

**Freedom of Information request reference number:** 8979.1

**Date of response:** 17/09/2024

**Request:**

In relation to the open air theatre in Regents Park pls tell me: How often have you attended in the last 5 years and the result of each call. Pls provide a copy of the most recent report and recommendations for fire and safety you have completed there.

**Response:**

LFB have attended the Open Air Theatre, Regent's Park, NW1 4NU a total of 8 times between 2019 and 2024. Please see below for a table of the incidence data.

Please see below for a copy of the most recent Fire Audit report. The report was completed on the 24 August 2009. The outcome of the Audit was *verbal action* and a Peak Activity Inspection (PAI) to be completed annually. Personal data has been redacted under [section 40 of the FOIA – Personal Information](#).

We have dealt with your request under the Freedom of Information Act 2000. For more information about this process please see the guidance we publish about making a request on our website: <https://www.london-fire.gov.uk/about-us/transparency/request-information-from-us/>



LONDON FIRE BRIGADE

London Fire Brigade Headquarters  
169 Union Street London SE1 0LL  
T 020 8555 1200 F 020 7960 3602  
Textphone 020 7960 3629  
london-fire.gov.uk

Type	Address	Postcode	Date	Description
Special Service	OPEN AIR THEATRE, INNER CIRCLE, REGENTS PARK, LONDON, CITY OF WESTMINSTER, NW1 4NU	NW1 4NU	24/06/2024	Assistance to other agencies
False Alarm	OPEN AIR THEATRE, INNER CIRCLE, REGENTS PARK, LONDON, CITY OF WESTMINSTER, NW1 4NU	NW1 4NU	25/01/2023	AFA
False Alarm	OPEN AIR THEATRE, INNER CIRCLE, REGENTS PARK, LONDON, CITY OF WESTMINSTER, NW1 4NU	NW1 4NU	15/03/2019	
False Alarm	OPEN AIR THEATRE, INNER CIRCLE, REGENTS PARK, LONDON, CITY OF WESTMINSTER, NW1 4NU	NW1 4NU	06/04/2023	AFA
False Alarm	OPEN AIR THEATRE, INNER CIRCLE, REGENTS PARK, LONDON, CITY OF WESTMINSTER, NW1 4NU	NW1 4NU	10/08/2024	False alarm - Good intent
Station Visit	OPEN AIR THEATRE, INNER CIRCLE, REGENTS PARK, LONDON, CITY OF WESTMINSTER, NW1 4NU	NW1 4NU	16/04/2019	7(2)d Inspection
False Alarm	REGENTS PARK THEATRE LTD, OPEN AIR THEATRE, INNER CIRCLE, REGENTS PARK, LONDON, CITY OF WESTMINSTER, NW1 4NU	NW1 4NU	15/07/2019	AFA
False Alarm	REGENTS PARK THEATRE LTD, OPEN AIR THEATRE, INNER CIRCLE, REGENTS PARK, LONDON, CITY OF WESTMINSTER, NW1 4NU	NW1 4NU	12/08/2020	AFA

**LONDON FIRE BRIGADE – FIRE SAFETY REGULATION  
 PREMISES INSPECTION AND DATA COLLECTION FORM**

**SECTION 1 – FARYNOR DATA COLLECTION**

TO BE UPDATED AT EACH INSPECTION

(SHADDED FIELDS ARE MANDATORY – (R) INDICATES FARYNOR DROP DOWN ITEM)

LOCATION DATA (complete ONCE for the location/building) Date Completed: 24/08/09

1 LOCATION DETAIL TAB			2 PROTECTION TAB (Cont)		
UPRN			Automatic Fire Detection		
File no:	011-013372		SMOKE		
Building Name:			STANDARD		
Address:	OPEN AIR THEATRE THREE STAGE KINGS CROSS LONDON WC1A 1AL		Remotely Monitored: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
			BS Compliance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
			Smoke Ventilation NONE		
	WEXHAMSTER		None		
	SW		None		
	AZB SYSTEM		BS Compliance: Y <input type="checkbox"/> N <input type="checkbox"/>		
Risk Score	(auto complete)		Sprinklers NONE		
JIC Code(s) (checked by AFD):			None		
No. of Floors:	TOTAL 2	BASEMENT 0	None		
Floor area (m <sup>2</sup> ):	TOTAL 1300	AVERAGE 650	% Covered: /		
No. of Protected Staircases:	0		Domestic Premises: Y <input type="checkbox"/> N <input type="checkbox"/>		
No. of Beds:	0		BS Compliance: Y <input type="checkbox"/> N <input type="checkbox"/>		
% Open plan:	90		General		
Special features:	NONE		Fire Instructions Displayed: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		
Additional Detail: (free text)			Fire Drills/Staff Training: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Reinspection Date: (auto complete)			Brigade Access for Fire Appliances: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Heritage Building: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			Special Features/Risks: (free text)		
Post-tension Redevelopment: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			No. of Firefighting Shafts: NONE		
Firefighter Risk: MEDIUM			BS Applies: Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>2 PROTECTION TAB</b>			Engineering Solution Applies: Y <input type="checkbox"/> N <input type="checkbox"/>		
Fire alarm			Trade Off Measures: Y <input type="checkbox"/> N <input type="checkbox"/>		
Alarm system:	ACA & AFD		Other Legislation Applicable: (free text)		
Alarm system Manufacturer:	STANDARD		LICENSING 2003		
BS Compliance:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		<b>3 ALIAS TAB</b>		
Material Deviations from Brigade preferred standard:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Address:		
Alarm system type:	B/G LABS				
Alarm system type:	SIREN				
Alarm system type:	MMS				

4 PROPERTY DETAIL TAB			6 CONTACTS TAB (use additional sheets if necessary)		
Location (file no.): 01/013371			Site Status: ON SITE REP		
UPRN:			Sole Supplier Risk		
Occupier Contact (auto complete)			Name: NELL SHARPE/OPEN THEATRE COMPANY		
Address: OPEN AIR THEATRE INNER CIRCLE ABBEY PARK LONDON NW1 4NR			Responsible Person		
Use: (auto complete)			Position: G.M.		
Reinspection Date: B. Medium 5%			Address: OPEN AIR THEATRE INNER CIRCLE ABBEY PARK LONDON NW1 4NR		
Total Capacity: 1400			Telephone:		
Floor Capacity: 1333			Fax:		
Non Ambulant: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			E-mail: [REDACTED]@OAT.com		
Fire Alarm: 24 hr			Website URL:		
Flammable Material			<b>7 ABSTRACTS TAB (use additional sheets if necessary)</b>		
Stored: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			ABSTRACT TYPE: INFRINGEMENT		
Type/Quantity: (free text) LPG Cylinder stored on site x 5. Extremely stand correctly with signage			Date of Infringement		
Next PAI due			Prohibit/Restrict Date		
Exceptional Value: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			Prosecution Date		
<b>5 PEOPLE AT RISK TAB</b>			ABSTRACT TYPE: LICENSING		
Time Band			Date issued:		
00:00 - 04:00			Risk Assessment Req'd: Y <input type="checkbox"/> N <input type="checkbox"/>		
04:00 - 08:00			Date Withdrawn:		
08:00 - 12:00			ABSTRACT TYPE: RAILWAY PREMISES		
12:00 - 16:00			Railway Premises: Y <input type="checkbox"/> N <input type="checkbox"/>		
16:00 - 20:00			Data Protection Act 1998: The information given on this form will be processed by London Fire Emergency Planning Authority for the purpose of fire and emergency planning and control. We will keep your data secure and will not disclose this to other organisations or third parties except contractors or suppliers working on our behalf without your permission unless we are legally required to do so. For more information about how we use your personal information, see our notification entry (L/22458) <a href="http://www.information.com">www.information.com</a> or visit <a href="http://www.information.com">www.information.com</a> or visit <a href="http://www.london-fire.gov.uk">www.london-fire.gov.uk</a>		
20:00 - 24:00			Continuation (use this box to continue free text field if there is insufficient space) A SFS_A020_a2a will be sent to A23 bus to inform them of the LPG on site.		

\*Notify station using SFS\_A020\_a2a if they are unaware of risk



**SECTION 3 – SCORING SHEETS**

**SCORING SHEET A - RISK CRITICAL ISSUES**

Score from only ONE risk group based on the FSEC code for the premises.  
 Check the box against the relevant score in left column as appropriate. Use right column to recalculate score if follow up visit carried out.

Article Number & level of risk	Sleeping Unfamiliar <input type="checkbox"/>	Sleeping Familiar <input checked="" type="checkbox"/>	Public Unfamiliar <input type="checkbox"/>	Workplace Familiar <input type="checkbox"/>	Comment (number(s) from Section 2 (May be against one or more headings.) If a cell is checked, or not applicable enter N/C or N/A. Do not score zero)
	FSEC: A, B, C, E, F, H	FSEC: D, G, L	FSEC: J, K, M, N, P	FSEC: S, R, T	
8 Major	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 8	<input type="checkbox"/> 5	General duty
8 Minor	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 4	<input type="checkbox"/> 3	
8 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
9 Major	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	Risk assessment
9 Minor	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
9 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
10 Major	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Fire Prevention
10 Minor	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
10 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
11 Major	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Management
11 Minor	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
11 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
12 Major	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Risk Dangerous Subst
12 Minor	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
12 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
13 Major	<input type="checkbox"/> 26	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	Detection and Warning
13 Minor	<input type="checkbox"/> 10	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
13 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
14 Major	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 20	<input type="checkbox"/> 13	Means of escape
14 Minor	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 8	<input type="checkbox"/> 5	
14 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
15 Major/Minor	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Procedures in imminent danger
15 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
17 Major	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 10	<input type="checkbox"/> 8	Maintenance
17 Minor	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 5	<input type="checkbox"/> 4	
17 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
21 Major	<input type="checkbox"/> 6	<input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Training
21 Minor	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
21 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
38 Major/Minor	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Firefighters measures HIA
38 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
Subtotal A (Carry to Sheet B)		5			

**SCORING SHEET B – LESS RISK CRITICAL ISSUES**

Score from only ONE risk group based on the FSEC code for the premises.  
 Check the box against the relevant score in the column as appropriate. Use right column to recalculate score if follow up visit carried out.

Article Number	Sleeping Unfamiliar <input type="checkbox"/> 1 <input type="checkbox"/> 0 FSEC: A, B, C, E, F, H	Sleeping Familiar <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 0 FSEC: D, G, L	Public Unfamiliar <input type="checkbox"/> 1 <input type="checkbox"/> 0 FSEC: J, K, M, N, P	Workplace Familiar <input type="checkbox"/> 1 <input type="checkbox"/> 0 FSEC: S, R, T	Comment number(s) from Section 2: (May be against one or more headings). If A, T, U, or V are not ticked and 0 is applicable enter N/C or N/A in the score box.
13 Non Compliant	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Fire Fighting Equipment
13 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
16 Non Compliant	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Dangerous Substances <b>N/A</b>
16 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
18 Non Compliant	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Safety Assistance
18 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
19 Non Compliant	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Info to employees
19 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
20 Non Compliant	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Info to other employers <b>3</b>
20 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
22 Non Compliant	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Co-operation of the fire nation <b>N/A</b>
22 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
23 Non Compliant	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Employee duties
23 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
37 Non Compliant	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Lubricant signs <b>N/A</b>
37 Broadly Compliant	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
Subtotal B		1			
Subtotal (from Sheet A)		5			
<b>TOTAL SCORE</b> (to corresponding compliance level below)		6			

Compliance level and initial enforcement expectation – tick relevant box.

Score 0-25 Compliance Level 1	Score 26-35 Compliance Level 2	Score 36-45 Compliance Level 3		Score 46-55 Compliance Level 4	Score 56+ Compliance Level 5
Verbal Action <input checked="" type="checkbox"/>	Notification of Fire Safety Deficiencies <input type="checkbox"/>	36-40 Letter	41-45 Notice	Enforcement notice <input type="checkbox"/>	Enforcement notice & consider prosecution <input type="checkbox"/>

Compliance level provides score (1 to 5) to Fire Safety Management (Compliance Weighting Score) on the Online Relative Risk Score Calculator.

**SECTION 4 - AUDIT CONCLUSION**

**NOTES OF END OF AUDIT DISCUSSION WITH RESPONSIBLE PERSON / PREMISES REPRESENTATIVE**

<ul style="list-style-type: none"> <li>Record of Discussion</li> <li>Further Action</li> <li>Extent of Audit</li> </ul> <p><b>If considering a prosecution, the responsible person should be made aware at this stage.</b></p>	<p>Met with [REDACTED] G.M.</p> <p>FRA in place and available. Discussed additional information to be added concerning details of the permit and M.E.R. Emergency Plan also discussed with advice given. Within six, fire started to be notified. Premises in generally in good order. All of structure inspected including dressing rooms. No further action required.</p>
Name & Address for advice of documents	<p>[REDACTED] G.M.</p> <p>OPEN AND TOWNERS 114000 CIRCLE REMENTS MAE 1042000 1041442</p>
Signature of Inspector	<p>[REDACTED]</p> <p>Name: [REDACTED] Date: 24/08/09</p>
Signature of Premises Representative	<p>Name: [REDACTED] Date:</p> <p>(If unable to sign, enter name of representative close to with to sign, enter 'Deputy')</p> <p>[REDACTED] (N available at completion)</p>

**Confirmed enforcement activity after application of Enforcement Management Model (EMM) principles (apply responsible person & strategic factors unless compliance level is 1) and any exceptional deviation from confirmed enforcement activity (if applicable - justify below).**

Verbal Action	Notification of Fire Safety Deficiencies	Enforcement Notice	Enter name, Notice & conclude prosecution	Tick to confirm application of EMM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Reason for exceptional deviation (if any) and Team Leader comment:

Consultation required with local authority on structural requirements	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Consultation required with other authority (specify e.g. English Heritage, Church Authority etc)		
Time allowed for completion of works		
PAI Recommended (See SFS Note C050 a1)	<input checked="" type="checkbox"/> One per year	<input type="checkbox"/> Two per year
Reason for Peak Activity Inspection recommendation and Team Leader comment:	<p>Due to the number of persons frequenting the premises I recommend a yearly PAI.</p>	

Do these premises contain a risk to operational personnel? (e.g. dangerous substances, radiation, high voltages, complex/unusual layout, engineered solutions, firefighting provisions, turn tables etc.)	YES	NO
IF YES NOTIFY STATION USING SFS, A020, a2a & consider recording Firefighter Risk as "High" on Section 1 and Fanyor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Signature of Team Leader	Name:	Date:
(Following Management Review where necessary)		

Revised Compliance Level following completion of Enforcement Activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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If there is insufficient space in any section of this form use FS01\_09a continuation sheet.