



BAFE SP203-1 CERTIFICATION SCHEME

SITE SELECTION

Please complete this form with 5 fire detection and fire alarm systems that your company has completed over the previous 12 month period or are currently in progress. This information will be reviewed by our assessor to decide which installations we would like to visit for your assessment. The form can be copied as many times as you need.

Note: It is the contractors responsibility to bring all relevant documents, tools and access equipment to the selected site.

Company Name:

Scope applying for:

- Design
- Installation
- Commissioning
- Maintenance

Site 1 Project Number/Name/Address	Start Date	Finish Date

Elements carried out by the firm applying:

Design Installation Set to work Commissioning Maintenance Low Voltage (230V) Work i.e. Main supply or interfaces

Purpose of Building or Building Description	System Type/Grade/Category/Description

Has a Fire Risk Assessment been completed? YES NO Is the Fire Risk Assessment available for the Assessor to view? YES NO

Number of Point Detectors	<input type="text"/>	Number of Repeater Panels	<input type="text"/>	Can we dismantle / carry out: Sounder checks YES <input type="checkbox"/> NO <input type="checkbox"/> Short-Circuit checks YES <input type="checkbox"/> NO <input type="checkbox"/> Open-Circuit checks YES <input type="checkbox"/> NO <input type="checkbox"/>
Number of Control Panels	<input type="text"/>	Number of Zones	<input type="text"/>	

Are there any special PPE required for the installation visit other than a High Visibility Vest, Safety Helmet, Safety Shoes/Boots? If so please detail:

Site selected

Site 2 Project Number/Name/Address	Start Date	Finish Date
Elements carried out by the firm applying: Design <input type="checkbox"/> Installation <input type="checkbox"/> Set to work Commissioning <input type="checkbox"/> Maintenance <input type="checkbox"/> Low Voltage (230V) Work i.e. Main supply or interfaces <input type="checkbox"/>		
Purpose of Building or Building Description	System Type/Grade/Category/Description	
Has a Fire Risk Assessment been completed? YES <input type="checkbox"/> NO <input type="checkbox"/> Is the Fire Risk Assessment available for the Assessor to view? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Number of Point Detectors <input style="width: 80px;" type="text"/>	Number of Repeater Panels <input style="width: 80px;" type="text"/>	Can we dismantle / carry out:
Number of Control Panels <input style="width: 80px;" type="text"/>	Number of Zones <input style="width: 80px;" type="text"/>	Sounder checks YES <input type="checkbox"/> NO <input type="checkbox"/>
		Short-Circuit checks YES <input type="checkbox"/> NO <input type="checkbox"/>
		Open-Circuit checks YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there any special PPE required for the installation visit other than a High Visibility Vest, Safety Helmet, Safety Shoes/Boots? If so please detail:		
		Site selected <input type="checkbox"/>

Site 3 Project Number/Name/Address	Start Date	Finish Date
Elements carried out by the firm applying: Design <input type="checkbox"/> Installation <input type="checkbox"/> Set to work Commissioning <input type="checkbox"/> Maintenance <input type="checkbox"/> Low Voltage (230V) Work i.e. Main supply or interfaces <input type="checkbox"/>		
Purpose of Building or Building Description	System Type/Grade/Category/Description	
Has a Fire Risk Assessment been completed? YES <input type="checkbox"/> NO <input type="checkbox"/> Is the Fire Risk Assessment available for the Assessor to view? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Number of Point Detectors <input style="width: 80px;" type="text"/>	Number of Repeater Panels <input style="width: 80px;" type="text"/>	Can we dismantle / carry out:
Number of Control Panels <input style="width: 80px;" type="text"/>	Number of Zones <input style="width: 80px;" type="text"/>	Sounder checks YES <input type="checkbox"/> NO <input type="checkbox"/>
		Short-Circuit checks YES <input type="checkbox"/> NO <input type="checkbox"/>
		Open-Circuit checks YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there any special PPE required for the installation visit other than a High Visibility Vest, Safety Helmet, Safety Shoes/Boots? If so please detail:		
		Site selected <input type="checkbox"/>

Site 4 Project Number/Name/Address	Start Date	Finish Date
Elements carried out by the firm applying:		
Design <input type="checkbox"/> Installation <input type="checkbox"/> Set to work Commissioning <input type="checkbox"/> Maintenance <input type="checkbox"/> Low Voltage (230V) Work i.e. Main supply or interfaces <input type="checkbox"/>		
Purpose of Building or Building Description		System Type/Grade/Category/Description
Has a Fire Risk Assessment been completed? YES <input type="checkbox"/> NO <input type="checkbox"/> Is the Fire Risk Assessment available for the Assessor to view? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Number of Point Detectors	Number of Repeater Panels	Can we dismantle / carry out: Sounder checks YES <input type="checkbox"/> NO <input type="checkbox"/> Short-Circuit checks YES <input type="checkbox"/> NO <input type="checkbox"/> Open-Circuit checks YES <input type="checkbox"/> NO <input type="checkbox"/>
Number of Control Panels	Number of Zones	
Are there any special PPE required for the installation visit other than a High Visibility Vest, Safety Helmet, Safety Shoes/Boots? If so please detail:		
		Site selected <input type="checkbox"/>

Site 5 Project Number/Name/Address	Start Date	Finish Date
Elements carried out by the firm applying:		
Design <input type="checkbox"/> Installation <input type="checkbox"/> Set to work Commissioning <input type="checkbox"/> Maintenance <input type="checkbox"/> Low Voltage (230V) Work i.e. Main supply or interfaces <input type="checkbox"/>		
Purpose of Building or Building Description		System Type/Grade/Category/Description
Has a Fire Risk Assessment been completed? YES <input type="checkbox"/> NO <input type="checkbox"/> Is the Fire Risk Assessment available for the Assessor to view? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Number of Point Detectors	Number of Repeater Panels	Can we dismantle / carry out: Sounder checks YES <input type="checkbox"/> NO <input type="checkbox"/> Short-Circuit checks YES <input type="checkbox"/> NO <input type="checkbox"/> Open-Circuit checks YES <input type="checkbox"/> NO <input type="checkbox"/>
Number of Control Panels	Number of Zones	
Are there any special PPE required for the installation visit other than a High Visibility Vest, Safety Helmet, Safety Shoes/Boots? If so please detail:		
		Site selected <input type="checkbox"/>

DECLARATION

On behalf of the business, I confirm that all information provided on the site selection form is true and accurate.

Signature:	Date:
Name (Printed):	Position in the business: