

Name	Report number
Project name	
Address	
	Postcode
Ceiling location (eg office, kitchen, corridor, internal, external etc)	
Room number or name	

Ceiling type and manufacturer (eg MF plasterboard, metal tile, mineral wool etc)				
Name of contracting company that installed fixings				
Installer's name	Competent person	<input type="checkbox"/> Y / <input type="checkbox"/> N	Number	
Fixings proof tester's name	Competent person	<input type="checkbox"/> Y / <input type="checkbox"/> N	Number	
Base material (substrate that fixing installed into)				
Name of specifier (eg. architect, structural engineer)				
Fixing specified	Manufacturer	Type	Size	Length
Fixing actually installed	Manufacturer	Type	Size	Length

Number of fixings in room	Number tested (min 3 then 5% of total ie 1 in 20)
Number of fixings that failed	If more than 2 fixings fail, then all fixings must be proof tested and the fixing specification reviewed.
Type of failure (eg pulled out, excessive movement, base material failure, fixing breakage)	
Additional percentage of fixings tested because of failure	Ceiling weight per m ²
Manufacturer's recommended load in base material	Load applied during test (1.5x applied load of ceiling)
Apparatus used in proof test	Last calibration date

DECLARATION

I, the undersigned, confirm that I have carried out proof testing of the fixings in accordance with the guidance described in the FIS/CFA best practice guide to the selection and installation of top fixings for suspended ceilings, and confirm that fixings meet the requirements of this test, and that I am competent to carry out this test.

Signature	Date
	Copy file/O&M