

**EXCHANGE OF INFORMATION FORM**

Name of Building or Risk			
Address including Postcode			
Use of Premises:			
Site Contact name	Role	STD+Phone	
Local Authority area (B&H or ESCC)	Your Name and contact details		

**Firefighter Safety Information:** HazMats, Storage, Building Construction/ configuration etc  
Please tick **all** that apply and give Additional/Further information

<b>1</b>	Asbestos or Cement Boards	<input type="checkbox"/>	<b>11</b>	Environmental Hazards	<input type="checkbox"/>
<b>2</b>	Flammable Liquids in Can Store	<input type="checkbox"/>	<b>12</b>	High Rise (over 6 floors incl. Ground floor)	<input type="checkbox"/>
<b>3</b>	Flammable Liquids not in Can Store	<input type="checkbox"/>	<b>13</b>	Sandwich Panels (insulated boards)	<input type="checkbox"/>
<b>4</b>	Flammable Gases (in Storage area)	<input type="checkbox"/>	<b>14</b>	Timber Framed building	<input type="checkbox"/>
<b>5</b>	Flammable Gases (not in storage area)	<input type="checkbox"/>	<b>15</b>	Other Method of Construction	<input type="checkbox"/>
<b>6</b>	Radioactive Substances	<input type="checkbox"/>	<b>16</b>	Derelict Tanks	<input type="checkbox"/>
<b>7</b>	Fertilizers/pesticides/insecticides (BASIS)	<input type="checkbox"/>	<b>17</b>	Basements and Tunnels	<input type="checkbox"/>
<b>8</b>	Explosives - Small quantities (Registered site)	<input type="checkbox"/>	<b>18</b>	Dangerous Features – Pits, holes in floors etc	<input type="checkbox"/>
<b>9</b>	Explosives – Large Quantities (Licenced site)	<input type="checkbox"/>	<b>19</b>	Machinery/manufacturing methods	<input type="checkbox"/>
<b>10</b>	Other Hazardous Substances	<input type="checkbox"/>	<b>20</b>	Possible Physical Violence	<input type="checkbox"/>

**Additional/Further Information:** Please state any matters that are pertinent to the Fire Service eg. whether the conditions are temporary or permanent, type, quantities and location of Hazardous Materials, Life/Occupancy, Fire Safety matters, Heritage/ Salvage, Environmental or any other matters.


**This section for Fire Service Use Only**

Inspection/Visit date		Saffire Number	
Next Inspection date		NLPG UPRN	
Anticipated removal date		Grid Ref. from MDT	
Current Risk Score	<b>0</b>	Station Ground	

**Actions to resolve hazards detailed above:**


**Underwrite for M & CC – if necessary (Maximum 25 words):**
