Electric System check points</b>                                   |           |                      |        |
| 1. Check battery gravity                                              |           |                      |        |
| 2. Check Battery terminal clamps                                      |           |                      |        |
| 3. Apply Jelly on battery terminals                                   |           |                      |        |
| 4. Check all lights                                                   |           |                      |        |
| 5. Check Wiper condition                                              |           |                      |        |
| 6. Check PA system                                                    |           |                      |        |
| 7. Check all electrical connections                                   |           |                      |        |
| 8. Check belt condition                                               |           |                      |        |
| 9. Check electrolyte leakage from battery                             |           |                      |        |
| 10. Check condition of cable.                                         |           |                      |        |
| <b>Pneumatic / Air intake / Exhaust System check points</b>           |           |                      |        |
| 1. Check air tank pressure                                            |           |                      |        |
| 2. Check DDU air release valve operating pressure                     |           |                      |        |
| 3. Check all air hoses and its joints for leak                        |           |                      |        |
| 4. Drain air tank and refill                                          |           |                      |        |
| 5. Clean air compressor fins from oil sludge & dust                   |           |                      |        |
| 6. Check engine air intake and all rubber joints & Clamps             |           |                      |        |
| 7. Check condition of silencer.                                       |           |                      |        |
| 8. Check all the joints and clamps of exhaust                         |           |                      |        |
| 9. Check condition of spark arrester & cleaning of accumulated carbon |           |                      |        |
| <b>Cabin / Body Check points</b>                                      |           |                      |        |
| 1. Check all locker hinge support                                     |           |                      |        |
| 2. Check chequered plate riveting                                     |           |                      |        |
| 3. Check condition of seat belt                                       |           |                      |        |
| 4. Check cabin tilt mechanism & lock system                           |           |                      |        |
| 5. Lubricate all door lock and hinge supports & rubber bedding        |           |                      |        |
| 6. Check all nut bolts of chassis & body mountings.                   |           |                      |        |
| 7. Condition of cabin upholstery.                                     |           |                      |        |



**SAFETY AND FIRE DEPARTMENT**  
**INSPECTION CHECK SHEET FOR FIRE VEHICLE**

**Issue No.: 01**

**Rev. No: 00**

**Date: 01-01-2014**

**Form No – F19**

| Description                                                     | Condition | Remarks |
|-----------------------------------------------------------------|-----------|---------|
| <b>Fuel System check points</b>                                 |           |         |
| 1. Check fuel tank level                                        |           |         |
| 2. Check fuel level indicator                                   |           |         |
| 3. Check all fuel lines                                         |           |         |
| 4. Check & clean fuel injection pump.                           |           |         |
| 5. Check and clean fuel filter/oil filter/fuel water separator. |           |         |
| <b>Cooling System check points</b>                              |           |         |
| 1. Check radiator water level                                   |           |         |
| 2. Check coolant level                                          |           |         |
| 3. Check all radiator hoses                                     |           |         |
| 4. Check Header tank connection                                 |           |         |
| 5. Check pump/PTO cooling line(From pump to Engine)             |           |         |
| 6. Check water temp.                                            |           |         |
| 7. Radiator flushing                                            |           |         |
| <b>Brake System check points</b>                                |           |         |
| 1. Check Brake pedal play                                       |           |         |
| 2. Check brake oil ( in case of jeep)                           |           |         |
| 3. Check parking brake operation                                |           |         |
| 4. Check service brake operation                                |           |         |
| 5. Check all hoses connections                                  |           |         |
| 6. Check brake light connections                                |           |         |
| 7. Check for thickness of brake liner                           |           |         |
| <b>Power Transmission System check points</b>                   |           |         |
| 1. Check condition of all propeller shafts                      |           |         |
| 2. Check all UJ                                                 |           |         |
| 3. Check nut-bolts of all UJ                                    |           |         |
| 4. Check condition of tire & tire pressure                      |           |         |
| 5. Check clutch pedal play and clutch pedal wear indicator      |           |         |
| 6. Check all gear linkages & joints                             |           |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | Maintenance Supervisor | Fire Supervisor | Shift In-Charge<br>Fire & Safety |
|-----------|------------------------|-----------------|----------------------------------|
| Name      |                        |                 |                                  |
| Signature |                        |                 |                                  |



# SAFETY AND FIRE DEPARTMENT

## CHECK SHEET FOR FIRE TENDER PREVENTIVE MAINTENANCE

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F20

## CHECK SHEET FOR FIRE TENDER PREVENTIVE MAINTENANCE



|                         |  |                      |         |
|-------------------------|--|----------------------|---------|
| Plant                   |  | Work Start Date      |         |
| Vehicle Registration No |  | Work Start Date      |         |
| RTO Validity Date       |  | Vehicle KM Reading   |         |
| Battery Serial No       |  | Inspection Frequency | Monthly |

### CHECK ITEMS

| S.N. | Maintenance activity                                                         | Work done on Equipment | Remarks |
|------|------------------------------------------------------------------------------|------------------------|---------|
| 1    | <b>ENGINE</b>                                                                |                        |         |
|      | Lubrication System:                                                          |                        |         |
|      | 1. Check and top up Engine oil                                               |                        |         |
|      | 2. Check oil filter                                                          |                        |         |
|      | 3. Check engine oil pressure                                                 |                        |         |
|      | Cooling system                                                               |                        |         |
|      | 1. Check fan belt tension & Condition                                        |                        |         |
|      | 2. Check Header tank level & coolant                                         |                        |         |
|      | 3. Check radiator water level, hoses, clamps & mounting bolts                |                        |         |
|      | 4. Radiator flushing                                                         |                        |         |
|      | Fuel System                                                                  |                        |         |
|      | 1. Check fuel pipes and over flow lines for leakage and tighten if necessary |                        |         |
|      | 2. Check filter and mountings                                                |                        |         |
|      | 3. Clean the fuel strainer and tank                                          |                        |         |
|      | 4. Check the drain water separator (Remove water)                            |                        |         |
|      | Air intake and Exhaust System                                                |                        |         |
|      | 1. Check and clean air cleaner primary element                               |                        |         |
|      | 2. Check condition of silencer and spark arrester.                           |                        |         |
| 2    | <b>CLUTCH</b>                                                                |                        |         |
|      | Lubrication:                                                                 |                        |         |
|      | 1. Lubricate clutch operating pedal                                          |                        |         |
|      | 2. Lubricate clutch linkages                                                 |                        |         |
|      | Maintenance:                                                                 |                        |         |
|      | 1. Check and adjust clutch pedal free play                                   |                        |         |
|      | 2. Check and top up clutch fluid level                                       |                        |         |



# SAFETY AND FIRE DEPARTMENT

## CHECK SHEET FOR FIRE TENDER PREVENTIVE MAINTENANCE

Issue No.: 01

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Date: 01-01-2014

Form No – F20

| S.N. | Maintenance activity                                            | Work done on Equipment | Remarks |
|------|-----------------------------------------------------------------|------------------------|---------|
| 3    | <b>SYNCHROMESH GEAR BOX</b>                                     |                        |         |
|      | Lubrication:                                                    |                        |         |
|      | 1. Lubrication gear shift ball joint                            |                        |         |
|      | 2. Check oil level and top up                                   |                        |         |
|      | Maintenance:                                                    |                        |         |
|      | 1. Check gear shift linkages.                                   |                        |         |
|      | 2. Check clutch housing mounting bolts                          |                        |         |
| 4    | <b>PROPELLER SHAFT</b>                                          |                        |         |
|      | Lubrication:                                                    |                        |         |
|      | 1. Grease Propeller shaft UJ cross                              |                        |         |
|      | 2. Grease Propeller shaft Splines                               |                        |         |
|      | Maintenance:                                                    |                        |         |
| 5    | <b>REAR AXEL</b>                                                |                        |         |
|      | Lubrication:                                                    |                        |         |
|      | 1. Check oil level and top up                                   |                        |         |
|      | Maintenance:                                                    |                        |         |
|      | 1. Check the tightness of driving head nuts and axle shaft nuts |                        |         |
| 6    | <b>FRONT AXLE</b>                                               |                        |         |
|      | Lubrication:                                                    |                        |         |
|      | 1. Lubricate track rod/Drag link ball joint                     |                        |         |
|      | 2. Lubricate king pins                                          |                        |         |
|      | 3. Check king pin vertical play and adjust if required          |                        |         |
|      | Maintenance:                                                    |                        |         |
| 7    | <b>BRAKE SYSTEM</b>                                             |                        |         |
|      | General:                                                        |                        |         |
|      | 1. Check pneumatic hand brake operation                         |                        |         |
|      | 2. Check service brake operation                                |                        |         |
|      | 3. Check air lines for leakage from engine to pump valves       |                        |         |
|      | 4. Check brake pedal Clearance.                                 |                        |         |
|      | Air Compressor:                                                 |                        |         |
|      | 1. Clean compressor fins from oil sludge and dust               |                        |         |
|      | 2. Check compressor hose                                        |                        |         |
|      | Air reservoir/Tank:                                             |                        |         |
|      | 1. Drain condensate                                             |                        |         |
|      | 2. Check drain valve                                            |                        |         |
|      | Air Filter :                                                    |                        |         |
|      | 1. Remove serviceable filter element and clean                  |                        |         |
|      | Stop Light switch:                                              |                        |         |
|      | 1. Check for electric connection                                |                        |         |
|      | 2. Check for correct operation                                  |                        |         |



# SAFETY AND FIRE DEPARTMENT

## CHECK SHEET FOR FIRE TENDER PREVENTIVE MAINTENANCE

Issue No.: 01

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Form No – F20

| S.N. | Maintenance activity                                            | Work done on Equipment | Remarks |
|------|-----------------------------------------------------------------|------------------------|---------|
| 8    | <b>STEERING</b>                                                 |                        |         |
|      | 1. Check steering gear box and hose connection for leaks.       |                        |         |
|      | 2. Check oil level and top up                                   |                        |         |
|      | 3. Check UJ fastener and tight if necessary                     |                        |         |
|      | 4. Change oil and oil filter if required                        |                        |         |
|      | 5. Check steering drop arm, drag link and track rod ends        |                        |         |
|      | 6. Check tightness of steering box mounting fasteners           |                        |         |
|      | 7. Check steering wheel free play                               |                        |         |
| 9    | <b>CHASSIS FRAME</b>                                            |                        |         |
|      | 1. Check all joints and unions                                  |                        |         |
|      | 2. Check Cross members and mounting bolts                       |                        |         |
| 10   | <b>SUSPENSION</b>                                               |                        |         |
|      | 1. Check "I" bolts, "U" bolts, Spring Clip fitment and Shackle. |                        |         |
|      | 2. Check shock absorber, rubber pads and mounting bolts         |                        |         |
|      | 3. Lubricate shackle pins                                       |                        |         |
| 11   | <b>WHEELS AND TYRES</b>                                         |                        |         |
|      | 1. Check tire pressure and inflate if necessary                 |                        |         |
|      | 2. Check for wheel nut tightness                                |                        |         |
|      | 3. Remove stone                                                 |                        |         |
| 12   | <b>INSTRUMENTS</b>                                              |                        |         |
|      | 1. Check fuel gauge sensing unit                                |                        |         |
|      | 2. Check Speedo meter cable                                     |                        |         |
|      | 3. Check oil pressure gauge connections                         |                        |         |
|      | 4. Check all electrical connection, gauges and instruments      |                        |         |
| 13   | <b>CABIN AND BODY</b>                                           |                        |         |
|      | 1. Lubricate door hinges, wiper arm linkages                    |                        |         |
|      | 2. Check condition of body mounting rubber pads                 |                        |         |
|      | 3. Check all body and Cabin mountings, tilt and locking system  |                        |         |
|      | 4. Washing of Vehicles                                          |                        |         |
| 14   | <b>ELECTRICAL EQUIPMENT</b>                                     |                        |         |
|      | 1. Check the battery electrolyte level                          |                        |         |
|      | 2. Check battery connection and apply petroleum jelly           |                        |         |
|      | 3. Check all lights, switches, gauges, wiper and horn.          |                        |         |
|      | 4. Check battery cells specific gravity.                        |                        |         |

**SAFETY AND FIRE DEPARTMENT****CHECK SHEET FOR FIRE TENDER PREVENTIVE MAINTENANCE****Issue No.: 01****Rev. No: 00****Date: 01-01-2014****Form No – F20**

| S.N.      | Maintenance activity                                                         | Work done on Equipment | Remarks |
|-----------|------------------------------------------------------------------------------|------------------------|---------|
| <b>15</b> | <b>PUMP, PRIMER AND PTO</b>                                                  |                        |         |
|           | 1. Check PTO shafts and mounting nut bolts                                   |                        |         |
|           | 2. Check oil level and top up                                                |                        |         |
|           | 3. Check the cooling lines and coils                                         |                        |         |
|           | 4. Check the breather holes.                                                 |                        |         |
|           | 5. Check the smooth operation of throttle lever and all valves               |                        |         |
|           | 6. Check and tighten all flange bolts and suction lines leakage              |                        |         |
|           | 7. Lubricate all moving parts.                                               |                        |         |
|           | 8. Condition of impeller and casing                                          |                        |         |
| <b>16</b> | <b>GENERAL</b>                                                               |                        |         |
|           | 1. Check all pneumatic connection                                            |                        |         |
|           | 2. Check for Diesel level                                                    |                        |         |
|           | 3. Lubricate hose reel drums                                                 |                        |         |
|           | 4. Check for top chequered plate, pump plates and locker plates for riveting |                        |         |
|           | 5. Lubricate towing hook                                                     |                        |         |
|           | 6. Lubricate towing eye pin                                                  |                        |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | Maintenance Supervisor | Fire Supervisor | Shift In-Charge<br>Fire & Safety |
|-----------|------------------------|-----------------|----------------------------------|
| Name      |                        |                 |                                  |
| Signature |                        |                 |                                  |

**SAFETY AND FIRE DEPARTMENT****CHECK SHEET FOR TRAILER FIRE PUMP PREVENTIVE MAINTENANCE****Issue No.: 01****Rev. No: 00****Date: 01-01-2014****Form No – F21****CHECK SHEET FOR TRAILER FIRE PUMP PREVENTIVE MAINTENANCE**

|                                |                                                                                                                                             |                               |                |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------|
| <b>Plant</b>                   |                                                                                                                                             | <b>Work Start Date</b>        |                |
| <b>Vehicle Registration No</b> |                                                                                                                                             | <b>Work Start Date</b>        |                |
| <b>RTO Validity Date</b>       |                                                                                                                                             | <b>Vehicle KM Reading</b>     |                |
| <b>Battery Serial No</b>       |                                                                                                                                             | <b>Inspection Frequency</b>   | <b>Monthly</b> |
| <b>CHECK ITEMS</b>             |                                                                                                                                             |                               |                |
| <b>S.N.</b>                    | <b>Maintenance activity</b>                                                                                                                 | <b>Work done on Equipment</b> | <b>Remarks</b> |
| 1                              | Clean engine/chassis, as applicable, thoroughly                                                                                             |                               |                |
| 2                              | Check and, if necessary, adjust fan belt                                                                                                    |                               |                |
| 3                              | Check road wheel nuts. Tighten as necessary                                                                                                 |                               |                |
| 4                              | Check all engine joints                                                                                                                     |                               |                |
| 5                              | Check fuel, oil and water connections on engine for leakage                                                                                 |                               |                |
| 6                              | Adjust gland of water circulation pump                                                                                                      |                               |                |
| 7                              | Check and clean cooling system filter                                                                                                       |                               |                |
| 8                              | Lubricate pump shaft bearing                                                                                                                |                               |                |
| 9                              | Check Oil bonnet hinges                                                                                                                     |                               |                |
| 10                             | Lubricate primers with engine oil and grease metal to metal valves                                                                          |                               |                |
| 11                             | In case of reciprocating primers only, drain out water, if any, from primer crank case and refill to correct level with proper grade of oil |                               |                |
| 12                             | Check road spring anchorage and spray or brush springs with penetrating or engine oil                                                       |                               |                |
| 13                             | Check search/spot lights for free movement and lubricate as necessary, Also check light cables                                              |                               |                |
| 14                             | Check hand and foot brakes for correct Functioning                                                                                          |                               |                |
| 15                             | Check manual towing bar and lubricate folding hinges                                                                                        |                               |                |

**SAFETY AND FIRE DEPARTMENT****CHECK SHEET FOR TRAILER FIRE PUMP PREVENTIVE MAINTENANCE****Issue No.: 01****Rev. No: 00****Date: 01-01-2014****Form No – F21**

| S.N. | Maintenance activity                                                                 | Work done on Equipment | Remarks |
|------|--------------------------------------------------------------------------------------|------------------------|---------|
| 16   | Examine suspension/shock absorbers including spring fixing bolts                     |                        |         |
| 17   | Clean engine/chassis thoroughly as applicable                                        |                        |         |
| 18   | Check engine accelerator, viz. throttle, choke and ignition connection as applicable |                        |         |
| 19   | Check ammeter reading to ensure dynamo is charging correctly                         |                        |         |
| 20   | Others (if any)                                                                      |                        |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | Maintenance Supervisor | Fire Supervisor | Shift In-Charge<br>Fire & Safety |
|-----------|------------------------|-----------------|----------------------------------|
| Name      |                        |                 |                                  |
| Signature |                        |                 |                                  |



## SAFETY AND FIRE DEPARTMENT

### CHECK SHEET FOR TRAILER FIRE JEEP PREVENTIVE MAINTENANCE

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F22

## CHECK SHEET FOR TRAILER FIRE JEEP PREVENTIVE MAINTENANCE



|                                |  |                             |                |
|--------------------------------|--|-----------------------------|----------------|
| <b>Plant</b>                   |  | <b>Work Start Date</b>      |                |
| <b>Vehicle Registration No</b> |  | <b>Work Start Date</b>      |                |
| <b>RTO Validity Date</b>       |  | <b>Vehicle KM Reading</b>   |                |
| <b>Battery Serial No</b>       |  | <b>Inspection Frequency</b> | <b>Monthly</b> |

### CHECK ITEMS

| S.N.     | Maintenance activity                                                  | Work done on Equipment | Remarks |
|----------|-----------------------------------------------------------------------|------------------------|---------|
| <b>A</b> | <b>Engine / Chassis</b>                                               |                        |         |
| 1        | Check belt tension of generator and water pump, tight if required     |                        |         |
| 2        | Check radiator hoses                                                  |                        |         |
| 3        | Check fuel filter Diesel filter, if required                          |                        |         |
| 4        | Check tire condition and tire pressure                                |                        |         |
| 5        | Lubricate the water pump bearing                                      |                        |         |
| 6        | Lubricate the accelerator mechanical linkages                         |                        |         |
| 7        | Lubricate the accelerator cross shaft and link pedal shaft            |                        |         |
| 8        | Check radiator mountings                                              |                        |         |
| 9        | Check oil level (Engine, clutch, Differential, Gear box, Brake oil)   |                        |         |
| 10       | Check engine mounting bolts                                           |                        |         |
| 11       | Check exhaust manifold gasket and connections to turbine inlet        |                        |         |
| 12       | Check all joints of propeller shaft and tight                         |                        |         |
| 13       | Check the clutch system and lubricate                                 |                        |         |
| 14       | Check brake system(Both Service brake)                                |                        |         |
| 15       | Greasing of all greasing points of chassis                            |                        |         |
| 16       | Check for any leakage of fuel or water                                |                        |         |
| 17       | Check the suspension system(Both Leaf spring and Helical Coil spring) |                        |         |

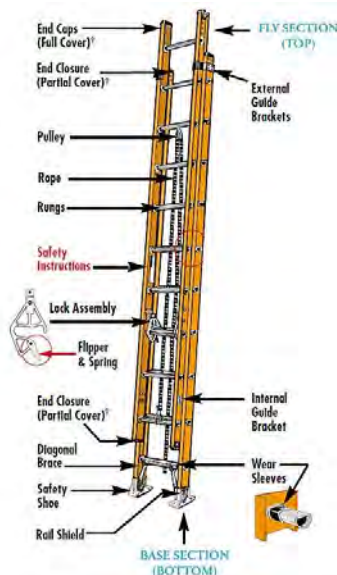
**SAFETY AND FIRE DEPARTMENT****CHECK SHEET FOR TRAILER FIRE JEEP PREVENTIVE MAINTENANCE****Issue No.: 01****Rev. No: 00****Date: 01-01-2014****Form No – F22**

| S.N.     | Maintenance activity                                     | Work done on Equipment | Remarks |
|----------|----------------------------------------------------------|------------------------|---------|
| <b>B</b> | <b>Steering</b>                                          |                        |         |
| 1        | Check steering gear box                                  |                        |         |
| 2        | Check oil level and top up                               |                        |         |
| 3        | Check UJ fastener and tight if necessary                 |                        |         |
| 4        | Check Steering oil                                       |                        |         |
| 5        | Check steering drop arm, drag link and track rod ends    |                        |         |
| 6        | Check tightness of steering box mounting fasteners       |                        |         |
| 7        | Check steering wheel free play                           |                        |         |
| <b>C</b> | <b>Body work and fittings</b>                            |                        |         |
| 1        | Check seat upholstery and repair if Required             |                        |         |
| 2        | Check door lock / handle.                                |                        |         |
| 3        | Repair the door hinges if necessary                      |                        |         |
| 4        | Check wiper condition                                    |                        |         |
| <b>D</b> | <b>General</b>                                           |                        |         |
| 1        | Check Diesel Level                                       |                        |         |
| 2        | Check all Electrical connections, lights and instruments |                        |         |
| 3        | Check Electrolyte level and its gravity                  |                        |         |
| 4        | Ensure battery connection and apply jelly on terminals   |                        |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | DCO | Fire Supervisor | Shift In-Charge<br>Fire & Safety | Manager Fire |
|-----------|-----|-----------------|----------------------------------|--------------|
| Name      |     |                 |                                  |              |
| Signature |     |                 |                                  |              |

**TESTING CHECK SHEET FOR EXTENSION LADDER**


|                    |  |                             |                |
|--------------------|--|-----------------------------|----------------|
| <b>Plant</b>       |  | <b>Date</b>                 |                |
| <b>Area</b>        |  | <b>Shift &amp; Time</b>     |                |
| <b>Location</b>    |  | <b>Inspection Frequency</b> | <b>Monthly</b> |
| <b>CHECK ITEMS</b> |  |                             |                |

| SN | Description          | Status | Remarks |
|----|----------------------|--------|---------|
| 1  | ROUND TEST           |        |         |
| 2  | HORIZONTAL BEND TEST |        |         |
| 3  | ROPE TEST            |        |         |
| 4  | PERFORMANCE TEST     |        |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By         | DCO | Fire Supervisor | Shift In-Charge<br>Fire & Safety | Manager Fire |
|------------------|-----|-----------------|----------------------------------|--------------|
| <b>Name</b>      |     |                 |                                  |              |
| <b>Signature</b> |     |                 |                                  |              |

**SAFETY AND FIRE DEPARTMENT****TESTING CHECK SHEET FOR SUCTION HOSE**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F24

**TESTING CHECK SHEET FOR SUCTION HOSE**

|             |  |                      |         |
|-------------|--|----------------------|---------|
| Plant       |  | Date                 |         |
| Area        |  | Shift & Time         |         |
| Location    |  | Inspection Frequency | Monthly |
| CHECK ITEMS |  |                      |         |

| SN | HOSE NO. | VACCUME TEST | PRESSURE TEST | LEAKAGE | COUPLING CONDITION | Remarks |
|----|----------|--------------|---------------|---------|--------------------|---------|
| 1  |          |              |               |         |                    |         |
| 2  |          |              |               |         |                    |         |
| 3  |          |              |               |         |                    |         |
| 4  |          |              |               |         |                    |         |
| 5  |          |              |               |         |                    |         |
| 6  |          |              |               |         |                    |         |
| 7  |          |              |               |         |                    |         |
| 8  |          |              |               |         |                    |         |
| 9  |          |              |               |         |                    |         |
| 10 |          |              |               |         |                    |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

|           |     |                 |                                  |              |
|-----------|-----|-----------------|----------------------------------|--------------|
| Check By  | DCO | Fire Supervisor | Shift In-Charge<br>Fire & Safety | Manager Fire |
| Name      |     |                 |                                  |              |
| Signature |     |                 |                                  |              |

**SAFETY AND FIRE DEPARTMENT****TESTING CHECK SHEET FOR DELIVERY HOSE**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F25

**TESTING CHECK SHEET FOR DELIVERY HOSE**

|          |  |                      |         |
|----------|--|----------------------|---------|
| Plant    |  | Date                 |         |
| Area     |  | Shift & Time         |         |
| Location |  | Inspection Frequency | Monthly |

**CHECK ITEMS**

| SN | HOSE NO. | LENGTH | COUPLING<br>CONDITION | CONDITION<br>OF LUG | LEAKAGE | CLEANING | Remarks |
|----|----------|--------|-----------------------|---------------------|---------|----------|---------|
| 1  |          |        |                       |                     |         |          |         |
| 2  |          |        |                       |                     |         |          |         |
| 3  |          |        |                       |                     |         |          |         |
| 4  |          |        |                       |                     |         |          |         |
| 5  |          |        |                       |                     |         |          |         |
| 6  |          |        |                       |                     |         |          |         |
| 7  |          |        |                       |                     |         |          |         |
| 8  |          |        |                       |                     |         |          |         |
| 9  |          |        |                       |                     |         |          |         |
| 10 |          |        |                       |                     |         |          |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

|           |     |                 |                                  |              |
|-----------|-----|-----------------|----------------------------------|--------------|
| Check By  | DCO | Fire Supervisor | Shift In-Charge<br>Fire & Safety | Manager Fire |
| Name      |     |                 |                                  |              |
| Signature |     |                 |                                  |              |

**SAFETY AND FIRE DEPARTMENT****INSPECTION CHECK SHEET FOR PERSONNEL PROTECTIVE EQUIPMENTS**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F26

**INSPECTION CHECK SHEET FOR PERSONNEL PROTECTIVE EQUIPMENTS**

|          |  |                      |         |
|----------|--|----------------------|---------|
| Plant    |  | Date                 |         |
| Area     |  | Shift & Time         |         |
| Location |  | Inspection Frequency | Monthly |

**CHECK ITEMS**

| SN | PPE NAME | QUANTITY | PNEUMATIC TEST | CONDITION | CLEANING | Remarks |
|----|----------|----------|----------------|-----------|----------|---------|
| 1  |          |          |                |           |          |         |
| 2  |          |          |                |           |          |         |
| 3  |          |          |                |           |          |         |
| 4  |          |          |                |           |          |         |
| 5  |          |          |                |           |          |         |
| 6  |          |          |                |           |          |         |
| 7  |          |          |                |           |          |         |
| 8  |          |          |                |           |          |         |
| 9  |          |          |                |           |          |         |
| 10 |          |          |                |           |          |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | DCO | Fire Supervisor | Shift In-Charge<br>Fire & Safety | Manager Fire |
|-----------|-----|-----------------|----------------------------------|--------------|
| Name      |     |                 |                                  |              |
| Signature |     |                 |                                  |              |

**SAFETY AND FIRE DEPARTMENT****TESTING CHECK SHEET FOR ROPES & LINE**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F27

**TESTING CHECK SHEET FOR ROPES & LINE**

|          |  |                      |         |
|----------|--|----------------------|---------|
| Plant    |  | Date                 |         |
| Area     |  | Shift & Time         |         |
| Location |  | Inspection Frequency | Monthly |

**CHECK ITEMS**

| SN | ROPES & LINE | LOAD TEST PERFORMANCE | CLEANING | Remarks |
|----|--------------|-----------------------|----------|---------|
| 1  |              |                       |          |         |
| 2  |              |                       |          |         |
| 3  |              |                       |          |         |
| 4  |              |                       |          |         |
| 5  |              |                       |          |         |
| 6  |              |                       |          |         |
| 7  |              |                       |          |         |
| 8  |              |                       |          |         |
| 9  |              |                       |          |         |
| 10 |              |                       |          |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | DCO | Fire Supervisor | Shift In-Charge<br>Fire & Safety | Manager Fire |
|-----------|-----|-----------------|----------------------------------|--------------|
| Name      |     |                 |                                  |              |
| Signature |     |                 |                                  |              |

**SAFETY AND FIRE DEPARTMENT****INSPECTION CHECK SHEET FOR SMALL GEAR**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F28

**INSPECTION CHECK SHEET FOR SMALL GEAR**

(ALL TOOL / TACLES / JACKS / HYDRAULIC EQUIPMENTS)



|             |  |                      |         |
|-------------|--|----------------------|---------|
| Plant       |  | Date                 |         |
| Area        |  | Shift & Time         |         |
| Location    |  | Inspection Frequency | Monthly |
| CHECK ITEMS |  |                      |         |

| SN | EQUIPMENT NAME | QUANTITY | OPERATION | BODY PART<br>CONDITION | OILING<br>GREASING<br>CLEANING | Remarks |
|----|----------------|----------|-----------|------------------------|--------------------------------|---------|
| 1  |                |          |           |                        |                                |         |
| 2  |                |          |           |                        |                                |         |
| 3  |                |          |           |                        |                                |         |
| 4  |                |          |           |                        |                                |         |
| 5  |                |          |           |                        |                                |         |
| 6  |                |          |           |                        |                                |         |
| 7  |                |          |           |                        |                                |         |
| 8  |                |          |           |                        |                                |         |
| 9  |                |          |           |                        |                                |         |
| 10 |                |          |           |                        |                                |         |
| 11 |                |          |           |                        |                                |         |
| 12 |                |          |           |                        |                                |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | DCO | Fire Supervisor | Shift In-Charge<br>Fire & Safety | Manager Fire |
|-----------|-----|-----------------|----------------------------------|--------------|
| Name      |     |                 |                                  |              |
| Signature |     |                 |                                  |              |



# SAFETY AND FIRE DEPARTMENT

## INSPECTION & TESTING CHECK SHEET FOR HOSE FITTING

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F29

## INSPECTION & TESTING CHECK SHEET FOR HOSE FITTING



|                       |  |                      |         |
|-----------------------|--|----------------------|---------|
| Plant                 |  | Date                 |         |
| Location              |  | Shift & Time         |         |
| Hydrant Pump Pressure |  | Inspection Frequency | Monthly |

### CHECK ITEMS

| SN | EQUIPMENT NAME | PRESSURE TEST | COUPLING CONDITION | LEAKAGE | Remarks |
|----|----------------|---------------|--------------------|---------|---------|
| 1  |                |               |                    |         |         |
| 2  |                |               |                    |         |         |
| 3  |                |               |                    |         |         |
| 4  |                |               |                    |         |         |
| 5  |                |               |                    |         |         |
| 6  |                |               |                    |         |         |
| 7  |                |               |                    |         |         |
| 8  |                |               |                    |         |         |
| 9  |                |               |                    |         |         |
| 10 |                |               |                    |         |         |
| 11 |                |               |                    |         |         |
| 12 |                |               |                    |         |         |
| 13 |                |               |                    |         |         |
| 14 |                |               |                    |         |         |
| 15 |                |               |                    |         |         |
| 16 |                |               |                    |         |         |
| 17 |                |               |                    |         |         |
| 18 |                |               |                    |         |         |
| 19 |                |               |                    |         |         |
| 20 |                |               |                    |         |         |

**SAFETY AND FIRE DEPARTMENT****INSPECTION & TESTING CHECK SHEET FOR HOSE FITTING****Issue No.: 01****Rev. No: 00****Date: 01-01-2014****Form No – F29**

| SN | EQUIPMENT NAME | PRESSURE TEST | COUPLING CONDITION | LEAKAGE | Remarks |
|----|----------------|---------------|--------------------|---------|---------|
| 21 |                |               |                    |         |         |
| 22 |                |               |                    |         |         |
| 23 |                |               |                    |         |         |
| 24 |                |               |                    |         |         |
| 25 |                |               |                    |         |         |
| 26 |                |               |                    |         |         |
| 27 |                |               |                    |         |         |
| 28 |                |               |                    |         |         |
| 29 |                |               |                    |         |         |
| 30 |                |               |                    |         |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | DCO | Fire Supervisor | Shift In-Charge<br>Fire & Safety | Manager Fire |
|-----------|-----|-----------------|----------------------------------|--------------|
| Name      |     |                 |                                  |              |
| Signature |     |                 |                                  |              |

[illegible]

**SAFETY AND FIRE DEPARTMENT**

## INSPECTION CHECK SHEET FOR FIRE VEHICLE EQUIPMENT

**Issue No.: 01**

**Rev. No: 00**

**Date: 01-01-2014**

Form No - F30

[illegible]

**SAFETY AND FIRE DEPARTMENT****INSPECTION CHECK SHEET FOR FIRE VEHICLE EQUIPMENT****Issue No.: 01****Rev. No: 00****Date: 01-01-2014****Form No – F30**

| SN | EQUIPMENT NAME           | QUANTITY | FT-1 | FT-2 | FT-3 | FT-4 | FN-1 | FN-2 | DCP-1 | DCP-2 | GS |
|----|--------------------------|----------|------|------|------|------|------|------|-------|-------|----|
| 51 | LEATHER HAND GLOVES PAIR | 2        |      |      |      |      |      |      |       |       |    |
| 52 | INSULATED GLOVES PAIR    | 1        |      |      |      |      |      |      |       |       |    |
| 53 | WATER GEL BLANKET        | 3        |      |      |      |      |      |      |       |       |    |
| 54 | SINGLE LAYER SUIT        | 1        |      |      |      |      |      |      |       |       |    |
| 55 | FIRST AID BOX            | 1        |      |      |      |      |      |      |       |       |    |
| 56 | LEL METER                | 1        |      |      |      |      |      |      |       |       |    |
| 57 | GROUND MONITOR           | 1        |      |      |      |      |      |      |       |       |    |
| 58 | TRAFFICATORS             | 2        |      |      |      |      |      |      |       |       |    |
| 59 | GUM BOOTS                | 4        |      |      |      |      |      |      |       |       |    |
| 60 | LANDING VALVE WHEEL      | 5        |      |      |      |      |      |      |       |       |    |
| 61 | LUGS                     | 5        |      |      |      |      |      |      |       |       |    |
| 62 | FEMALE COUPLINGS WASHER  | 5        |      |      |      |      |      |      |       |       |    |
| 63 | HYDRANT BONNET           | 1        |      |      |      |      |      |      |       |       |    |
| 64 | ASBESTOS HAND GLOVES     | 2        |      |      |      |      |      |      |       |       |    |
| 65 | FACE SHEILD              | 2        |      |      |      |      |      |      |       |       |    |
| 66 | FB-5 X WITH PICK UP TUBE | 1        |      |      |      |      |      |      |       |       |    |
| 67 | FIRE TOWEL               | 1        |      |      |      |      |      |      |       |       |    |
| 68 | EAR MUFF                 | 2        |      |      |      |      |      |      |       |       |    |
| 69 | HOSE REM-P               | 1PAIR    |      |      |      |      |      |      |       |       |    |
| 70 |                          |          |      |      |      |      |      |      |       |       |    |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | DCO | Fire Supervisor | Shift In-Charge<br>Fire & Safety | Manager Fire |
|-----------|-----|-----------------|----------------------------------|--------------|
| Name      |     |                 |                                  |              |
| Signature |     |                 |                                  |              |



## VISUAL INSPECTION CHECK SHEET FOR SEMI FIXED FOAM POURER SYSTEM

[illegible]



# SAFETY AND FIRE DEPARTMENT

## VISUAL INSPECTION CHECK SHEET FOR SEMI FIXED FOAM POURER SYSTEM

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

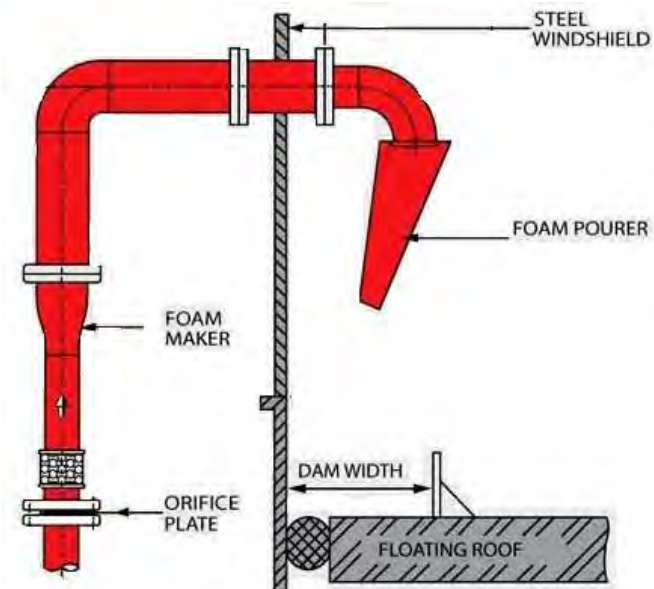
Form No - F31

| Sr. No. | TANK No | Foam System No | Foam System & Pourer Lettering | Condition        |               |     |                          |             | Condition of Pipe | Low Point Drain (LPD) | Remarks |
|---------|---------|----------------|--------------------------------|------------------|---------------|-----|--------------------------|-------------|-------------------|-----------------------|---------|
|         |         |                |                                | Female Blank Cap | Male Coupling | NRV | Foam Maker Aeration Port | Foam Pourer |                   |                       |         |
| 11      |         |                |                                |                  |               |     |                          |             |                   |                       |         |
| 12      |         |                |                                |                  |               |     |                          |             |                   |                       |         |
| 13      |         |                |                                |                  |               |     |                          |             |                   |                       |         |
| 14      |         |                |                                |                  |               |     |                          |             |                   |                       |         |
| 15      |         |                |                                |                  |               |     |                          |             |                   |                       |         |

### Remarks:

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By   |  | Witness-01 | Witness-02 |
|------------|--|------------|------------|
| Name       |  |            |            |
| Signature  |  |            |            |
| Department |  |            |            |





## SAFETY AND FIRE DEPARTMENT

## INSPECTION CHECK SHEET FOR FIRE WATER LEAKAGE

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F32

## INSPECTION CHECK SHEET FOR FIRE WATER LEAKAGE



|       |  |                      |       |
|-------|--|----------------------|-------|
| Plant |  | Shift & Time         |       |
| Date  |  | Inspection Frequency | Daily |

## CHECK ITEMS

| SN | EQUIPMENT NAME | LOCATION | OBSERVATION | Remarks |
|----|----------------|----------|-------------|---------|
| 1  |                |          |             |         |
| 2  |                |          |             |         |
| 3  |                |          |             |         |
| 4  |                |          |             |         |
| 5  |                |          |             |         |
| 6  |                |          |             |         |
| 7  |                |          |             |         |
| 8  |                |          |             |         |
| 9  |                |          |             |         |
| 10 |                |          |             |         |
| 11 |                |          |             |         |
| 12 |                |          |             |         |
| 13 |                |          |             |         |
| 14 |                |          |             |         |
| 15 |                |          |             |         |

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | Fireman | Fire Supervisor | Shift In-Charge<br>Fire & Safety |
|-----------|---------|-----------------|----------------------------------|
| Name      |         |                 |                                  |
| Signature |         |                 |                                  |



## INSPECTION CHECK SHEET FOR WATER CUM FOAM MONITOR TROLLEY (1000 / 2000 LPM)

[illegible]



# SAFETY AND FIRE DEPARTMENT

## INSPECTION CHECK SHEET FOR WATER CUM FOAM MONITOR TROLLEY

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F33

| Sr. No. | Monitor  |                |                             |                 |              | Inlet Connection & Coupling Condition | Trolley Jack operation | Brake operation | Towing hook condition | Remarks |
|---------|----------|----------------|-----------------------------|-----------------|--------------|---------------------------------------|------------------------|-----------------|-----------------------|---------|
|         | Movement | Pressure gauge | Buttery fly valve operation | Discharge throw | Pick up tube |                                       |                        |                 |                       |         |
| 11      |          |                |                             |                 |              |                                       |                        |                 |                       |         |
| 12      |          |                |                             |                 |              |                                       |                        |                 |                       |         |
| 13      |          |                |                             |                 |              |                                       |                        |                 |                       |         |
| 14      |          |                |                             |                 |              |                                       |                        |                 |                       |         |
| 15      |          |                |                             |                 |              |                                       |                        |                 |                       |         |

### Remarks:

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | Fireman | Fire Supervisor | Shift In-Charge Fire & Safety |
|-----------|---------|-----------------|-------------------------------|
| Name      |         |                 |                               |
| Signature |         |                 |                               |





|                        |  |                      |         |
|------------------------|--|----------------------|---------|
| Plant                  |  | Date                 |         |
| Area of Inspection     |  | Shift & Time         |         |
| Location of Inspection |  | Inspection Frequency | Monthly |

[illegible]



# SAFETY AND FIRE DEPARTMENT

## INSPECTION CHECK SHEET FOR FOAM COMPOUND TROLLEY

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – F34

| Sr. No. | Monitor  |                |                             |                 |              | Inlet Connection & Coupling Condition | Trolley Jack operation | Brake operation | Towing hook condition | Remarks |
|---------|----------|----------------|-----------------------------|-----------------|--------------|---------------------------------------|------------------------|-----------------|-----------------------|---------|
|         | Movement | Pressure gauge | Buttery fly valve operation | Discharge throw | Pick up tube |                                       |                        |                 |                       |         |
| 11      |          |                |                             |                 |              |                                       |                        |                 |                       |         |
| 12      |          |                |                             |                 |              |                                       |                        |                 |                       |         |
| 13      |          |                |                             |                 |              |                                       |                        |                 |                       |         |
| 14      |          |                |                             |                 |              |                                       |                        |                 |                       |         |
| 15      |          |                |                             |                 |              |                                       |                        |                 |                       |         |

### Remarks:

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | Fireman | Fire Supervisor | Shift In-Charge Fire & Safety |
|-----------|---------|-----------------|-------------------------------|
| Name      |         |                 |                               |
| Signature |         |                 |                               |





|                        |  |                      |         |
|------------------------|--|----------------------|---------|
| Plant                  |  | Date                 |         |
| Area of Inspection     |  | Shift & Time         |         |
| Location of Inspection |  | Inspection Frequency | Monthly |

[illegible]

**SAFETY AND FIRE DEPARTMENT****VISUAL INSPECTION CHECK SHEET FOR SPREADER / CUTTER****Issue No.: 01****Rev. No: 00****Date: 01-01-2014****Form No – F35**

| Sr. No. | Operation of star grip | Body of cutter / spreader | Stability of handle | Condition of Pivot bolt with self-locking nut | Dust protection cap | Condition of pressure hose (white) | Condition of return hose (Blue) | Condition of mono-coupling | Condition of Blade arm | REMARKS |
|---------|------------------------|---------------------------|---------------------|-----------------------------------------------|---------------------|------------------------------------|---------------------------------|----------------------------|------------------------|---------|
| 11      |                        |                           |                     |                                               |                     |                                    |                                 |                            |                        |         |
| 12      |                        |                           |                     |                                               |                     |                                    |                                 |                            |                        |         |
| 13      |                        |                           |                     |                                               |                     |                                    |                                 |                            |                        |         |
| 14      |                        |                           |                     |                                               |                     |                                    |                                 |                            |                        |         |
| 15      |                        |                           |                     |                                               |                     |                                    |                                 |                            |                        |         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |

| Check By  | Fireman | Fire Supervisor | Shift In-Charge<br>Fire & Safety |
|-----------|---------|-----------------|----------------------------------|
| Name      |         |                 |                                  |
| Signature |         |                 |                                  |

**SURVEY CHECK SHEET FOR RESPIRATORY EQUIPMENTS**

|                          |  |                             |               |
|--------------------------|--|-----------------------------|---------------|
| <b>Plant</b>             |  | <b>Inspection Frequency</b> | <b>Weekly</b> |
| <b>Area / Department</b> |  | <b>Date</b>                 |               |

**RESPIRATORY EQUIPMENTS (Emergency Escape Set -10 Minute B.A. Set)**

|                                                                                   |                |                                                |
|-----------------------------------------------------------------------------------|----------------|------------------------------------------------|
|  | <b>Sr. No.</b> | <b>Deficiency List</b>                         |
|                                                                                   | 1              | Cylinder empty or pressure less than 150 bars. |
|                                                                                   | 2              | Set is not clean.                              |
|                                                                                   | 3              | Face Mask is not in bad condition.             |
|                                                                                   | 4              | Hose pipe is leaking                           |
|                                                                                   | 5              | Hose pipe is deteriorated.                     |
|                                                                                   | 6              | Hose connection / fittings are leaking.        |
|                                                                                   | 7              | Neck strap is in bad condition/damaged.        |
|                                                                                   | 8              | Cylinder bag is in bad condition/damaged.      |
|                                                                                   | 9              | Valve pin is missing.                          |
|                                                                                   | 10             | No / Damaged - (Emergency Set) Box             |
|                                                                                   | 11             | Any Other                                      |

**Details of Respiratory Equipment with Deficiency**

| <b>Sr. No.</b> | <b>Equipment No.</b> | <b>Make</b> | <b>Location</b> | <b>Deficiency No.</b> | <b>Corrective Action Taken</b> |
|----------------|----------------------|-------------|-----------------|-----------------------|--------------------------------|
| 1              |                      |             |                 |                       |                                |
| 2              |                      |             |                 |                       |                                |
| 3              |                      |             |                 |                       |                                |
| 4              |                      |             |                 |                       |                                |
| 5              |                      |             |                 |                       |                                |

**Remarks:**

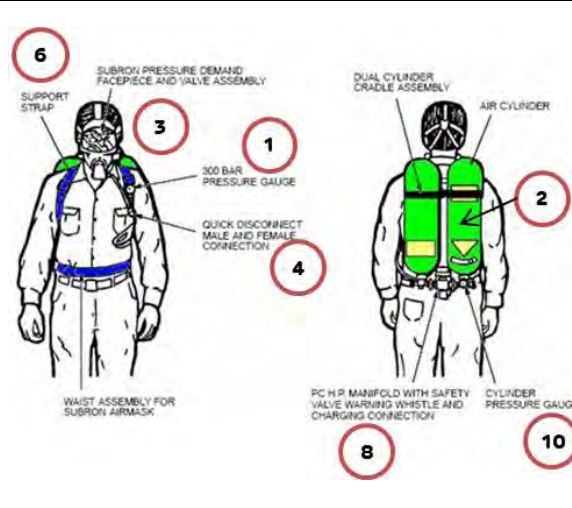
| <b>SN</b> | <b>Observations</b> |
|-----------|---------------------|
| 1         |                     |
| 2         |                     |
| 3         |                     |

|                    | <b>Check By</b> | <b>Review By</b> |
|--------------------|-----------------|------------------|
| <b>Signature</b>   |                 |                  |
| <b>Name</b>        |                 |                  |
| <b>Designation</b> |                 |                  |
| <b>Date</b>        |                 |                  |

**SURVEY CHECK SHEET FOR RESPIRATORY EQUIPMENTS**

|                          |  |                             |               |
|--------------------------|--|-----------------------------|---------------|
| <b>Plant</b>             |  | <b>Inspection Frequency</b> | <b>Weekly</b> |
| <b>Area / Department</b> |  | <b>Date</b>                 |               |

**RESPIRATORY EQUIPMENTS (Self Contained Breathing Apparatus - SCBA Set - 45 / 30 Minutes)**

|                                                                                   |  | <b>Sr. No.</b> | <b>Deficiency List</b>                                                  |
|-----------------------------------------------------------------------------------|--|----------------|-------------------------------------------------------------------------|
|  |  | 1              | Cylinder empty or pressure less than 100 bars.                          |
|                                                                                   |  | 2              | Set is not clean.                                                       |
|                                                                                   |  | 3              | Face mask is in bad condition.                                          |
|                                                                                   |  | 4              | Hoses are in bad condition.                                             |
|                                                                                   |  | 5              | Pressure test shows leak.                                               |
|                                                                                   |  | 6              | Strap harness and buckle are in bad condition / damaged / deteriorated. |
|                                                                                   |  | 7              | Demand or pressure mode operation is defective.                         |
|                                                                                   |  | 8              | Whistle is not working all right.                                       |
|                                                                                   |  | 9              | Warning whistle set pressure is high/low.                               |
|                                                                                   |  | 10             | Pressure gauge defective/damaged.                                       |
|                                                                                   |  | 11             | No / Damaged - (Emergency Set) Box                                      |
|                                                                                   |  | 12             | Any Other                                                               |

**Details of Respiratory Equipment with Deficiency**

| <b>Sr. No.</b> | <b>Equipment No.</b> | <b>Make/ Duration (Minutes)</b> | <b>Location</b> | <b>Deficiency No.</b> | <b>Corrective Action Taken</b> |
|----------------|----------------------|---------------------------------|-----------------|-----------------------|--------------------------------|
| 1              |                      |                                 |                 |                       |                                |
| 2              |                      |                                 |                 |                       |                                |
| 3              |                      |                                 |                 |                       |                                |
| 4              |                      |                                 |                 |                       |                                |
| 5              |                      |                                 |                 |                       |                                |

**Remarks:**

| <b>SN</b> | <b>Observations</b> |
|-----------|---------------------|
| 1         |                     |
| 2         |                     |
| 3         |                     |

|                    | <b>Check By</b> | <b>Review By</b> |
|--------------------|-----------------|------------------|
| <b>Signature</b>   |                 |                  |
| <b>Name</b>        |                 |                  |
| <b>Designation</b> |                 |                  |
| <b>Date</b>        |                 |                  |

**SURVEY CHECK SHEET FOR FIRE EXTINGUISHER**

|                       |  |                             |                |
|-----------------------|--|-----------------------------|----------------|
| <b>Plant</b>          |  | <b>Inspection Frequency</b> | <b>Monthly</b> |
| <b>Area of Survey</b> |  | <b>Date</b>                 |                |

**FIRE EXTINGUISHER**

|  |  | <b>Sr. No.</b> | <b>Deficiency List</b>                                                            |
|------------------------------------------------------------------------------------|--|----------------|-----------------------------------------------------------------------------------|
|                                                                                    |  | 1              | Identification Number NOT painted.                                                |
|                                                                                    |  | 2              | Extinguisher Sign (Label) NOT painted.                                            |
|                                                                                    |  | 3              | No or Damaged clamp                                                               |
|                                                                                    |  | 4              | NOT Hooked as per location                                                        |
|                                                                                    |  | 5*             | No Safety Clip on the plunger                                                     |
|                                                                                    |  | 6*             | No or Broken Seal on Safety / Protective Clip.                                    |
|                                                                                    |  | 7              | No / Damaged Hose.                                                                |
|                                                                                    |  | 8              | No / Damaged Squeeze grip Handle.                                                 |
|                                                                                    |  | 9              | No / Less stored pressure in extinguisher (For CO2/Stored Pressure Extinguishers) |
|                                                                                    |  | 10             | No Inspection History card.                                                       |
|                                                                                    |  | 11             | Last Inspection overdue.                                                          |
|                                                                                    |  | 12             | Any Other                                                                         |

**Details of FIRE EXTINGUISHER with Deficiency**

| <b>Sr. No.</b> | <b>Identification Tag No.</b> | <b>Type / Capacity</b> | <b>Area</b> | <b>Location</b> | <b>Deficiency No.</b> | <b>Corrective Action Taken</b> |
|----------------|-------------------------------|------------------------|-------------|-----------------|-----------------------|--------------------------------|
| 1              |                               |                        |             |                 |                       |                                |
| 2              |                               |                        |             |                 |                       |                                |
| 3              |                               |                        |             |                 |                       |                                |
| 4              |                               |                        |             |                 |                       |                                |
| 5              |                               |                        |             |                 |                       |                                |
| 6              |                               |                        |             |                 |                       |                                |
| 7              |                               |                        |             |                 |                       |                                |
| 8              |                               |                        |             |                 |                       |                                |
| 9              |                               |                        |             |                 |                       |                                |
| 10             |                               |                        |             |                 |                       |                                |

**SAFETY AND FIRE DEPARTMENT****SURVEY CHECK SHEET FOR FIRE EXTINGUISHER**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – FS03

**Details of FIRE EXTINGUISHER with Deficiency**

| Sr. No. | Identification Tag No. | Type / Capacity | Area | Location | Deficiency No. | Corrective Action Taken |
|---------|------------------------|-----------------|------|----------|----------------|-------------------------|
| 11      |                        |                 |      |          |                |                         |
| 12      |                        |                 |      |          |                |                         |
| 13      |                        |                 |      |          |                |                         |
| 14      |                        |                 |      |          |                |                         |
| 15      |                        |                 |      |          |                |                         |
| 16      |                        |                 |      |          |                |                         |
| 17      |                        |                 |      |          |                |                         |
| 18      |                        |                 |      |          |                |                         |
| 19      |                        |                 |      |          |                |                         |
| 20      |                        |                 |      |          |                |                         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |
| 6  |              |
| 7  |              |
| 8  |              |
| 9  |              |
| 10 |              |

|             | Check By | Review By |
|-------------|----------|-----------|
| Signature   |          |           |
| Name        |          |           |
| Designation |          |           |
| Date        |          |           |

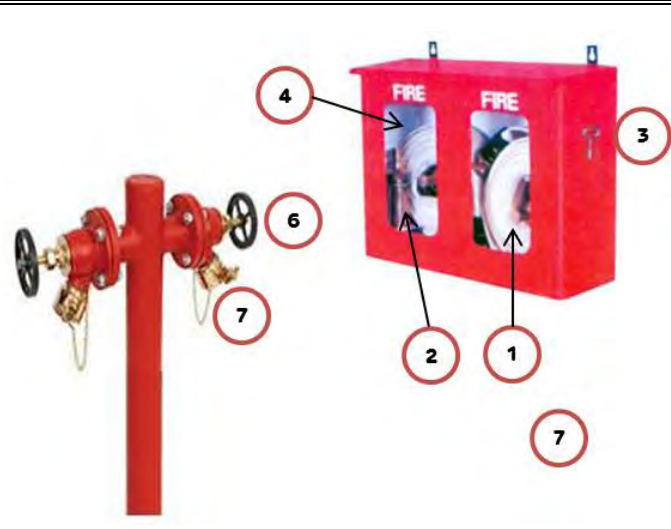
Note: Master list for all extinguishers shall be available &amp; updated.

\*Such extinguishers to be reported immediately to the Fire Department for corrective action.

**SURVEY CHECK SHEET FOR FIRE HOSE BOX / HYDRANTS**

|                       |  |                             |                |
|-----------------------|--|-----------------------------|----------------|
| <b>Plant</b>          |  | <b>Inspection Frequency</b> | <b>Monthly</b> |
| <b>Area of Survey</b> |  | <b>Date</b>                 |                |

**FIRE HOSE BOX / HYDRANTS**

|  | <b>Sr. No.</b> | <b>Deficiency List</b>                              |
|-----------------------------------------------------------------------------------|----------------|-----------------------------------------------------|
|                                                                                   | 1              | Missing Fire Hoses in Fire Hose Box.                |
|                                                                                   | 2              | Missing Nipple / Branch pipe in Fire Hose Box.      |
|                                                                                   | 3              | Missing Fire Hose Box Key.                          |
|                                                                                   | 4              | Broken Fire Hose Box Glass.                         |
|                                                                                   | 5*             | Broken Key Box Glass.                               |
|                                                                                   | 6*             | Broken Hydrant Valve Wheel.                         |
|                                                                                   | 7              | Damaged / Missing Hydrant Hose Lock Pin             |
|                                                                                   | 8              | No / Damaged Rubber washer.                         |
|                                                                                   | 9              | Hydrant Point/ Hose Box NOT accessible / Obstructed |
|                                                                                   | 10             | Any Other                                           |

**Details of FIRE HOSE BOX / HYDRANTS with Deficiency**

| <b>Sr. No.</b> | <b>Identification Tag No.</b> | <b>Type / Capacity</b> | <b>Area</b> | <b>Location</b> | <b>Deficiency No.</b> | <b>Corrective Action Taken</b> |
|----------------|-------------------------------|------------------------|-------------|-----------------|-----------------------|--------------------------------|
| 1              |                               |                        |             |                 |                       |                                |
| 2              |                               |                        |             |                 |                       |                                |
| 3              |                               |                        |             |                 |                       |                                |
| 4              |                               |                        |             |                 |                       |                                |
| 5              |                               |                        |             |                 |                       |                                |
| 6              |                               |                        |             |                 |                       |                                |
| 7              |                               |                        |             |                 |                       |                                |
| 8              |                               |                        |             |                 |                       |                                |
| 9              |                               |                        |             |                 |                       |                                |
| 10             |                               |                        |             |                 |                       |                                |
| 11             |                               |                        |             |                 |                       |                                |
| 12             |                               |                        |             |                 |                       |                                |
| 13             |                               |                        |             |                 |                       |                                |
| 14             |                               |                        |             |                 |                       |                                |
| 15             |                               |                        |             |                 |                       |                                |

**SAFETY AND FIRE DEPARTMENT****SURVEY CHECK SHEET FOR FIRE HOSE BOX / HYDRANTS**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No - FS04

**Details of FIRE HOSE BOX / HYDRANTS with Deficiency**

| Sr. No. | Identification Tag No. | Type / Capacity | Area | Location | Deficiency No. | Corrective Action Taken |
|---------|------------------------|-----------------|------|----------|----------------|-------------------------|
| 16      |                        |                 |      |          |                |                         |
| 17      |                        |                 |      |          |                |                         |
| 18      |                        |                 |      |          |                |                         |
| 19      |                        |                 |      |          |                |                         |
| 20      |                        |                 |      |          |                |                         |
| 21      |                        |                 |      |          |                |                         |
| 22      |                        |                 |      |          |                |                         |
| 23      |                        |                 |      |          |                |                         |
| 24      |                        |                 |      |          |                |                         |
| 25      |                        |                 |      |          |                |                         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |
| 6  |              |
| 7  |              |
| 8  |              |
| 9  |              |
| 10 |              |

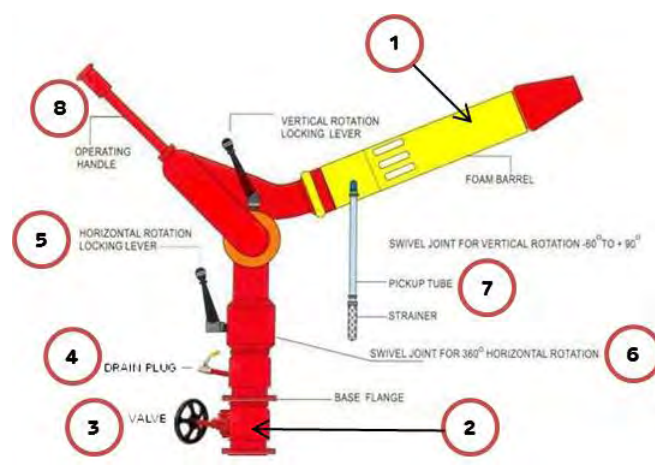
|             | Check By | Review By |
|-------------|----------|-----------|
| Signature   |          |           |
| Name        |          |           |
| Designation |          |           |
| Date        |          |           |

Note: Separate master list for all Hydrant &amp; Hose boxes (mentioning Nos. of Hoses / Nipple) in the box shall be available.

**SURVEY CHECK SHEET FOR FIRE WATER MONITOR**

|                       |  |                             |                  |
|-----------------------|--|-----------------------------|------------------|
| <b>Plant</b>          |  | <b>Inspection Frequency</b> | <b>Quarterly</b> |
| <b>Area of Survey</b> |  | <b>Date</b>                 |                  |

**FIRE WATER MONITOR**

|                                                                                   |  | <b>Sr. No.</b> | <b>Deficiency List</b>                       |
|-----------------------------------------------------------------------------------|--|----------------|----------------------------------------------|
|  |  | 1              | Monitor Painting fade                        |
|                                                                                   |  | 2              | Monitor number not painted / Legible         |
|                                                                                   |  | 3              | Monitor Valve condition Broken / Damaged     |
|                                                                                   |  | 4              | Monitor drain plug chock up (Missing)        |
|                                                                                   |  | 5*             | Swivel joint movement Restricted             |
|                                                                                   |  | 6*             | Swivel joint locking nut Damaged / Missing   |
|                                                                                   |  | 7              | Foam Hose condition - Missing / Deteriorated |
|                                                                                   |  | 8              | Monitor Handle Missing / Broken              |
|                                                                                   |  | 9              | Water Leakage                                |
|                                                                                   |  | 10             | Not easily accessible (Obstructed)           |
|                                                                                   |  | 11             | Any Other                                    |

**Details of FIRE WATER MONITOR with Deficiency**

| <b>Sr. No.</b> | <b>Equipment No.</b> | <b>Type</b> | <b>Location / Description</b> | <b>Deficiency No.</b> | <b>Corrective Action Taken</b> |
|----------------|----------------------|-------------|-------------------------------|-----------------------|--------------------------------|
| 1              |                      |             |                               |                       |                                |
| 2              |                      |             |                               |                       |                                |
| 3              |                      |             |                               |                       |                                |
| 4              |                      |             |                               |                       |                                |
| 5              |                      |             |                               |                       |                                |
| 6              |                      |             |                               |                       |                                |
| 7              |                      |             |                               |                       |                                |
| 8              |                      |             |                               |                       |                                |
| 9              |                      |             |                               |                       |                                |
| 10             |                      |             |                               |                       |                                |
| 11             |                      |             |                               |                       |                                |
| 12             |                      |             |                               |                       |                                |
| 13             |                      |             |                               |                       |                                |
| 14             |                      |             |                               |                       |                                |
| 15             |                      |             |                               |                       |                                |

**SAFETY AND FIRE DEPARTMENT****SURVEY CHECK SHEET FOR FIRE WATER MONITOR**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – FS05

**Details of FIRE WATER MONITOR with Deficiency**

| Sr. No. | Equipment No. | Type | Location / Description | Deficiency No. | Corrective Action Taken |
|---------|---------------|------|------------------------|----------------|-------------------------|
| 16      |               |      |                        |                |                         |
| 17      |               |      |                        |                |                         |
| 18      |               |      |                        |                |                         |
| 19      |               |      |                        |                |                         |
| 20      |               |      |                        |                |                         |
| 21      |               |      |                        |                |                         |
| 22      |               |      |                        |                |                         |
| 23      |               |      |                        |                |                         |
| 24      |               |      |                        |                |                         |
| 25      |               |      |                        |                |                         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |
| 6  |              |
| 7  |              |
| 8  |              |
| 9  |              |
| 10 |              |

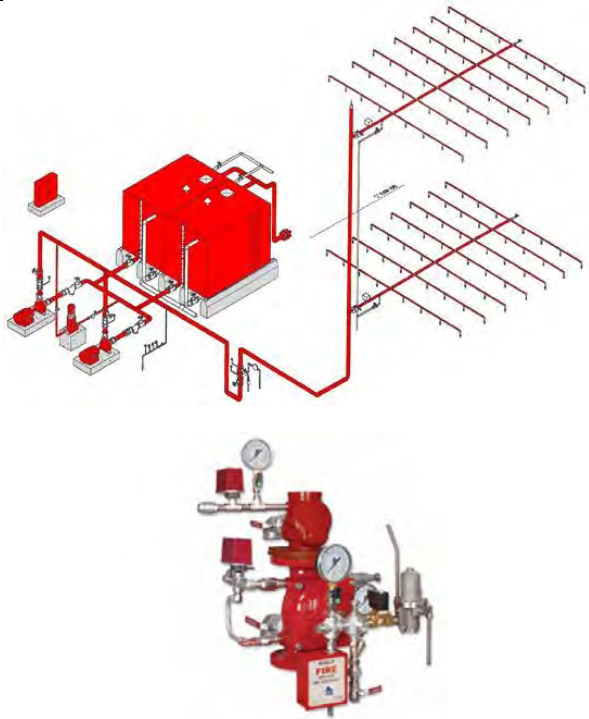
|             | Check By | Review By |
|-------------|----------|-----------|
| Signature   |          |           |
| Name        |          |           |
| Designation |          |           |
| Date        |          |           |

Note: Fire water monitor - wet tests / operational tests shall be done by F&S Department once in a year.  
Master list monitoring (Sr. Identification No., Area/Location, Remark) shall be available.

**SURVEY CHECK SHEET FOR FIRE WATER SPRINKLERS**

|                          |  |                             |                |
|--------------------------|--|-----------------------------|----------------|
| <b>Plant</b>             |  | <b>Inspection Frequency</b> | <b>Monthly</b> |
| <b>Area / Department</b> |  | <b>Date</b>                 |                |

**FIRE WATER SPRINKLERS**

|                                                                                    |                |                                                        |
|------------------------------------------------------------------------------------|----------------|--------------------------------------------------------|
|  | <b>Sr. No.</b> | <b>Deficiency List</b>                                 |
|                                                                                    | 1              | Painting                                               |
|                                                                                    | 2              | Deluge valve number not Legible/ Painted.              |
|                                                                                    | 3              | U/S valve condition - Close                            |
|                                                                                    | 4              | D/S valve condition - Close                            |
|                                                                                    | 5              | Pilot line valve condition – Broken / Leaking.         |
|                                                                                    | 6              | Damaged / Faulty Pressure Gauge.                       |
|                                                                                    | 7              | Solenoid valve condition - Leaking.                    |
|                                                                                    | 8              | Solenoid cable loose connection.                       |
|                                                                                    | 9              | Manual Operation lever condition (Damaged / Jammed).   |
|                                                                                    | 10             | Missing / Fusible Bulbs                                |
|                                                                                    | 11             | Water Leakage                                          |
|                                                                                    | 12             | Missing Sprinkler Nozzles / Choked Nozzles             |
|                                                                                    | 13             | Operating valve is Obstructed (not easily accessible). |
|                                                                                    | 14             | Any Other                                              |

**Details of FIRE WATER SPRINKLERS with Deficiency**

| <b>Sr. No.</b> | <b>Equipment No.</b> | <b>Type Auto / Manual</b> | <b>Location</b> | <b>Deficiency No.</b> | <b>Corrective Action Taken</b> |
|----------------|----------------------|---------------------------|-----------------|-----------------------|--------------------------------|
| 1              |                      |                           |                 |                       |                                |
| 2              |                      |                           |                 |                       |                                |
| 3              |                      |                           |                 |                       |                                |
| 4              |                      |                           |                 |                       |                                |
| 5              |                      |                           |                 |                       |                                |
| 6              |                      |                           |                 |                       |                                |
| 7              |                      |                           |                 |                       |                                |
| 8              |                      |                           |                 |                       |                                |
| 9              |                      |                           |                 |                       |                                |
| 10             |                      |                           |                 |                       |                                |

**SAFETY AND FIRE DEPARTMENT****SURVEY CHECK SHEET FOR FIRE WATER SPRINKLERS**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – FS06

**Details of FIRE WATER SPRINKLERS with Deficiency**

| Sr. No. | Equipment No. | Type Auto / Manual | Location | Deficiency No. | Corrective Action Taken |
|---------|---------------|--------------------|----------|----------------|-------------------------|
| 11      |               |                    |          |                |                         |
| 12      |               |                    |          |                |                         |
| 13      |               |                    |          |                |                         |
| 14      |               |                    |          |                |                         |
| 15      |               |                    |          |                |                         |
| 16      |               |                    |          |                |                         |
| 17      |               |                    |          |                |                         |
| 18      |               |                    |          |                |                         |
| 19      |               |                    |          |                |                         |
| 20      |               |                    |          |                |                         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |
| 6  |              |
| 7  |              |
| 8  |              |
| 9  |              |
| 10 |              |

|             | Check By | Review By |
|-------------|----------|-----------|
| Signature   |          |           |
| Name        |          |           |
| Designation |          |           |
| Date        |          |           |

Note: Water spray test to be done.

Separate master list for all deluge / water spray system shall be available.

**SURVEY CHECK SHEET FOR FIRE MCP (MANUAL CALL POINT)**

|                          |  |                             |                |
|--------------------------|--|-----------------------------|----------------|
| <b>Plant</b>             |  | <b>Inspection Frequency</b> | <b>Monthly</b> |
| <b>Area / Department</b> |  | <b>Date</b>                 |                |

**FIRE MCP (MANUAL CALL POINT)**


| <b>Sr. No.</b> | <b>Deficiency List</b>                         |
|----------------|------------------------------------------------|
| 1              | Sign Board / Painting fad.                     |
| 2              | Broken Glass                                   |
| 3              | Cable condition (not Clamped / Deteriorated).  |
| 4              | Alarm indication at Control Room.              |
| 5              | Alarm indication at Fire Station (if provided) |
| 6              | Siren status in field (if provided)            |
| 7              | Sounding of siren (Not OK)                     |
| 8              | No reading accessible (obstructed)             |
| 9              | Any Other                                      |

**Details of FIRE MCP (MANUAL CALL POINT) with Deficiency**

| <b>Sr. No.</b> | <b>Equipment No.</b> | <b>Type Auto / Manual</b> | <b>Location</b> | <b>Deficiency No.</b> | <b>Corrective Action Taken</b> |
|----------------|----------------------|---------------------------|-----------------|-----------------------|--------------------------------|
| 1              |                      |                           |                 |                       |                                |
| 2              |                      |                           |                 |                       |                                |
| 3              |                      |                           |                 |                       |                                |
| 4              |                      |                           |                 |                       |                                |
| 5              |                      |                           |                 |                       |                                |
| 6              |                      |                           |                 |                       |                                |
| 7              |                      |                           |                 |                       |                                |
| 8              |                      |                           |                 |                       |                                |
| 9              |                      |                           |                 |                       |                                |
| 10             |                      |                           |                 |                       |                                |
| 11             |                      |                           |                 |                       |                                |
| 12             |                      |                           |                 |                       |                                |
| 13             |                      |                           |                 |                       |                                |
| 14             |                      |                           |                 |                       |                                |
| 15             |                      |                           |                 |                       |                                |

**SAFETY AND FIRE DEPARTMENT****SURVEY CHECK SHEET FOR FIRE MCP (MANUAL CALL POINT)**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – FS07

**Details of FIRE MCP (MANUAL CALL POINT) with Deficiency**

| Sr. No. | Equipment No. | Type Auto / Manual | Location | Deficiency No. | Corrective Action Taken |
|---------|---------------|--------------------|----------|----------------|-------------------------|
| 16      |               |                    |          |                |                         |
| 17      |               |                    |          |                |                         |
| 18      |               |                    |          |                |                         |
| 19      |               |                    |          |                |                         |
| 20      |               |                    |          |                |                         |
| 21      |               |                    |          |                |                         |
| 22      |               |                    |          |                |                         |
| 23      |               |                    |          |                |                         |
| 24      |               |                    |          |                |                         |
| 25      |               |                    |          |                |                         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |
| 6  |              |
| 7  |              |
| 8  |              |
| 9  |              |
| 10 |              |

|             | Check By | Review By |
|-------------|----------|-----------|
| Signature   |          |           |
| Name        |          |           |
| Designation |          |           |
| Date        |          |           |

Note: Master List (Sr. Identification No., Type, Area/Location, Remarks) shall be available.

**SAFETY AND FIRE DEPARTMENT****SURVEY CHECK SHEET FOR FIRE DOOR**

Issue No.: 01

Rev. No: 00

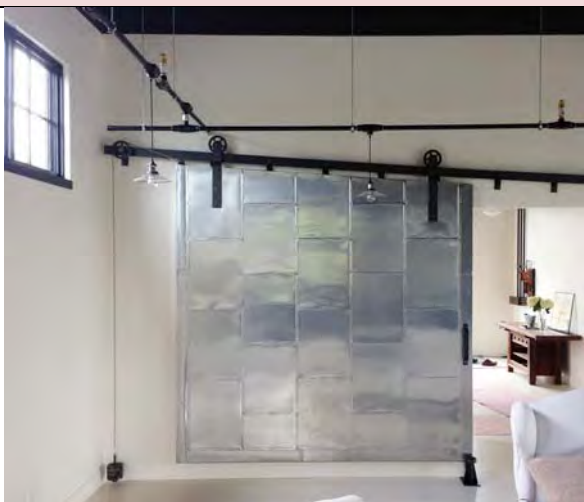
Date: 01-01-2014

Form No – FS08

**SURVEY CHECK SHEET FOR FIRE DOOR**

|                   |  |                      |         |
|-------------------|--|----------------------|---------|
| Plant             |  | Inspection Frequency | Monthly |
| Area / Department |  | Date                 |         |

**FIRE DOOR**

|                                                                                   |         |                                        |
|-----------------------------------------------------------------------------------|---------|----------------------------------------|
|  | Sr. No. | Deficiency List                        |
|                                                                                   | 1       | No identification No /Need Repainting. |
|                                                                                   | 2       | No / Damaged fusible link              |
|                                                                                   | 3       | Deteriorated / Broken string.          |
|                                                                                   | 4       | No / Missing Counter Weight            |
|                                                                                   | 5       | Roller Damaged / No free movement      |
|                                                                                   | 6       | Needs Oiling / Greasing                |
|                                                                                   | 7       | No reading accessible (Obstructed)     |
|                                                                                   | 8       | Any Other                              |
|                                                                                   | 9       | Any Other                              |

**Details of FIRE DOOR with Deficiency**

| Sr. No. | Fire Door No. | Type Auto / Manual | Location / Description | Deficiency No. | Corrective Action Taken |
|---------|---------------|--------------------|------------------------|----------------|-------------------------|
| 1       |               |                    |                        |                |                         |
| 2       |               |                    |                        |                |                         |
| 3       |               |                    |                        |                |                         |
| 4       |               |                    |                        |                |                         |
| 5       |               |                    |                        |                |                         |
| 6       |               |                    |                        |                |                         |
| 7       |               |                    |                        |                |                         |
| 8       |               |                    |                        |                |                         |
| 9       |               |                    |                        |                |                         |
| 10      |               |                    |                        |                |                         |
| 11      |               |                    |                        |                |                         |
| 12      |               |                    |                        |                |                         |
| 13      |               |                    |                        |                |                         |
| 14      |               |                    |                        |                |                         |
| 15      |               |                    |                        |                |                         |

**SAFETY AND FIRE DEPARTMENT****SURVEY CHECK SHEET FOR FIRE DOOR**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – FS08

**Details of FIRE DOOR with Deficiency**

| Sr. No. | Equipment No. | Type Auto / Manual | Location | Deficiency No. | Corrective Action Taken |
|---------|---------------|--------------------|----------|----------------|-------------------------|
| 16      |               |                    |          |                |                         |
| 17      |               |                    |          |                |                         |
| 18      |               |                    |          |                |                         |
| 19      |               |                    |          |                |                         |
| 20      |               |                    |          |                |                         |
| 21      |               |                    |          |                |                         |
| 22      |               |                    |          |                |                         |
| 23      |               |                    |          |                |                         |
| 24      |               |                    |          |                |                         |
| 25      |               |                    |          |                |                         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |
| 6  |              |
| 7  |              |
| 8  |              |
| 9  |              |
| 10 |              |

|             | Check By | Review By |
|-------------|----------|-----------|
| Signature   |          |           |
| Name        |          |           |
| Designation |          |           |
| Date        |          |           |

Note: Master List (Sr. Identification No., Type, Area/Location, Remarks) shall be available.

**SAFETY AND FIRE DEPARTMENT****SURVEY CHECK SHEET FOR SMOKE DETECTORS**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – FS09

**SURVEY CHECK SHEET FOR SMOKE DETECTORS**

|                   |  |                      |         |
|-------------------|--|----------------------|---------|
| Plant             |  | Inspection Frequency | Monthly |
| Area / Department |  | Date                 |         |

**SMOKE DETECTORS****Sr.  
No.****Deficiency List**

1

Physical condition not good  
(Painting / Corrosion / Damage)

2

Cable condition - (not Clamped/ Deteriorated).

3

Loose connection - (Terminal / Gland)

4

Alarm sounded in Control Room

5

Alarm sounded in Fire Control Room (if provided)

6

Response indicator

7

Resetting of alarm

8

Any Other

**Details of SMOKE DETECTORS with Deficiency**

| Sr. No. | Equipment No. | Type | Location / Description | Deficiency No. | Corrective Action Taken |
|---------|---------------|------|------------------------|----------------|-------------------------|
| 1       |               |      |                        |                |                         |
| 2       |               |      |                        |                |                         |
| 3       |               |      |                        |                |                         |
| 4       |               |      |                        |                |                         |
| 5       |               |      |                        |                |                         |
| 6       |               |      |                        |                |                         |
| 7       |               |      |                        |                |                         |
| 8       |               |      |                        |                |                         |
| 9       |               |      |                        |                |                         |
| 10      |               |      |                        |                |                         |
| 11      |               |      |                        |                |                         |
| 12      |               |      |                        |                |                         |
| 13      |               |      |                        |                |                         |
| 14      |               |      |                        |                |                         |
| 15      |               |      |                        |                |                         |

**SAFETY AND FIRE DEPARTMENT****SURVEY CHECK SHEET FOR SMOKE DETECTORS**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – FS09

**Details of SMOKE DETECTORS with Deficiency**

| Sr. No. | Equipment No. | Type | Location / Description | Deficiency No. | Corrective Action Taken |
|---------|---------------|------|------------------------|----------------|-------------------------|
| 16      |               |      |                        |                |                         |
| 17      |               |      |                        |                |                         |
| 18      |               |      |                        |                |                         |
| 19      |               |      |                        |                |                         |
| 20      |               |      |                        |                |                         |
| 21      |               |      |                        |                |                         |
| 22      |               |      |                        |                |                         |
| 23      |               |      |                        |                |                         |
| 24      |               |      |                        |                |                         |
| 25      |               |      |                        |                |                         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |
| 6  |              |
| 7  |              |
| 8  |              |
| 9  |              |
| 10 |              |

|             | Check By | Review By |
|-------------|----------|-----------|
| Signature   |          |           |
| Name        |          |           |
| Designation |          |           |
| Date        |          |           |

Note: Separate Master list for all Smoke Detectors shall be available.

Section/Area wise monthly inspection / testing schedule shall be prepared - all detectors shall be covered in a year.

**SAFETY AND FIRE DEPARTMENT****SURVEY CHECK SHEET FOR LEL / PPM / HEAT DETECTORS**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – FS10

**SURVEY CHECK SHEET FOR LEL / PPM / HEAT DETECTORS**

|                   |  |                      |         |
|-------------------|--|----------------------|---------|
| Plant             |  | Inspection Frequency | Monthly |
| Area / Department |  | Date                 |         |

**LEL / PPM / HEAT DETECTORS**

|                                                                                   |                |                                                             |
|-----------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
|  | <b>Sr. No.</b> | <b>Deficiency List</b>                                      |
|                                                                                   | 1              | Physical condition not good (Painting / Corrosion / Damage) |
|                                                                                   | 2              | Cable condition - (not Clamped/ Deteriorated).              |
|                                                                                   | 3              | Loose connection - (Terminal / Gland)                       |
|                                                                                   | 4              | Alarm 1 sounded in Control Room                             |
|                                                                                   | 5              | Alarm 2 sounded in Control Room (if provided)               |
|                                                                                   | 6              | Siren status in field (if provided)                         |
|                                                                                   | 7              | Alarm sounded in Fire Control Room (if provided)            |
|                                                                                   | 8              | Stopping of Trans. pump at alarm – 2 (if interlocked with)  |
|                                                                                   | 9              | Closing of pump kick back XV at alarm - 2 (if interlocked)  |
|                                                                                   | 10             | Calibration/zero setting - disturbed                        |
|                                                                                   | 11             | Deluge not operated (if interfaced)                         |
|                                                                                   | 12             | Any Other                                                   |

**Details of LEL / PPM / HEAT DETECTORS with Deficiency**

| Sr. No. | Equipment No. | Type (PPM/LEL/Heat) | Location / Description | Deficiency No. | Corrective Action Taken |
|---------|---------------|---------------------|------------------------|----------------|-------------------------|
| 1       |               |                     |                        |                |                         |
| 2       |               |                     |                        |                |                         |
| 3       |               |                     |                        |                |                         |
| 4       |               |                     |                        |                |                         |
| 5       |               |                     |                        |                |                         |
| 6       |               |                     |                        |                |                         |
| 7       |               |                     |                        |                |                         |
| 8       |               |                     |                        |                |                         |
| 9       |               |                     |                        |                |                         |
| 10      |               |                     |                        |                |                         |
| 11      |               |                     |                        |                |                         |
| 12      |               |                     |                        |                |                         |
| 13      |               |                     |                        |                |                         |
| 14      |               |                     |                        |                |                         |
| 15      |               |                     |                        |                |                         |

**SAFETY AND FIRE DEPARTMENT****SURVEY CHECK SHEET FOR LEL / PPM / HEAT DETECTORS**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No – FS10

**Details of LEL / PPM / HEAT DETECTORS with Deficiency**

| Sr. No. | Equipment No. | Type (PPM/LEL/Heat) | Location / Description | Deficiency No. | Corrective Action Taken |
|---------|---------------|---------------------|------------------------|----------------|-------------------------|
| 16      |               |                     |                        |                |                         |
| 17      |               |                     |                        |                |                         |
| 18      |               |                     |                        |                |                         |
| 19      |               |                     |                        |                |                         |
| 20      |               |                     |                        |                |                         |
| 21      |               |                     |                        |                |                         |
| 22      |               |                     |                        |                |                         |
| 23      |               |                     |                        |                |                         |
| 24      |               |                     |                        |                |                         |
| 25      |               |                     |                        |                |                         |

**Remarks:**

| SN | Observations |
|----|--------------|
| 1  |              |
| 2  |              |
| 3  |              |
| 4  |              |
| 5  |              |
| 6  |              |
| 7  |              |
| 8  |              |
| 9  |              |
| 10 |              |

|             | Check By | Review By |
|-------------|----------|-----------|
| Signature   |          |           |
| Name        |          |           |
| Designation |          |           |
| Date        |          |           |

Note: Separate Master list for all LEL / PPM / Heat Detectors shall be available.

Section/Area wise monthly inspection / testing schedule shall be prepared - all detectors shall be covered in a year.

[illegible]



## SAFETY AND FIRE DEPARTMENT

## REGISTER - SUMMARY OF FIRE EXTINGUISHERS

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No - FR02

## REGISTER - SUMMARY OF FIRE EXTINGUISHERS

| Plant                     |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      | Frequency       | Quarterly |    |           |       |
|---------------------------|-----|---|-----|---|----|------|----|----|-----|-----|-----|-----|-----|---|------|-----------------|-----------|----|-----------|-------|
| Type of Fire Extinguisher | DCP |   |     |   |    |      |    |    |     | CO2 |     |     |     |   |      | Mechanical Foam |           |    | WATER CO2 | TOTAL |
| Capacity                  | 1   | 2 | 3.2 | 5 | 10 | 22.5 | 25 | 50 | 132 | 2   | 3.2 | 4.5 | 6.8 | 9 | 22.5 | 9               | 45        | 50 | 9         |       |
| Area (1):                 |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| Location                  |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| Location                  |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| Location                  |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| Location                  |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| Location                  |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| TOTAL                     |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| Area (2):                 |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| Location                  |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| Location                  |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| Location                  |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| Location                  |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| Location                  |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| TOTAL                     |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
| Type of Fire Extinguisher | DCP |   |     |   |    |      |    |    |     | CO2 |     |     |     |   |      | Mechanical Foam |           |    | WATER CO2 | TOTAL |
| Capacity                  | 1   | 2 | 3.2 | 5 | 10 | 22.5 | 25 | 50 | 132 | 2   | 3.2 | 4.5 | 6.8 | 9 | 22.5 | 9               | 45        | 50 | 9         |       |
| GROSS TOTAL               |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |
|                           |     |   |     |   |    |      |    |    |     |     |     |     |     |   |      |                 |           |    |           |       |

**SAFETY AND FIRE DEPARTMENT****REGISTER - LIST OF CRITICAL VALVE**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No - FR03

**REGISTER - LIST OF CRITICAL VALVE**

| Plant   |                 |                                       |                 |       |                 |       | Frequency      | Monthly |         |
|---------|-----------------|---------------------------------------|-----------------|-------|-----------------|-------|----------------|---------|---------|
| Sr. No. | Location / Area | Description / Identification of Valve | Normal Position |       | Actual Position |       | Seal is Intact |         | Remarks |
|         |                 |                                       | Open            | Close | Open            | Close | Yes            | No      |         |
| 1       |                 |                                       |                 |       |                 |       |                |         |         |
| 2       |                 |                                       |                 |       |                 |       |                |         |         |
| 3       |                 |                                       |                 |       |                 |       |                |         |         |
| 4       |                 |                                       |                 |       |                 |       |                |         |         |
| 5       |                 |                                       |                 |       |                 |       |                |         |         |
| 6       |                 |                                       |                 |       |                 |       |                |         |         |
| 7       |                 |                                       |                 |       |                 |       |                |         |         |
| 8       |                 |                                       |                 |       |                 |       |                |         |         |
| 9       |                 |                                       |                 |       |                 |       |                |         |         |
| 10      |                 |                                       |                 |       |                 |       |                |         |         |

|             | Check by | Review by |
|-------------|----------|-----------|
| Signature   |          |           |
| Name        |          |           |
| Designation |          |           |
| Date        |          |           |

Note: Critical isolation valves such as isolation valves of Tank, Equipment, Drain, Vent Valves, Dyke outlet, Deluge Isolation valves etc. shall be covered.

**SAFETY AND FIRE DEPARTMENT****REGISTER - ALARM ANALYSIS OF LEL / PPM / HEAT / SMOKE DETECTORS**

Issue No.: 01

Rev. No: 00

Date: 01-01-2014

Form No - FR04

**REGISTER - ALARM ANALYSIS OF LEL / PPM / HEAT / SMOKE DETECTORS**

|       |                                |      |                 |                   |                    |                         |                                             |                                                 |
|-------|--------------------------------|------|-----------------|-------------------|--------------------|-------------------------|---------------------------------------------|-------------------------------------------------|
| Plant |                                |      |                 |                   |                    |                         | Frequency                                   | Ongoing                                         |
| Area  |                                |      |                 |                   |                    |                         | Department                                  |                                                 |
|       | Alarm received /<br>sounded at |      | Location<br>No. | Area/<br>Location | Reason of<br>Alarm | Corrective Action Taken | Filled by<br>Panel Officer<br>(Name & Sign) | Reviewed by<br>Shift In-Charge<br>(Name & Sign) |
|       | Date                           | Time |                 |                   |                    |                         |                                             |                                                 |
| 1     |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 2     |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 3     |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 4     |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 5     |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 6     |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 7     |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 8     |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 9     |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 10    |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 11    |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 12    |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 13    |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 14    |                                |      |                 |                   |                    |                         |                                             |                                                 |
| 15    |                                |      |                 |                   |                    |                         |                                             |                                                 |