Fire Marshals Checklist

Building: York House Date: Time:

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| --- | --- | --- | --- |
| Area | Floor | Warden | Area Reported Clear |
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**Control Point:** Main Entrance **Assembly Point:** Area to north of York House

**Fire & Rescue Service Attended: YES / NO Senior Fire Officer Attending:**

**Comments:**

**Completed By (Print Name):**

**(Copies of form to be sent to SEF QSHE Team; Fire Advisor or Administrator – electronically if possible)**