

## Fire Engineer Consultation

Fire Safety Checking Request

**Date:** TodaysDate

**To: BWC Fire Limited**  
**Suite 21, 30 Churchill Square**  
**Kings Hill, West Malling**  
**Kent**  
**ME19 4YU**

**Our Reference to Project Number:** ProjectNumber

**Site Address:** SiteAddressCommas

**Description of Works:** Proposal

**Anticipated checking date:** *Agreed number of working days to turnaround fire safety checking and comments.*

Tick as appropriate:	Fire Safety Checking Comments:	Checked by:	Hours:
<input type="checkbox"/>	Satisfactory		
<input type="checkbox"/>	Satisfactory subject to the following comments or conditions:		
<input type="checkbox"/>	Please provide additional information as follows for further checking:		
			<b>Total Hours:</b>

Should you require any further information or assistance, please do not hesitate to contact me directly.

Kind regards,



Pauline Mullee BSc (Hons) C.Build E MCABE IEng

Registered Building Inspector

Class 2/4 Technical Manager

**Director - Mullee Associates Limited**

**Registered Building Control Approver**

**Copied by Email to:** Sara Chetcuti (Mullee Associates)