



Customer Name: GOING CHURCH.  
Site Address: BAMINGTON ROAD, GOING  
WORTHING, WEST SUSSEX  
Postcode:

Site Reference Number: M 4293  
Customer Order Number: SIA

Equipment: Fire Alarm  Disabled Refuge  Other:   
Applicable to BAFE SP203-1 Maintenance Certification:  BAFE Reg. No. 101799

**False Alarm Details:**

Cause of False Alarm		
Equipment fault	Unwanted	Transmission Fault
Malicious	Good Intent	Cause not Known
Did Brigade Attend:	Yes	No
No. of false alarms since last Service visit *	0	
No. of false alarms over last 12 months		
No. of false alarms per 100 automatic fire detectors per annum		
Is further action required?	Yes	No <input checked="" type="checkbox"/>
Power Supplies Checked * <input checked="" type="checkbox"/>	Charge volts: <u>13.1</u>	Volts
Standby battery load tested # <input checked="" type="checkbox"/>	Standby Period: <u>-</u>	Hrs

Type of Work	Planned Maintenance	Takeover Service
Call out	Modification	Repair
Quoted	Installation	False Alarm
Daywork	Commission:	Other

Date of Last Service Visit: Oct 23 Next Service Visit Due: SEP  
Is this the last Routine Inspection within a 12 Month Contract Period? Yes  No   
System Category: 7 BAFE Certificate of Compliance No. A N/A  
Type of System & Standards / Code of Practices: A Type of Signalling:

**Tests/checks and inspections carried out in accordance with BS 5839-1**

**Sub clause 45.3 – Periodic Inspection and Test (\*)**

Log book checked & updated *	<input checked="" type="checkbox"/>	O&M docs. Certs. & drawings seen *	<input checked="" type="checkbox"/>
Survey for change of layout/use *	<input checked="" type="checkbox"/>	Control & Indicating Equip checked *	<input checked="" type="checkbox"/>
Link to ARC/Brigade checked *	<input checked="" type="checkbox"/>	Detection is free from obstructions *	<input checked="" type="checkbox"/>

**Sub clause 45.5 – Inspection and Test over a 12 Month period (#)**

Cause & Effects Tested #	<input checked="" type="checkbox"/>	Alarm / warning devices tested * #	
Cables & Fixings inspected #	<input checked="" type="checkbox"/>	Analogue levels checked #	
Detectors & Call Points Tested #	25% <input type="checkbox"/>	50% <input type="checkbox"/>	75% <input checked="" type="checkbox"/> 100% <input type="checkbox"/>
Battery volts: <u>13.1</u>	Volts	Battery size fitted: <u>1x17034</u>	
Quiescent load:	Amps	Alarm load:	

**Description of Work Carried Out / Engineer's Report:**  
CARRIED OUT A 50% SERVICE OF THE FIRE ALARM SYSTEM. SEE TEST  
SCHEDULES FOR DEVICES TESTED AT THIS VISIT. NO FAULTS FOUND. SYSTEM  
LEFT IN WORKING CONDITION

Variations from the recommendations of clause 45 of BS 5839-1 for periodic or annual inspection and test (for Fire Alarm Maintenance visits only):

**Materials Used:**

QTY	Make	Model	Description	QTY	Make	Model	Description

**Labour:**

Engineer's Name	Arrive	Depart	Travel Time	Total Hours
			+	
			+	

We, being currently a BSI Certified Company in respect of Fire Detection and Alarm Systems of the type(s) we have identified above (only applicable if completed) certify that the maintenance work detailed above complies with the Standard and / or Code of Practice identified and with all other requirements of the BAFE SP203-1 Scheme in respect of such system.  
YES  NO  N/A

Where applicable to the work carried out above, I/We being the competent person(s) responsible for the servicing of the system(s) described above certify that the work complies with the best of my/our knowledge and belief with the recommendations of clause 45 of BS 5839-1 for periodic inspection and test/inspection and test over a 12 month period, except the variations if any stated in this certificate. For and on behalf of Crays Fire:

Engineer's Sig: [Signature] Print: DANNY HINSWELWOOD Date: 18.04.2024

I have denied permission for the alarm sounders / outputs to be tested as required by the above standard: YES  NO  N/A

I confirm that the above works have been carried out to my satisfaction and accept responsibility for the system including defects that have been brought to my attention as or on behalf of the nominated Responsible Person:

Customer's Sig: [Signature] Print: E SWIERK Date: 18.04.24