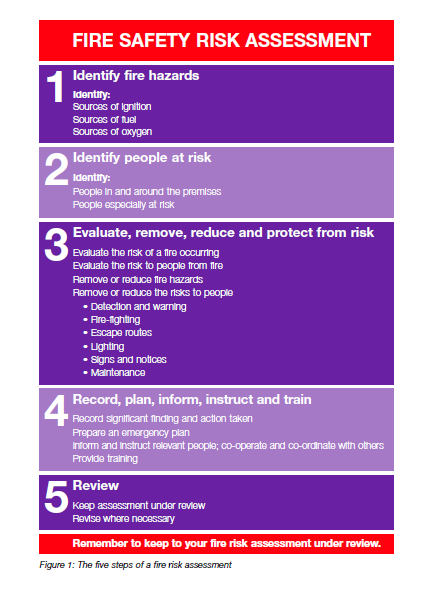
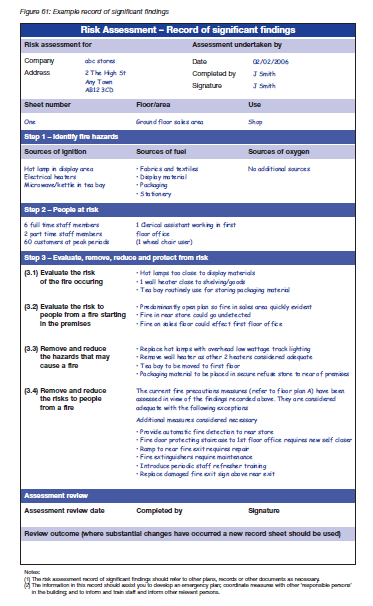
**Fire Risk Assessment Templates**

From the CLG Fire Safety Risk Assessment Guides, the 5 Step Approach.



From the CLG Fire Safety Risk Assessment Offices and Shops Guidance



**Fire Risk Assessment Template**

This template has been provided to assist the Responsible Person with the preparation of a Fire Risk Assessment and is not intended for commercial profit or gain. It may not be suitable for use in some large or complex premises.

Whilst every care has been taken to ensure the adequacy and suitability of this template, the London Fire Brigade accepts no responsibility for any content added, edited or deleted by the user. Use of this template will not automatically guarantee the completed risk assessment will be regarded as “suitable and sufficient”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Responsible Person**  *(Employer or other person having control of the relevant premises)* | |  | | |
|  | | | | |
| **Address of Premises** | |  | | |
| **Postcode** | |  | | |
|  | | | | |
| **Assessor:** | |  | | |
|  | | | | |
| **Date of Fire Risk Assessment** | |  | | |
|  | | | | |
| This risk assessment should be reviewed annually or at such earlier time as there is reason to suspect that it is no longer valid or there has been a significant change in the matters to which it relates. | | | | |
|  | | | | |
| **Subsequent Review Dates** | | | | |
| **Reviewed by** |  | | **Date** |  |
| **Reviewed by** |  | | **Date** |  |
| **Reviewed by** |  | | **Date** |  |

**General Information**

|  |  |
| --- | --- |
| **The Premises** | |
|  | |
| **Number of floors in building:**  *(To include basements)* |  |
|  | |
| **Approximate floor area:** (m²)  (To include all floors of responsibility) |  |
|  | |
| **Brief details of construction:**  *(Date of construction, brick, timber, purpose built or converted)* |  |
|  | |
| **Primary usage:** *(e.g. Hotel, Shop)* |  |
| **Secondary usage:** *(e.g. Kitchen, Bar, Function Room, Offices)* |  |
|  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Occupancy Profile** | | | | | | | | |
| Maximum number of persons in the **most highly occupied compartment** to be affected by an uncontrolled fire within 30 minutes, assuming no evacuation. | WEEKDAYS | | | WEEKENDS | | | | |
| 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 | | |  | |
| Enter range – A= <20, B=20-49, C=50-99, D=100-1000, E=>1000, 0= None | | | | | | | |
| Description of Occupants | Mobility Issues |  | Average Mobility | |  | Vulnerability Issues | |  |

|  |  |
| --- | --- |
| **Occupants Especially At Risk From Fire** | |
|  | |
| **Sleeping occupants** *(Details of numbers - public/staff)* |  |
|  | |
| **Disabled occupants** *(Personal Emergency Evacuation Plans in use when necessary)* |  |
|  | |
| **Occupants in remote areas** *(Lone working/isolated areas)* |  |
|  | |
| **Young person’s** *(Individual Risk Assessment provided for those persons under 16 years of age)* |  |
|  | |
| **Others** *(Details of Elderly/Infirm/Mental Ability)* |  |
|  | |
| **Visitors** |  |
|  | |
| **Occupants whose first language is not English** |  |
|  | |

**Identified Fire Hazards**

**And Primary Control Measures**

Note: On the following pages, no matter what the response, please add further details in the boxes below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Electrical Sources Of Ignition** | | | | |
| Measures taken to prevent fires of electrical origin. | | | | |
|  | | | | |
| Fixed installation periodically inspected and tested? (e.g. every 5 years) | | | | **YES / NO** |
| Portable appliance testing carried out on a risk assessed basis? | | | | **YES / NO** |
| Suitable policy in place regarding the use of personal electrical appliances? | | | | **YES / NO** |
| Suitable limitation and management of trailing leads and adaptors? | | | | **YES / NO** |
|  | | | | |
| **Identified Hazards** | **Existing Control Measures** | | **Are there any improvement recommendations** | |
|  |  | |  | |
| **Deficiencies:** | | **Remedial Action Required:** | | |
| **General Comments:** | |  | | |

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| --- | --- | --- | --- | --- | --- |
| **Smoking** | | | | | |
| Measures taken to prevent fires as a result of smoking. | | | | | |
|  | | | | | |
| Smoking prohibited in the building? | | | | | **YES / NO** |
| Smoking permitted in appropriate areas? | | | | | **YES / NO** |
| Suitable arrangements for those who wish to smoke? | | | | | **YES / NO** |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | |  | | | |

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| --- | --- | --- | --- | --- | --- |
| **Arson/Deliberate Ignition** | | | | | |
| Basic security against arson by outsiders or other persons appears reasonable.  *If specific advice on security (including security against arson) is required, the advice of a security specialist should be obtained.* | | | | | **YES / NO** |
|  | | | | | |
| Is there the potential for fire load/combustibles in close proximity to the premises available for ignition by outsiders? | | | | | **YES / NO** |
|  | | | | |  |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | |  | | | |

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| --- | --- | --- | --- | --- | --- |
| **Portable Heaters** | | | | | |
| Portable heaters are used within the premises. | | | | | **YES / NO** |
|  | | | | | |
| Is the use of the more hazardous type (ie radiant bar fires or LPG appliances) avoided? | | | | | **YES / NO** |
| Are suitable measures taken to minimise the hazard of ignition of combustible materials due to these heaters? | | | | | **N/A / YES / NO** |
|  | | | | |  |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | | | | | |

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| **Fixed Heating Installations** | | | | | |
| Fixed heating installations such as boilers are used within the premises. | | | | | **YES / NO** |
|  | | | | | |
| Are fixed heating installations subject to regular maintenance? | | | | | **N/A / YES / NO** |
| Are suitable measures taken to minimise the hazard of ignition of combustible materials due to these heaters? | | | | | **N/A / YES / NO** |
|  | | | | |  |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Cooking** | | | | | |
| Measures taken to prevent fires as a result of cooking. | | | | | |
|  | | | | | |
| Filters cleaned or changed and ductwork cleaned regularly? | | | | | **N/A / YES / NO** |
| Suitable extinguishing appliances available? (e.g. Fire blanket, Wet Chemical etc) | | | | | **N/A / YES / NO** |
| Suitable Shut Down Procedures in place? | | | | | **N/A / YES / NO** |
|  | | | | |  |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Lightning** | | | | | |
| The building has a lightning protection system. | | | | | **YES / NO** |
|  | | | | | |
| Is the lightning protection system subject to a suitable maintenance regime? | | | | | **N/A / YES / NO** |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | | | | | |

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| **Dangerous Substances** | | | | | |
| Dangerous substances are, or could be used or stored, within the premises?  ***(i.e. Substantial quantities of alcohol, white spirits, other flammable liquids or materials)*** | | | | | **N/A / YES / NO** |
|  | | | | | |
| A risk assessment has been carried out as required by the Dangerous Substances and Explosive Atmospheres Regulations 2002? | | | | | **N/A / YES / NO** |
| Stored in suitable areas and containers away from potential sources of ignition, to include issues of chemical reactivity and compatibility. | | | | | **N/A / YES / NO** |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Housekeeping** | | | | | |
| Standards of housekeeping. | | | | | |
|  | | | | | |
| Combustible materials appear to be separated from ignition sources? | | | | | **YES / NO** |
| Appropriate storage of hazardous materials? | | | | | **N/A / YES / NO** |
| Escape routes kept clear of any combustibles? (Storage /furniture) | | | | | **YES / NO** |
| Appropriate measures for the safe storage and disposal of waste? | | | | | **YES / NO** |
|  | | | | |  |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazards Introduced By Contractors And Building Works** | | | | | | | | | |
| Fire safety conditions have been imposed on both external contractors and  in-house maintenance staff? | | | | | | | | | **YES / NO** |
|  | | | | | | | | | |
| Is there satisfactory control over works including use of hot work permits, where appropriate, carried out in the building by external contractors?  Give details: | | | | | | | | | **YES / NO** |
| If there are in-house maintenance personnel, are suitable precautions taken during works carried out by them, including use of hot work permits, where appropriate?  Give details: | | | | | | | | | **N/A / YES / NO** |
|  | | | | | | | | | |
| **Identified Hazards** | | **Existing Control Measures** | | | | **Are there any improvement recommendations** | | | |
|  | |  | | |  | | | | |
| **Deficiencies:** | | | **Remedial Action Required:** | | | | | | |
| **General Comments:** | | | | | | | | | |
| **Other Significant Fire Hazards That Warrant Consideration** | | | | | | | | | |
| Are there any other fire hazards that warrant consideration within the premises?  *(This to include any fire hazards from any process; heat producing, spark or friction generating, chemical or other process which has the capacity to ignite, create excessive or rapid heat or generate oxidising or flammable gas)* | | | | | | | | | **YES / NO** |
|  | | | | | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | | | | | **Are there any improvement recommendations** | |
|  |  | | | | | |  | | |
| **Deficiencies:** | | | | **Remedial Action Required:** | | | | | |
| **General Comments:** | | | |  | | | | | |

**Arrangements for Evacuation**

|  |  |
| --- | --- |
| **Evacuation Strategy** | |
| Typical evacuation strategies within the premises are likely to involve one or more of the following arrangements.  **State which evacuation plan has been adopted.** | |
|  | |
| **Single Stage Evacuation**  It is reasonably expected that all relevant persons in the premises are able to (and will) evacuate immediately to a place of total safety. | **YES / NO** |
| **Progressive Horizontal Evacuation**  Relevant persons are dependant on staff to assist with their escape.  Provisions have been made to move such persons from an area affected by fire, through a fire resisting barrier to an adjoining fire protected area on the same level, where they can wait in a place of safety whilst the fire is dealt with, or await further evacuation down a protected route to total safety.  **NOTE - Progressive Horizontal Evacuation is subject to the following**  Protected areas should be designed to provide:  • Sufficient capacity to accommodate the number of occupants who will need to use them. For this purpose a protected area should be sufficient capacity to accommodate its normal occupants and the occupants of the largest adjoining protected area.  • Progressive movement away from a fire via sequential adjoining protected areas.  • Means for escape via stairway(s) should this become necessary.  The number and size of the protected areas depends on a number of factors:  • the time it will take to evacuate people from the area of a fire to an adjacent protected area;  • the number of people to be evacuated;  • the level of any mobility impairment;  • the number of staff to assist in evacuation;  • the fire protection arrangements;  • layout of the premises; and  • location and number of staircases; | **YES / NO** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Delayed Evacuation**  Relevant persons are dependant on staff to assist with their escape however it is not desirable or practical to evacuate persons (e.g. due to medical conditions or treatments). Such persons may remain within their rooms whilst the fire is dealt with and the danger has passed.  **NOTE - Delayed Evacuation is subject to the following**  Bedrooms to be enclosed in an enhanced level of fire-resisting construction (protected bedrooms).  A protected bedroom should be of 60 minute fire-resisting construction and the door should be fire-resisting and fitted with a self-closing device. In addition the escape route from the protected bedroom(s) to the adjoining protected areas, refuge or final exit (including any stairway) will also require an increased level of fire protection to allow access for staff to assist with subsequent evacuation from the protected bedroom(s). If necessary the door may be fitted with electromechanical hold-open or free swing devices that operate immediately the fire alarm actuates.  If provision of such fire resistance is not possible, you may be able to show through your risk assessment that alternative measures to limit the growth and spread of the fire are appropriate, such as an automatic fire suppression system supported by robust staff response procedures.  Any resident who is initially left in a fire protected bedroom should be accompanied by a carer. As such, the total number of residents awaiting evacuation in protected bedrooms should be less than the number of staff on duty. It is imperative that if some less able residents are left in protected bedrooms to await evacuation, then other staff know which rooms have been evacuated and those which still contain residents and where necessary are able to notify the fire and rescue service when they arrive.  Arrangements for delayed evacuation should only be based on a pre-planned basis. | | | | | **YES / NO** |
|  | | | | | |
| Written copies of Evacuation Procedures are located as follows: | | | | | |
|  | | | | | |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | |  | | | |

**Provision of Elements of Fire Safety as Secondary Control Measures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Means Of Escape** | | | | | |
| It is considered that the premises are provided with reasonable means of escape in case of fire. Identify the means of evacuation and attach a plan. (This can be a hand drawn plan). | | | | | **YES / NO** |
|  | | | | | |
| Adequate design of escape routes? | | | | | **YES / NO** |
| Reasonable distances of travel when: | | | | | |
| Where there is escape in a single direction? State the distance of . . maximum travel. | | | | | **YES / NO** |
| Where there are alternative means of escape? State the distance of . . maximum travel. | | | | | **YES / NO** |
| Suitable protection of escape routes? (Fire resisting construction) | | | | | **YES / NO** |
| Adequate provision of exits? State the capacity of each exit. | | | | | **YES / NO** |
| Exits easily and immediately open-able where necessary without the use of a key? | | | | | **YES / NO** |
| Escape routes unobstructed? | | | | | **YES / NO** |
| It is considered that the premises are provided with reasonable arrangements for means of escape for disabled people? Describe the arrangements below. | | | | | **YES / NO** |
|  | | | | |  |
| Does the evacuation plan fit with the floor space factors? | | | | | **YES / NO** |
| Identify dead end corridors. Are the appropriately covered? | | | | | **YES / NO** |
| Identify inner rooms. Are the appropriately covered? | | | | | **YES / NO** |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | | |
|  |  | |  | | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | | |
| **General Comments:** | |  | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Measures To Limit Fire Spread And Development** | | | | | |
| It is considered that there is: | | | | |  |
|  | | | | | |
| Compartmentation of a reasonable standard. (Fire resisting) Identify compartmentation. | | | | | **YES / NO** |
| Reasonable limitation of linings that may promote fire spread. (Walls and ceilings) | | | | | **YES / NO** |
| As far as can be reasonable ascertained, fire dampers are provided in ducts or vents as necessary to protect critical means of escape routes against passage of fire, smoke and combustion products in the early stages of a fire? | | | | | **N/A / YES / NO** |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Emergency Escape Lighting** | | | | | |
| It is considered that there is a reasonable standard of emergency escape lighting to ensure safe use of escape routes complying to BS5266? | | | | | **YES / NO** |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | |  | | | |

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| --- | --- | --- | --- | --- | --- |
| **Fire Safety Signs And Notices** | | | | | |
| It is considered that there is a reasonable standard of fire safety signs and notices? This to include fire exit, fire resisting door and hazard signage. The signage should comply to Health & Safety (Signs and signals) Regulations BS1996 | | | | | **YES / NO** |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | |  | | | |

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| --- | --- | --- | --- | --- | --- |
| **Means Of Giving Warning In Case Of Fire** | | | | | |
| Reasonable manually operated fire warning system provided? | | | | | **YES / NO** |
| If yes give details: (e.g. Break glass call points, fire bell, air horn, klaxon etc) | | | | | |
|  | | | | | |
| Automatic fire detection provided?  If yes, to what Standard? (e.g. BS 5839 Part 1Grade L1/L2 etc.)  .................................................................................................. | | | | | **N/A / YES / NO** |
| Throughout Premises | | | | | **YES / NO** |
| Part of Premises only | | | | | **YES / NO** |
| Extent of automatic fire detection generally appropriate for the occupancy and fire risk? | | | | | **YES / NO** |
| Remote transmission of alarm signals to a monitoring station or other? | | | | | **YES / NO** |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | | | | | |

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| **Manual Fire Extinguishing Appliances** | | | | | |
| Reasonable provision of portable fire extinguishers? | | | | | **YES / NO** |
| Are all fire extinguishing appliances readily accessible and unobstructed?  (i.e. mounted on walls or on appropriate bases) | | | | | **YES / NO** |
| Is suitable wall signage provided relevant to extinguisher? | | | | | **YES / NO** |
| Are hose reels provided? | | | | | **YES / NO** |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | |  | | | |

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| **Relevant Automatic Fire Extinguishing Systems** | | | | | |
| Type of fixed system and location: (sprinklers/misting systems or gas suppression systems, etc.) | | | | | **N/A / YES / NO** |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Other Relevant Fixed Systems And Equipment** | | | | | |
| Type of fixed system and location:(i.e. Dry/wet risers, fireman’s lift control, smoke ventilation, smoke curtains etc.) | | | | | **N/A / YES / NO** |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Firefighter Switch – High Voltage Luminous Tube Signs Etc.** | | | | | |
| Suitable provision of fire fighters switch(s) for high voltage luminous tube signs, etc. (to include location)? | | | | | **N/A / YES / NO** |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | | | | | |

**Management of Fire Safety**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Procedures And Arrangements** | | | | | | |
| Fire safety is managed by: | |  | | | | |
| Deputy or assistant: | |  | | | | |
| Are competent person(s) appointed to assist in undertaking the preventative and protective measures (i.e. relevant general fire precautions)?  State name and responsible element of fire safety  ............................................ ......................................................................  ............................................ ......................................................................  ............................................ ...................................................................... | | | | | | **YES / NO** |
| Is there a suitable record of the fire safety arrangements? | | | | | | **YES / NO** |
| Appropriate fire procedures in place? | | | | | | **YES / NO** |
| Are procedures in the event of a fire appropriate and properly documented? | | | | | | **YES / NO** |
| Are there suitable arrangements for summoning the Fire and Rescue Service? | | | | | | **YES / NO** |
| Are there suitable arrangements to meet the F&RS on arrival and provide relevant information, including that relating to hazards to fire fighters? | | | | | | **YES / NO** |
| Is there a plan of the building available indicating basic layout and any areas of significant risk? | | | | | | **YES / NO** |
| Are there suitable arrangements for ensuring that the premises have been evacuated? | | | | | | **YES / NO** |
| Is there a suitable fire assembly point(s)? | | | | | | **YES / NO** |
| Are there adequate procedures for evacuation of any disabled people who are likely to be present? | | | | | | **YES / NO** |
| Persons nominated and trained to assist with evacuation, Including evacuation of disabled people? | | | | | | **YES / NO** |
| Appropriate liaison (if necessary) with Fire and Rescue Service Rescue Service crews visiting for familiarisation visits? | | | | | | **YES / NO** |
| Routine in-house inspections of fire precautions (e.g.  in the course of health and safety inspections)? | | | | | | **YES / NO** |
| **Identified Hazards** | **Existing Control Measures** | | | | **Are there any improvement recommendations** | |
|  |  | | |  | | |
| **Deficiencies:** | | | **Remedial Action Required:** | | | |
| **General Comments:** | | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Training And Drills** | | | | | | |
| Fire safety training is managed by: | | |  | | | |
| Deputy or assistant: | | |  | | | |
| Are all staff given adequate fire safety instruction and training on induction? | | | | | | **YES / NO** |
| Are all staff given adequate periodic ‘refresher’ training at suitable intervals?  If yes, at what intervals? | | | | | | **YES / NO** |
| Are all staff with special responsibilities (e.g. fire wardens and staff who assist with disabled people) given additional training? | | | | | | **YES / NO** |
| Does all training for staff provide information, instruction or training on the all the following (If no, indicate which one/s in the deficiencies boxes below): | | | | | | |
| Fire risks in the premises?  The general fire precautions in the building?  Action in the event of a fire?  Action on hearing the fire alarm signal?  Method of operation of manual call points?  Location and use of fire extinguishers?  Means for summoning the fire and rescue service?  Identity of persons nominated to assist with evacuation?  Identity of persons nominated to use fire extinguishing appliances? | | | | | | **YES / NO** |
|  | | | | | |  |
| Are fire drills carried out at appropriate intervals and a record of such drills maintained? | | | | | | **YES / NO** |
| Is there sufficient and adequate channels of communication of fire safety information between employer and employee (e.g. Health & Safety meetings, notice boards etc.) | | | | | | **YES / NO** |
|  | | | | | | |
| When the employees of another employer work in the premises, are they provided with adequate instructions and given appropriate information  (e.g. on fire risks and fire safety measures)? | | | | | | **YES / NO** |
| Is there adequate co-operation and co-ordination between different Responsible Persons (Multi-Occupancy) to ensure compliance with the Fire Safety Order? | | | | | | **N/A / YES / NO** |
|  | | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | | **Are there any improvement recommendations** | |
|  |  | | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | | |
| **General Comments:** | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Testing And Maintenance** | | | | | | |
| Testing and Maintenance is managed by: | | |  | | | |
| Deputy or assistant : | | |  | | | |
| Adequate maintenance of workplace? | | | | | | **YES / NO** |
| Weekly testing and periodic servicing of fire detection and alarm system to include ancillary equipment (e.g. door hold open devices, door locks etc) | | | | | | **YES / NO** |
| Monthly and annual testing routines for emergency escape lighting? | | | | | | **N/A / YES / NO** |
| Annual maintenance of fire extinguishing appliances? | | | | | | **YES / NO** |
| Periodic inspection of external escape staircases and gangways? | | | | | | **N/A / YES / NO** |
| Six monthly inspection and annual testing of rising mains? | | | | | | **N/A / YES / NO** |
| Weekly and monthly testing, six monthly inspection and annual testing of fire fighting lifts? | | | | | | **N/A / YES / NO** |
| Weekly testing and periodic inspection of sprinkler installations? | | | | | | **N/A / YES / NO** |
| Routine checks of final exit doors and/or security fastenings? | | | | | | **YES / NO** |
| Annual inspection and testing of lightning protection system? | | | | | | **N/A / YES / NO** |
| Other relevant inspections or tests: | | | | | |  |
|  | | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | | **Are there any improvement recommendations** | |
|  |  | | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | | |
| **General Comments:** | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recording** | | | | | |
| Appropriate records held for: | | | | | |
| Fire drills? | | | | | **YES / NO** |
| Fire training? | | | | | **YES / NO** |
| Fire alarm tests? | | | | | **N/A / YES / NO** |
| Emergency escape lighting tests? | | | | | **N/A / YES / NO** |
| Maintenance and testing of other fire precaution systems? | | | | | **N/A / YES / NO** |
| Location of Records: (Available for inspection by Fire Authority if required)  Give Details: | | | | |  |
|  | | | | | |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
|  |  | |  | | |
| **Deficiencies:** | | **Remedial Action Required:** | | | |
| **General Comments:** | | | | | |

|  |  |
| --- | --- |
| **Priority** | **Meaning** |
| **High** | Immediate priority to be actioned within 24 hours to 8 weeks  *Breaches of legal requirements, which could cause injury and require immediate short term action. Also includes matters that can be resolved at minimal cost* |
| **Medium** | Medium priority to be actioned within 2-6 months  *Breaches in legislation that may require medium/long term action to resolve* |
| **Low** | Low priority to be actioned within 6 months-1year   1. *Items of non urgent priority or for future consideration* |

**Deficiencies and recommendations identified earlier within this risk assessment should be copied into the following Action Plan and appropriate action taken.**

| **Significant Findings – Action Plan** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **No** | **Action to be Taken** | **Priority** | **Target Completion Date** | **Action by** | **Date Action Completed** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Examples**

**Identified Fire Hazards and Primary Control Measures**

It is important that each section is completed, including the identified hazards, existing control measures, and if any additional control measures are subsequently required. The CLG guidance documents will assist in the identification of most generic hazards and control measures which may be relevant to your premises.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ELECTRICAL SOURCES OF IGNITION** | | | | | |
| 1. Fixed installation periodically inspected and tested? (Every 5 years) | | | | | **NO** |
| 2. Portable appliance testing carried out on a risk assessed basis? | | | | | **YES** |
| 3. Suitable policy in place regarding the use of personal electrical appliances? | | | | | **YES** |
| 4. Suitable limitation and management of trailing leads and adaptors? | | | | | **YES** |
| **Identified Hazards** | **Existing Control Measures** | | | **Are there any improvement recommendations** | |
| 2.Portable electrical equipment  3. Personal equipment  4. Management | All items over 12 months PAT tested annually  Staff prohibited from using personal equipment  Maintenance Team inspect all leads, adaptors and plugs periodically  Staff instructed to visually check leads and cables periodically | | Provision of cable trays? | | |
| **Deficiencies:**  1. Unable to determine when fixed installations were last tested by a competent person. | | **Remedial Action Required:**  Fixed installations may require inspecting | | | |

**Action Plan**

This section should be used to make a written record of any additional action/control measures identified when carrying out the initial or subsequent review of your Fire Risk Assessment. (i.e. - a things to do list!)

Remedial action should be prioritised accordingly and remedied as necessary.

Please note, Fire Inspecting Officers focus on this section to determine whether any issues they may identify during any subsequent fire safety audit, have previously been identified during the original risk assessment and suitable steps taken to remedy by the Responsible Person.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SIGNIFICANT FINDINGS – REMEDY ACTION PLAN | | | | | |
| No | Action to be Taken | Priority | Target Completion Date | Action by | Date Action Completed |
| 1 | Fixed installations require inspecting | LOW |  | Maintenance Person |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |