1. **Name of the Company?**
2. **Address of the Company?**
3. **Name of Facility under Inspection**
4. **Name of Insurance Company**
5. **Insurance policy number**
6. **Names and Phone number of**

**HSE Personal?**

1. **Was The Company’s Safety officer Registered**

YES NO

**With the Lagos State Safety Commission?**

1. **The Incident occurred When (time and date)**
2. **Time the Fire was extinguished**

**(In case of fire incident)**

1. **Number(s) of Person Injured**
2. **Number(s) of Fatality**

1. **The Root Cause of the Fire incident**
2. **Was the incident reported to the**

YES NO

**Lagos State Safety Commission within 24 hours?**

YES NO

1. **Do you have Fire Fighting Equipment’s?**

**(In case of fire incident)**

1. **Do you have a respond team in place?**
2. **And other necessary Information(s)**

YES NO

1. **Do you have a Safety Management System in Place?**

YES NO

1. **Do you have Company’s Safety Plan?**

YES NO

1. **Do you have Record of Incident Report?**

YES NO

1. **Do you have Emergency Response Plan?**

YES NO

1. **Do you have Material Safety Data Sheet and**

**List of Other Flammable Materials in your Premises?**

**(in case of fire)**

YES NO

1. **Do you have Staff Records of your Fire Safety Training?**

YES NO

1. **Do you have Record of Safety Equipment’s Maintenance?**

YES NO

1. **Do you have a valid safety audit report for the past 2 years?**

YES NO

1. **Do you have a risk assessment report/ Job hazard analysis?**
2. **Please note you are to return and report to Lagos State Safety Commission within 24 hours, failure which attracts sanctions.**

**For The Company**

|  |
| --- |
| **Name:** **Designation:** **Signature:** **Phone Number:****Date and Time:**  |

**FOR LSC OFFICIAL**

|  |
| --- |
| **Name:****Signature:** **Phone Number:****Date and Time:**  |