

Fire Safety Stick Inspection Record

Location: _____

FSS Model: _____

FSS ID Number: _____

Once checked, tick boxes to confirm requirements are met during annual inspection. Add notes if required, then sign. (Records can be completed by the responsible person of the premises and/or service provider)

Date (Insert inspection date below)	Correct model & wall sign in place	Tamper tag in place for striker	Top cap in place	No evidence of previous discharge	No evidence of damage	Notes	Signed
Install							
Year 1							
Year 2							
Year 3							
Year 4							
Year 5							
Year 6							
Year 7							
Year 8							
Year 9							
Year 10							
Year 11							
Year 12							
Year 13							
Year 14							
Year 15							



Follow this link to see how to inspect the FSS



Follow this link to see how to use the FSS

