

Fire Risk Assessment (FRA) Checklist

Assessed by:		Date Document Downloaded:	
Job Title:		Date of Assessment:	
Department/Location:		Duty Holder Name:	

FRA Ref No.	Description	Yes/No	Comments	Action Required	FHRA No.
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1. MANAGEMENT, PLANNING & PROCEDURES

1.1	Do you have an up-to-date Fire Safety Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.2	Have you established and documented your procedures in the event of a fire or fire drill/practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.3	Are fire safety risk assessments and resultant fire safety action plans reviewed regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.4	Are fire safety drills/practices carried out regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.5	Are fire safety drills/practices reviewed for successes and failures, and subsequent action taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.6	Are any findings from risk assessment and fire drills/practices reported to your staff or their representatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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1.7	If you share the workplace with others do you inform them of the risks you have identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.8	If you do not have direct control of the premises have you made your findings known to the landlord, owner or agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.9	Has an emergency plan been drawn up in case of a major fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.10	Has an assembly point been identified and informed to staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.11	Do you have sufficient Fire Marshals, and are they properly trained (and such training recorded)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.12	Has provision been made for contacting the emergency service both during and out of working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.13		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.14		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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2. STAFF AWARENESS AND TRAINING

2.1	Are all new employees informed of and provided with the company's Fire Safety Policy and Procedures? <i>(See Induction Feedback Form)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2.2	Are any staff provided with fire fighting training and, if so, is this properly recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2.3	Are all staff informed of and trained following risk assessment and related significant findings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2.4	Are all staff aware of the fire prevention measures as detailed in sections 8 to 12 of this checklist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2.5	Are all fire routes and exits in the premises known to staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2.6	Have all staff been informed of the location of the fire extinguishers [and other fire fighting equipment]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2.7	Is the assembly point(s) in the event of fire known to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2.8		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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2.9		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

3. VISITORS, CONTRACTORS & DISABLED

3.1	Have provisions been made to inform visitors/contractors of the location of the fire safety assembly point(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3.2	Are visitors/contractors informed as to the procedures on discovering a fire or hearing the fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3.3	Are controls in place in respect of contractors' use of potentially hazardous equipment? E.g. blowlamps, cutting and welding equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3.4	Has provision been made for the safe evacuation of visiting disabled persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3.5	Do escape routes provide adequately for the needs of the disabled? See Section 4 below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3.6	Have staff been instructed on how to assist visitors, the disabled [and members of the public] in evacuation of the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3.7	Are Contractors asked to complete Hot Work Permits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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3.8		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3.9		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

4. FIRE EXITS, ESCAPE ROUTES & EMERGENCY LIGHTING

4.1	Are there sufficient exits of suitable width for the people likely to be present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>If only one exit is available complete 4.5 below. If more than 1 exit complete 4.6 below.</i>		
4.2	Is this escape route fire resistant (protected)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<<If no, recommend you install an automatic fire-detection system>>		
4.3	Are escape routes clearly signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.4	What is the level of risk in (this part of) the premises of a fire starting or spreading quickly?	<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low			
4.5	What distance do people need to go to reach the exit? (single exit)	<input type="checkbox"/> 12m <input type="checkbox"/> 18m <input type="checkbox"/> 25m	<<12, 18 and 25m are required respectively for high, normal/medium and low risk areas>>		
4.6	What distance do people need to go to reach the exit? (more than one exit)	<input type="checkbox"/> 25m <input type="checkbox"/> 45m <input type="checkbox"/> 60m	<<25, 45 and 60m are required respectively for high, normal/medium and low risk areas>>		

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4.7	Are all exits/routes clearly indicated by the "Green Running Man" on a white background, together with an arrow pointing in the direction of escape? ("Final Exit" signs do not require an accompanying arrow)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.8	Are all fire exit routes and the points of exit (inc. stairways and corridors) from the building clear of obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.9	Are all floor surfaces and stairs on escape routes free from tripping and slipping hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.10	Are all fire-resisting self-closing doors on escape routes correctly labeled, closing fully, in good state of repair and not wedged open?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.11	Are escape routes adequately lit and is all lighting (normal and where provided emergency) on escape routes fully operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<<Emergency lighting is required in underground and windowless parts of premises, in core stairways or those serving storeys more than 30 m above ground level, internal corridors more than 30m and in open plan office areas of more than 60m²>>		
4.12	Is the emergency lighting tested regularly and the tests recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.13	Do all exits lead to a place of safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.14	Are steps and stairs in a good state of repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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4.15	Does the workforce know not to use lifts in the event of a fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.16	Are "Fire Action" notices clearly displayed throughout the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.18		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.19		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

5. FIRE DOORS, EXIT DOORS & COMPARTMENTATION

5.1	Are final exit routes always unlocked when the premises are in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
5.2	Are devices securing final exits capable of being opened immediately and easily without a key?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<<ideal fastening for fire exit door is bar across the width of the door that releases the lock/latch>>		
5.3	Are internal doors labeled as such and normally kept closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
5.4	Are self-closers on fire doors operating correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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5.5	Do the doors on escape routes open in the direction of travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<<must do so if more than 50 people may be required to escape from the relevant area, or leads from a high risk area>>		
5.6	Have other measures been taken to ensure that smoke and flames cannot spread from one part of the premises to another part?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<<spaces between ducting and services through holes in fire walls should be filled with fire resistant stopping>>		
5.7		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
5.8		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

6. FIRE FIGHTING EQUIPMENT

6.1	Do you have sufficient fire-fighting appliances throughout your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<<e.g. a 9 litre water extinguisher will be required for every 200m ² of floor area for Class A fires - combustible solids - paper, wood, cloth & plastics + 1 per floor		
6.2	Are your fire extinguishers and blankets positioned properly and located near to sites of higher fire risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<<e.g mounted on walls and within 30m of a potential fire>>		
6.3	Are portable extinguishers of the correct type for the fire risk and properly colour coded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<<e.g. powder for electrical and liquid (not metals): foam for liquid (not electrical or metal): water for wood, paper & textiles (not liquid, electrical or metal)		
6.4	Are all fire-fighting appliances certified for quality? And is the last date of inspection displayed on the extinguisher?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6.5	Are all fire extinguishers, hose reels and sprinkler systems etc. regularly tested by competent persons [and the results recorded]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See maintenance and Testing of Fire Equipment Guidance Notes		

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6.6	Have employees been instructed on when to use equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6.7	Has every member of staff been trained in the correct use of fire fighting equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6.8		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6.9		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

7. FIRE ALARM SYSTEMS

7.1	Do the premises require an electrical or automatic fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<<depends on size and nature of workplace and number of employees: manual system for small open offices, electrical system where a shouted warning or bell cannot be heard by everyone: and automatic systems where a fire might start & grow undetected>>		
7.2	Can the alarm be heard throughout the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.3	Is the fire alarm system tested regularly and in good working order, and tests recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See Maintenance and Testing of Fire Equipment Guidance Notes		
7.4	Is the fire alarm maintained on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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7.5	Can the fire alarm be raised without placing anyone in danger?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.7	Are the fire alarm points clearly visible and unobstructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.8	Is the fire alarm connected to a monitoring station that contacts the fire brigade?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.9	Have all members of staff been trained in how to operate the fire alarm system(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.10		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.11		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

8. FIRE PREVENTION: NEATNESS, TIDINESS & HEATERS

8.1	Have all employees been instructed to keep their workplace(s) tidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8.2	Is there a waste control system, and is it working effectively to keep the workplace clear of combustible waste and rubbish?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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8.3	Is waste put in a safe, secure place awaiting collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8.4	Is burning of rubbish on the site prohibited?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8.5	Are production areas kept clear of dust and rubbish?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8.6	Is there a system for controlling the amounts of combustible materials, flammable liquids and gases in the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<<only such quantities as required for the day's production should be taken from storage>>		
8.7	Are all ducts, pipes, beams and trusses and kept clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8.8	Are all areas outside the premises kept clear of waste and combustible material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8.9	Is the upholstery of furniture in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8.10	Are all heaters fitted with suitable guards and fixed in position away from combustible materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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8.11		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8.12		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

9. FIRE PREVENTION: STORAGE & FLAMMABLES

9.1	Are flammable products used on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
9.2	If so, are they kept away from potential sources of ignition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
9.3	Is sufficient storage available for combustible materials and flammable liquids and gases?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<<small quantities should be kept in flameproof metal cabinets. Large quantities in a dedicated flameproof store>>		
9.4	Are the quantities of flammable products used in the workplace kept to a minimum and, when not needed, returned to safe storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
9.5	Are the storage areas secure and with proper signs and restricted access? <i>No smoking should be on all stores.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<<e.g. Flammable Liquid>>		
9.6	Do fire-resistant walls and doors provide storage areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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9.7	Are adequate gangways provided between shelving and stacks of stored material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
9.8	Are sprinkler heads and fire detectors free from obstruction from stacks and shelves?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
9.9	Are stacks and shelves clear of light fittings and hot service pipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
9.10		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
9.11		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

10. FIRE PREVENTION: ELECTRICAL INSTALLATION & EQUIPMENT

10.1	Within last 5 years has the electrical installation been subject to an insulation test by a qualified electrician in accordance with IEE Regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
10.2	Are all items of electrical equipment working properly, inspected regularly and fitted with correctly rated fuses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
10.3	Is the use of electrical extension leads and multipoint adaptors kept to a minimum?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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10.4	Are cables and leads run in safe places to prevent tripping hazards and damage to the cables and leads?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
10.5	Are isolators and mains electricity switches clearly signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
10.6		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
10.7		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

11. FIRE PREVENTION: SMOKING

11.1	Have all enclosed and partially enclosed smoking facilities been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
11.2	Are all company vehicles (those used by more than one person) now smoke free?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
11.3	Are no-smoking signs displayed in a prominent position at every public entrance with a minimum size of A5 (210mm by 148mm) in area with the international no-smoking symbol and the words "No Smoking: It is against the law to smoke in these premises"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
11.4	In workplaces only used by members of staff, or workplaces that are part of larger smoke free premises, are no-smoking signs of at least 70mm in diameter displayed consisting of the international no-smoking symbol?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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11.5	Do company vehicles (used by more than one person and not used primarily for private use) display the international symbol as described in 11.4?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
11.6	Does the company maintain an up-to-date No-Smoking Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
11.7		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
11.8		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

12. FIRE PREVENTION: ARSON

12.1	Have suitable measures been taken to secure building against intruders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
12.2	Are all doors and windows locked when the premises are unlocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
12.3	Are all visitors to the building signed in, provided with badges and accompanied by their host or staff at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
12.4	Are all members of staff trained to challenge or report suspicious persons and behaviour?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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12.5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
12.6		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

13. BUSINESS CONTINUITY

13.1	Are duplicate copies of contingency plans, records, back-up discs and documents kept safely in another building or on a different server?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
13.3	Are the insurance policies up-to-date and adequate to cover all requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
13.4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Assessor Name:		Duty Holder Name:	
Signature:		Signature:	
Date:		Date:	