

This downloaded form is to enable building occupants without the installed Tower Inspector App the opportunity to have the fire safety of their accommodation reviewed by the ALARP Tower Inspector Team.



Please complete your form, scan and forward to gatar.office@alarp.com for the teams' consideration with any photographs you have taken to visually support this form.

BUILDING INFORMATION	
A.	Name of the building: _____
B.	Address of the building: _____ _____
C.	Postal Code: _____
<p><i>We would be pleased to also receive any pictures that you could forward to us with this completed form. We really value photographs. Please try and include the question number in the name of the photograph that the photograph relates to.</i></p>	
OUTSIDE THE TOWER	
Please answer the following questions:	
1.	What do you think the outside of the building is mostly made of? (Cladding) <input type="checkbox"/> Metal <input type="checkbox"/> Cement Others: _____ <input type="checkbox"/> Wood <input type="checkbox"/> Glass
2.	How many entrance/exits are there into this building? _____
3.	Do you suspect the original cladding has been changed? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are any balconies closed in? <input type="checkbox"/> Yes <input type="checkbox"/> No

5.	Are any staircases closed in? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have security doors been added? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has the bottom of the building been closed in? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Can you see any pipes or cables running up the outside of the building? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Could a fire engine get close to the building? <input type="checkbox"/> Yes <input type="checkbox"/> No
INSIDE THE TOWER	
11.	Which floor or level are you going to inspect? _____
12.	On that level, how many emergency exit stairways are there? _____
13.	Is there any rubbish or other obstructions between your flat and the nearest emergency exit door? <input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are any emergency exit doors locked? <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Do your emergency exit doors close automatically? <input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Do your emergency exit doors have any holes or gaps around it? <input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Are there any cables, pipes, or other materials going through above or beside the door? <input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Is there another door before getting to the stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Can you see any pipes, cables, or other materials passing through the ceiling or floor? <input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Can you see any pipes, cables, or other materials passing through walls? <input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Are there any openings or holes in the ceiling or walls? <input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Can you see any fire hose or fire hose cabinet along the corridor? <input type="checkbox"/> Yes <input type="checkbox"/> No

23.	Are there emergency lights around the corridor? <input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Does the floor/level have sprinklers on the ceiling? <input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Does the floor/level have fire and smoke alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No
12 6.	Does the floor/level have fire and smoke detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No
INSIDE THE FLAT	
27.	What is your flat number? _____
28.	Do you have a security door? <input type="checkbox"/> Yes <input type="checkbox"/> No
29.	When your door is closed, does your door have gaps around it? <input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Has your front door been replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Can you see any holes, pipes, cables, or other materials around your door? <input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Are there any cables, pipes, or holes going through your door frame or near your door? <input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Does your flat have stairs leading to a loft level? <input type="checkbox"/> Yes <input type="checkbox"/> No
34.	How many exits are there in your flat? _____
35.	How many rooms are used as bedrooms in your flat? _____
36.	How many persons are currently residing in the flat? _____
37.	Do you share a common wall with your neighbors' flat? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how many shared walls are there? _____ If NO, skip questions no. 12 and 13
38.	Are there any cables, pipes, and/or other materials coming into your flat through the shared wall? <input type="checkbox"/> Yes <input type="checkbox"/> No
39.	Has the wall been cut-out to fit in a book shelf, TV, wardrobe or anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No

40.	<p>Do you have a fire extinguisher in your flat?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, how many fire extinguishers do you have? _____</p>
41.	<p>Does your flat have windows?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO, skip question 16 to 18</p>
42.	<p>What are your window frames made of?</p> <p><input type="checkbox"/> Metal <input type="checkbox"/> Cement Others: _____</p> <p><input type="checkbox"/> Wood <input type="checkbox"/> Plastic</p>
43.	<p>Which best describes your windows?</p> <p><input type="checkbox"/> Cannot be opened <input type="checkbox"/> Need a key to be opened Others: _____</p> <p><input type="checkbox"/> Open slightly <input type="checkbox"/> Only opens out from the bottom</p>
44.	<p>I think a fireman could rescue me through my window(s)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
45.	<p>Is there a corridor on the other side of any of your walls?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
46.	<p>Do you have a balcony?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO, skip question no. 21</p>
47.	<p>Can you see any pipes or wires coming into or leaving your balcony?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
48.	<p>Is there any place inside your flat, including a balcony, with cables, pipes, and/or other materials coming up through the floor, or down from the roof?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
49.	<p>Do you have a kitchen?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
50.	<p>Has your kitchen been renovated?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
51.	<p>Do you have or use gas in your kitchen?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
52.	<p>Do you smell gas?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Each time I use the gas appliance</p> <p><input type="checkbox"/> Sometimes Others: _____</p>

53.	Which best describes your bathroom? <input type="checkbox"/> Pipes come through the wall <input type="checkbox"/> Pipes come through the floor/ceiling
54.	Do you share a wall of your bathroom with your neighbor, or an outside area? <input type="checkbox"/> Yes <input type="checkbox"/> No
55.	Is there a fire and smoke detector installed in your flat? <input type="checkbox"/> Yes <input type="checkbox"/> No