

**Fault reporting to Fire and Rescue Service (FRS)**

This form is to be completed to report building faults to Northamptonshire Fire and Rescue Service (NFRS).

# Data protection agreement

In this form, we will ask for some personal information (such as name and contact details) in order to record the fault(s).

This information will be held securely and will be used for the purpose outlined above. Any processing will be performed in line with the requirements of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2018.

The Service is registered as a Data Controller with the Information Commissioner’s Office under the reference number ZA482017. Further details about how we process personal data can be found in our [privacy notice](https://www.northantsfire.gov.uk/privacy-statement/).

Please complete as much of the form as possible. If you are unable to answer all questions please return the form with as much information as you can.

| 1. What is the name, address, and postcode of the building? | |
| --- | --- |
|  | |
| 2. What is the name and contact details of the responsible person? | |
|  | |
| 3. What equipment does this fault relate to (please select those applicable)? | |
|  | Automatic door release mechanisms |
|  | Evacuation alert systems |
|  | Fire detection and alarm systems |
|  | Lifts for use by firefighters or evacuation lifts |
|  | Rising mains |
|  | Smoke control systems |
|  | Suppression systems |
| 4. What is the nature of the fault? | |
|  | |
| 5. What area(s) of the building are affected by the fault? | |
|  | |
| 6. What is the estimated timescale for rectification of the fault? | |
|  | |
| 7. Has the fault necessitated a temporary change in evacuation strategy from stay   put to simultaneous? (please select)? | |
|  | Yes |
|  | No |
|  | The building already has a simultaneous evacuation policy |
| 8. Have any additional measures being implemented to mitigate against the fault? | |
|  | Yes (go to question 9) |
|  | No (go to question 10) |
| 9. If yes, provide details on additional measures. | |
|  | |
| 10. What is the name and contact details of the person completing this form? | |
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