



FIRE RISK ASSESSMENT

Employer or other responsible person			
Name of Premises			
Address			
Post Code		Telephone N^o	
Name of Assessor(s)			
Date of Assessment		Date of Review	

Building

GENERAL INFORMATION

Property Use			
N^o of floors		N^o of floors below ground	
Approx area in m² of footprint of building		Age of building	
Brief details of construction			

GENERAL INFORMATION

Building Occupants

Enter range A= <20, B= 20 – 49, C=50-99, D=100-1000, E= >1000

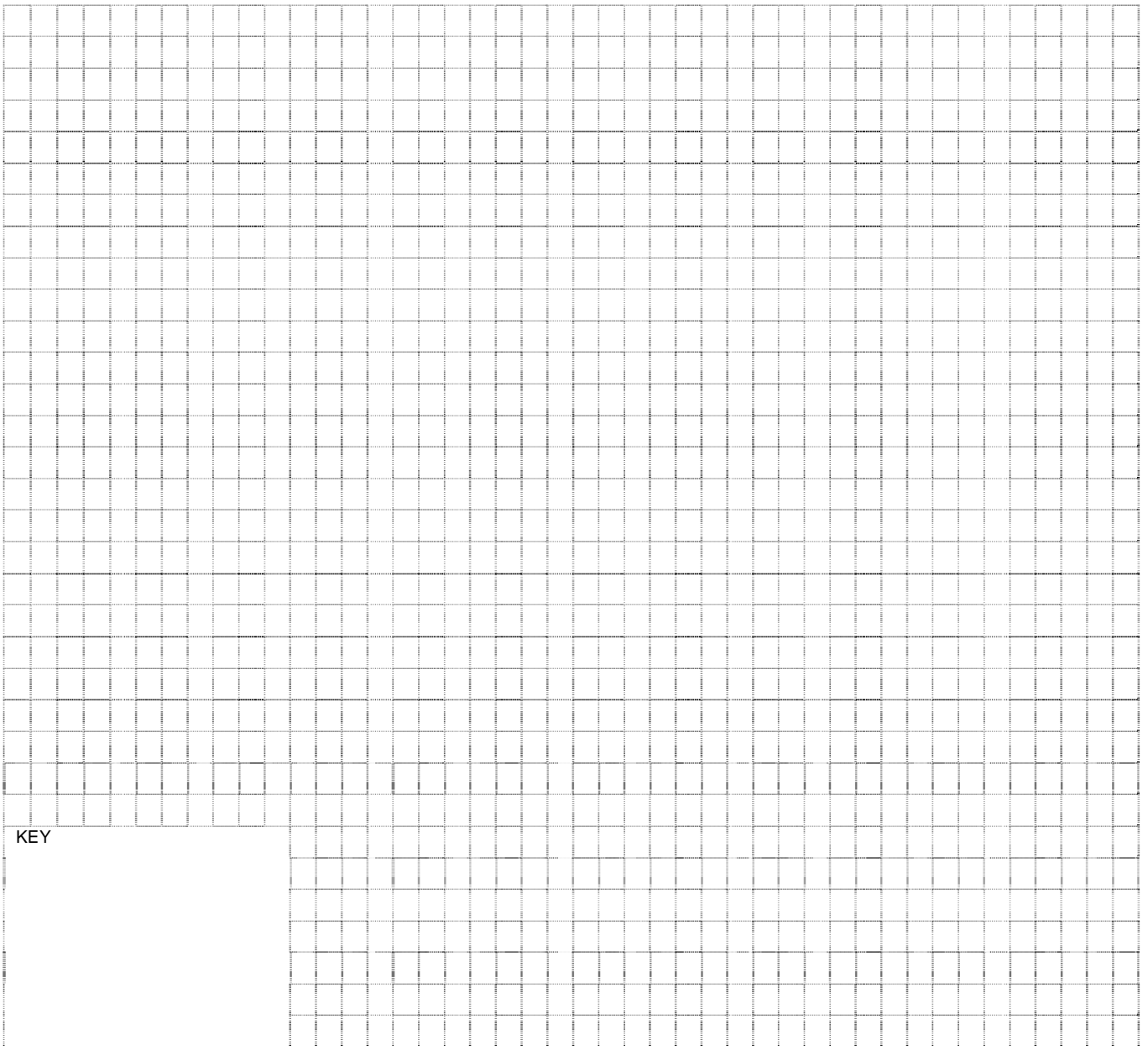
	WEEKDAYS		WEEKENDS	
	Occupancy Profile: <i>Maximum Number of persons, in the most highly occupied compartment to be effected by an uncontrolled fire within 30 minutes, assuming no evacuation.</i>	0000 to 0400		0000 to 0400
0400 to 0800			0400 to 0800	
0800 to 1200			0800 to 1200	
1200 to 1600			1200 to 1600	
1600 to 2000			1600 to 2000	
2000 to 2400			2000 to 2400	
Description of Occupants: Predominant Type	Atypically mobile for this type of occupancy			<input type="checkbox"/>
	Average mobility for this type of occupancy			<input type="checkbox"/>
	Untypically vulnerable for this type of occupancy			<input type="checkbox"/>

Building Plan

Insert plan of your building here or if you do not possess one, use this space to draw your building floor plan (this does not have to be to scale). **Further guidance can be found in Part 1 Section 4.1 of the appropriate guide.** Mark on all fire precautions equipment e.g. Fire doors, Extinguishers, Emergency lighting, Fire alarm and any fire detection.

Does the premises appear to meet the necessary requirements that are defined in Part 2 of the appropriate guide?

If the answer is NO, then as a significant finding, document the deficiency and any remedial actions necessary in order to comply with the requirements.



KEY

FIRE HAZARDS AND THEIR ELIMINATION OR CONTROL

1. SOURCES OF FUEL

1.1 Are there any highly flammable substances in the premises. E.g. Paints, thinners, flammable gases etc, flammable chemicals, plastics, rubber, foams – polystyrene / polyethylene?	<input type="checkbox"/> Yes Go to 1.2	<input type="checkbox"/> No Go to 1.3
1.2 Control Measures Replace them with safer alternatives Remove or significantly reduce any highly flammable substances Keep them in fire resisting stores Separate them from heat sources by use of fire resisting construction Keep minimum quantity in workroom Ensure all containers are kept closed when not in use Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1.3 Are flammable liquids or gases used or stored in areas without adequate Ventilation?	<input type="checkbox"/> Yes Go to 1.4	<input type="checkbox"/> No Go to 1.5
1.4 Control Measures Improve ventilation Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	
1.5 Are there quantities of combustible material stored, on display, or in use in the premises. E.g. Paper, cardboard, packaging, fabrics, wood?	<input type="checkbox"/> Yes Go to 1.6	<input type="checkbox"/> No Go to 1.7
1.6 Control Measures Replace stocks of combustible materials with non combustibles Reduce stocks of readily combustible materials to a minimum Separate such materials from heat sources or by fire resisting construction Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1.7 Are quantities of combustible waste allowed to accumulate in the premises such as Paper, cardboard, wood shavings, dust?	<input type="checkbox"/> Yes Go to 1.8	<input type="checkbox"/> No Go to 1.9
1.8 Control Measures Improve the arrangements for the disposal of waste and rubbish Improve the general housekeeping Ensure staff are aware of the standard of housekeeping required Give specific additional training to the staff responsible Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

1.9 Does the premises contain foam filled furniture which is not combustion modified (see label) or is worn to the point that it exposes the foam interior?	<input type="checkbox"/> Yes Go to 1.10	<input type="checkbox"/> No Go to 1.11
1.10 Control Measures Replace or repair Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	
1.11 Are areas of walls or ceilings covered with combustible linings? such as walls covered with carpet tiles, ceilings covered with polystyrene tiles. Do notice boards have large amounts of loose paper on them?	<input type="checkbox"/> Yes Go to 1.12	<input type="checkbox"/> No Go to 1.13
1.12 Control Measures Remove Reduce Treat with fire resisting solution Cover Replace large notice boards with small Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1.13 Are combustible seasonal or promotional decorations, artificial foliage or plants used to decorate the premises?	<input type="checkbox"/> Yes Go to 1.14	<input type="checkbox"/> No Go to 1.15
1.14 Control Measures Remove Treat with fire resisting solution Introduce real plants Replace with non combustible plants Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1.15 Are there additional sources of oxygen stored or used, such as oxidising chemicals, oxygen cylinders or piped systems?	<input type="checkbox"/> Yes Go to 1.16	<input type="checkbox"/> No Go to 2.1
1.16 Control Measures Move oxidising material away from any heat or flammable materials Control use and storage of oxygen and chemicals Remove sources of ignition Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Note any significant findings from section 1:

2. SOURCES OF IGNITION

2.1 Does the work activity involve hot work processes such as welding or flame cutting, hot surfaces, sparks? Are hazards introduced by outside contractors and building works?	<input type="checkbox"/> Yes Go to 2.2	<input type="checkbox"/> No Go to 2.3
2.2 Control Measures Replace with a cold system Implement a hot work permit system Minimise the amount of combustible materials on the work area Arrange so that hot metal and sparks are safely contained Eliminate hot surfaces/sparks Ensure satisfactory control over works carried out by outside contractors Impose fire safety conditions on outside contractors Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.3 Does the work activity involve processes such as incinerating or Cooking?	<input type="checkbox"/> Yes Go to 2.4	<input type="checkbox"/> No Go to 2.5
2.4 Control Measures Ensure that cookers, incinerators, etc. are used in accordance with manufacturer instructions. Ensure they are cleaned regularly including surfaces, ducts or flues Ensure food cooking is not left unattended Give additional specific training to staff responsible Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.5 Are heating appliances portable or of a radiant or open flame type?	<input type="checkbox"/> Yes Go to 2.6	<input type="checkbox"/> No Go to 2.7
2.6 Control Measures Replace equipment with fixed convector heaters Ensure that gas or oil burning equipment is used in accordance with manufacturers instructions Ensure that all heaters are adequately guarded Ensure all portable heaters are stable and void of flammable materials Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.7 Is smoking permitted?	<input type="checkbox"/> Yes Go to 2.8	<input type="checkbox"/> No Go to 2.9
2.8 Control Measures Implement a smoking policy which provides for a safe smoking area and prohibition elsewhere Ensure suitable arrangement for informing visitors Enforce the prohibition of matches and lighters in high-risk Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

2.9 Are there light fittings near combustible materials?	<input type="checkbox"/> Yes Go to 2.10	<input type="checkbox"/> No Go to 2.11
2.10 Control Measures Remove combustible materials Replace tungsten/halogen bulbs with fluorescent tubes in areas where there is a possibility that combustible materials may be ignited Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.11 Is electrical equipment and wiring: Faulty, damaged or not used in accordance with the Manufacturers Recommendations?	<input type="checkbox"/> Yes Go to 2.12	<input type="checkbox"/> No Go to 2.13
2.12 Control Measures Repair or replace faulty or damaged equipment Portable Appliance Testing carried out Fixed installations periodically inspected and tested Suitable policy regarding the use of personal electrical appliances Ensure all fuses are the correct rating Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.13 Are inspection lamps or extension leads used?	<input type="checkbox"/> Yes Go to 2.14	<input type="checkbox"/> No Go to 2.15
2.14 Control Measures Ensure extension leads are fully uncoiled Limit extension leads and adaptors Ensure extension leads are not overloaded Suitable guards are covering inspection lamps Ensure flexible power cables are kept as short as possible and safely routed Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.15 Is Arson a potential problem?	<input type="checkbox"/> Yes Go to 2.16	<input type="checkbox"/> No Go to 2.17
2.16 Control Measures Improve security measures e.g. lighting, cameras Remove combustible storage / waste bins from perimeter of building Ensure combustible storage is contained with lid secure Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

2.17 Is lightning a potential problem?	<input type="checkbox"/> Yes Go to 2.18	<input type="checkbox"/> No Go to 3.1
2.18 Control Measures Install lightning protection system Extend fire detection to cover roof void Incorporate measures in your emergency plan Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Note any significant findings from section 2:

3. IDENTIFY PEOPLE AT RISK

3.1 Are there any groups of people at increased risk from fire i.e. work in remote areas, lone working, sleeping?	<input type="checkbox"/> Yes Go to 3.2	<input type="checkbox"/> No Go to 3.3
3.2 Control Measures Can they be re-located Improve the means for warning them about fire i.e. alarm and detection system Improve means of escape Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.3 Are there people present who may be unable to react quickly to a fire due to safety critical work process?	<input type="checkbox"/> Yes Go to 3.4	<input type="checkbox"/> No Go to 3.5
3.4 Control Measures Introduce appropriate close down procedure Improve means of warning / means of escape Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.5 In the event of a fire are there people present whose disabilities would put them at a disadvantage when required to evacuate in an emergency?	<input type="checkbox"/> Yes Go to 3.6	<input type="checkbox"/> No Go to 3.7
3.6 Control Measures Incorporate Measures in your Emergency Plan Provide additional specialist equipment If staff are required to assist in an evacuation ensure sufficient numbers and appropriate training Provide safe refuges Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.7 Are visitors or members of the public likely to be unfamiliar with the escape routes ?	<input type="checkbox"/> Yes Go to 3.8	<input type="checkbox"/> No Go to 3.9
3.8 Control Measures Ensure employees are adequately trained to assist with evacuation Improve signage Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

3.9 Are builders, contractors or maintenance workers temporarily on site?	<input type="checkbox"/> Yes Go to 3.10	<input type="checkbox"/> No Go to 4.1
3.10 Control Measures Ensure they are aware of fire safety arrangements and emergency plan Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	

Note any significant findings from section 3:

4. MEANS OF ESCAPE FROM FIRE

4.1 In the event of fire can everyone safely escape from the premises?	<input type="checkbox"/> Yes Go to 4.3	<input type="checkbox"/> No Go to 4.2
4.2 Control Measures Ensure existing exit routes and exits are available and unobstructed Improve fire alarm / detection system Provide additional routes and exits Provide training for safe evacuation Secure reasonable arrangements for disabled occupants Implement routine checks Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.3 In the event of fire can everyone turn their back on the fire and evacuate to a place of safety?	<input type="checkbox"/> Yes Go to 4.5	<input type="checkbox"/> No Go to 4.4
4.4 Control Measures Provide additional escape routes Provide and maintain protected routes Provide compensating features i.e. smoke detection, engineer solution Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.5 Do doors on escape routes, where necessary, open in the direction of travel?	<input type="checkbox"/> Yes Go to 4.7	<input type="checkbox"/> No Go to 4.6
4.6 Control Measures Reduce number of people using exit to less than 60 people Re-hang in direction of travel Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.7 Are door fastenings on exit routes and final exits easily operable?	<input type="checkbox"/> Yes Go to 4.9	<input type="checkbox"/> No Go to 4.8
4.8 Control Measures Replace with a more suitable fastening Provide notices giving information on how to operate exit doors Provide training on operating techniques Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

4.9 Are any fire resisting doors a poor fit or requiring fitment or attention to a self closing mechanism?	<input type="checkbox"/> Yes Go to 4.10	<input type="checkbox"/> No Go to 4.11
4.10 Control Measures Fit self closers Ensure doors fit correctly Implement routine check on door operation and maintain as required Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.11 Are any fire resisting doors wedged or propped open?	<input type="checkbox"/> Yes Go to 4.12	<input type="checkbox"/> No Go to 4.13
4.12 Control Measures Fit automatic door closers Ensure employee's are aware of fire safety precautions Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.13 Are all exit routes and exits adequately signed ?	<input type="checkbox"/> Yes Go to 4.15	<input type="checkbox"/> No Go to 4.14
4.14 Control Measures Install sufficient signs to enable people to find their way out Ensure signs are unobstructed and clearly visible from an appropriate deistance Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.15 Are all exit routes and exits adequately illuminated ?	<input type="checkbox"/> Yes Go to 5.1	<input type="checkbox"/> No Go to 4.16
4.16 Control Measures Install emergency lighting Improve existing emergency lighting Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Compliance Section 4

Indicate the preventative and protective fire safety measures taken to show compliance with Part 2 of the Order for **Emergency routes and exits.**

5. FIRE FIGHTING AND FIRE DETECTION

5.1 Are there sufficient extinguishers and hose reels of the appropriate type for the risk and are they located correctly?	<input type="checkbox"/> Yes Go to 5.3	<input type="checkbox"/> No Go to 5.2
5.2 Control Measures Provide suitable additional fire fighting equipment including specialist equipment for special hazards Locate on stands or brackets Make visible and unobstructed Provide additional signage Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.3 Have sufficient people been trained in the use of fire fighting equipment?	<input type="checkbox"/> Yes Go to 5.5	<input type="checkbox"/> No Go to 5.4
5.4 Control Measures Implement training programme Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	
5.5 In the event of fire are there suitable arrangements for giving warning, including where necessary automatic fire detection?	<input type="checkbox"/> Yes Go to 5.7	<input type="checkbox"/> No Go to 5.6
5.6 Control Measures Install a more effective fire alarm system and or detection system Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	
5.7 Is the signage for the fire fighting equipment and fire alarm satisfactory?	<input type="checkbox"/> Yes Go to 5.9	<input type="checkbox"/> No Go to 5.8
5.8 Control Measures Improve signage Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	
5.9 Are all appropriate persons trained on how to operate the fire warning system and the action they should take upon hearing it?	<input type="checkbox"/> Yes Go to 6.1	<input type="checkbox"/> No Go to 5.10
5.10 Control Measures Implement training programme Provide clear instructions Other (state here)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Compliance Section 5

Indicate the preventative and protective fire safety measures taken to show compliance with Part 2 of the Order for **Fire fighting and Fire detection.**

6. PROCEDURES, ARRANGEMENTS AND TRAINING

6.1	Are sufficient person(s) available to assist in implementation of fire safety measures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.2	Are appropriate fire procedures in place, recorded and available for relevant persons to read?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.3	Are people nominated to respond to fire and assist with evacuation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.4	Is there appropriate liaison with the Fire and Rescue Authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.5	Are routine in-house inspections of fire precautions undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.6	Are new employees, tenants or building users given fire safety instruction on induction or taking over use of the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.7	Are all staff given periodic refresher training at suitable intervals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.8	Are building occupants aware of specific actions if there is a fire?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.9	Are staff with special responsibilities e.g. Fire Marshals/Wardens/stewards given additional training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.10	Have the Employers of contractors working at the premises ie. cleaners been informed of significant findings and fire procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.11	Are persons under 18 employed, if so has an assessment been made of risks special to them and have their parents been informed of significant findings and fire procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.12	Are fire drills carried out at appropriate intervals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Indicate any deficiencies in this section :-

7. MAINTENANCE AND TESTING

7.1 Are the premises adequately maintained?	<input type="checkbox"/> Yes Go to 7.3	<input type="checkbox"/> No Go to 7.2
7.2 Control Measures Correct any deficiencies and implement maintenance programme Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	
7.3 Are door fastenings on all exit doors adequately maintained?	<input type="checkbox"/> Yes Go to 7.5	<input type="checkbox"/> No Go to 7.4
7.4 Control Measures Correct any deficiencies and implement maintenance programme Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	
7.5 Do all self closing devices and hold open devices work correctly?	<input type="checkbox"/> Yes Go to 7.7	<input type="checkbox"/> No Go to 7.6
7.6 Control Measures Correct any deficiencies and implement maintenance programme Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	
7.7 Has the emergency lighting system been tested and serviced (Monthly, Six-monthly, Annually) and according to manufacturers instructions?	<input type="checkbox"/> Yes Go to 7.8	<input type="checkbox"/> No Go to 7.9
7.8 Control Measures Correct any deficiencies and implement maintenance programme Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	
7.9 Has the fire alarm / detection system been regularly tested and serviced (Weekly, Annually) and according to manufacturers instructions?	<input type="checkbox"/> Yes Go to 7.11	<input type="checkbox"/> No Go to 7.10
7.10 Control Measures Correct any deficiencies and implement maintenance programme Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	

7.11 Have all fire extinguishers and hose reels been regularly tested and Serviced (Monthly, Annually) and according to manufacturers instructions?	<input type="checkbox"/> Yes Go to 7.13	<input type="checkbox"/> No Go to 7.12
7.12 Control Measures Correct any deficiencies and implement maintenance programme Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	

7.13 Has the sprinklers and fixed fire fighting systems been regularly tested and serviced (Weekly, Quarterly, Six-monthly, Annually) and according to manufacturers instructions?	<input type="checkbox"/> Yes Go to 8.1	<input type="checkbox"/> No Go to 7.14
7.14 Control Measures Correct any deficiencies and implement maintenance programme Other (state here)	<input type="checkbox"/> <input type="checkbox"/>	

Compliance Section 7 Indicate the preventative and protective fire safety measures taken to show compliance with Part II of the Order for Maintenance.

8. FIRE SAFETY RECORDS

8.1	Have fire safety arrangements been recorded in a way that can be easily interpreted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.2	Are there details of any significant findings from the fire risk assessment and any actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.3	Are there records of testing and checking of escape routes, including final exit locking mechanisms such as panic devices, emergency exit devices and any electromagnetic devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.4	Are there records of testing and maintenance of emergency lighting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.5	Are there records of testing and maintenance of fire alarm / detection systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.6	Are there records of false fire alarms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.7	Are there records of testing and maintenance of fire extinguishers, hose reels and sprinkler systems etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.8	Are there records of relevant training of employees including evacuation drills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.9	Are there records of emergency plans and actions for the relevant people to take in the event of fire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Indicate any deficiencies in this section :-

FIRE RISK ASSESSMENT
Significant findings

Premises address:

Postcode:

Risk Assessment Date:

Assessor 1:

Assessor 2: (If applicable)

Item N°	Section and Sub Paragraph	Description of Unsatisfactory Condition	Persons at Risk	Existing Control Measures (If any)	Proposed Remedial action. By When, By Who

FIRE RISK ASSESSMENT
Review of the Significant Findings – Record of Deficiencies and Remedial Action

Premises address:

Postcode:

Date	Item Nº	Section and Sub Paragraph	Remedial Action	Date of Action	Signature of Person Carrying out Action

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