

DATE: October 2019
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FIRE PLAN PROCEDURE
FORM 1
Site Walkover Inspection



Site Name		Date / Time	
Name of Person Undertaking Inspection			

Please refer to FPP-E01 – Site Walkover Inspection

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

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

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

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

Author / Function or Department:

Process Owner / Department:
Site Manager

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Storage / Pile Ref.	Identified Problem
STORAGE AREA 1	
STORAGE AREA 2	
STORAGE AREA 3	
STORAGE AREA 4	
STORAGE AREA 5	
STORAGE AREA 6	
STORAGE AREA 7	
STORAGE AREA 8	
HOLDING BAY A	
HOLDING BAY B	
HOLDING BAY C	
HOLDING BAY D	
HOLDING BAY E	
BIN STORAGE AREA	

Notes / Action required (to address unsatisfactory conditions)

Form reviewed by: (PRINT
Name)

Job
Title

Author / Function or Department:

Process Owner / Department:
Site Manager

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