**CHURCH FIRE RISK ASSESSMENT FORM**

|  |  |  |
| --- | --- | --- |
| ASSESSMENT CONDUCTED BY | ASSESSMENT DATE | NEXT ASSESSMENT DUE |
|  |  |  |

LOCATION INFORMATION

|  |  |
| --- | --- |
| CHURCH NAME |  |
| CHURCH ADDRESS |  |
| POINT OF CONTACT NAME |  |
| CONTACT INFORMATION |  |

BUILDING INFORMATION

|  |  |  |
| --- | --- | --- |
| NUMBER OF FLOORS | SIZE OF FLOOR AREA | MAXIMUM OCCUPANCY OF CHURCH |
|  |  |  |

|  |  |
| --- | --- |
| Service Days and Hours |  |
| Construction Details*e.g., building and flooring materials* |  |
| Other |  |

OCCUPANT INFORMATION

|  |  |
| --- | --- |
| Approximate occupancy rate during normal services |  |
| Approximate occupancy rate during special services |  |
| Approximate occupancy rate when no services in session |  |
| Special occupants at risk (e.g., guests with disabilities) |  |
| Designated location of at-risk occupants during service, if any |  |
| Location(s) of other personnel in the building (e.g., janitors, choir practice, instrumental practice) | **DURING SERVICE:** |
|  |
| **OUTSIDE OF SERVICE:**  |
|  |

BACKGROUND INFORMATION

|  |  |
| --- | --- |
| Previous fire losses or incidents |  |
| Source(s) of previous fire losses or incidents |  |
| What control measures have been put in place due to previous fire losses or incidents? |  |
| Other relevant information |  |

**HAZARD ASSESSMENT** CHECKLIST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** | **No** | **N/A** | **HAZARD ASSESSMENT ITEM** | **NOTES** |
|  |  |  | Are heating sources (fixed or portal) kept clear of combustible materials? |  |
|  |  |  | Are multipoint adaptors and electrical extension leads kept to a minimum? |  |
|  |  |  | Is electrical equipment regularly inspected for faulty or damaged wire? |  |
|  |  |  | Is smoking permitted on the premises? |  |
|  |  |  | Are combustible materials safely stored away from sources of ignition? |  |
|  |  |  | Are flammable liquids safely stored away from sources of ignition? |  |
|  |  |  | Are procedures in place to minimize the risk of and protect from arson? |  |
|  |  |  | Other |  |
|  |  |  | Other |  |
|  |  |  | Other |  |

**FIRE ALARM AND DETECTION** CHECKLIST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** | **No** | **N/A** | **FIRE ALARM AND DETECTION ITEM** | **NOTES** |
|  |  |  | Are smoke detectors tested monthly? |  |
|  |  |  | Are smoke detector batteries replaced at least once or twice a year? |  |
|  |  |  | Is the fire alarm audible from all spaces in the building? |  |
|  |  |  | Are the number and locations of fire call points throughout the building satisfactory? |  |
|  |  |  | Are any fire alarms or call points obstructed from view or access? |  |
|  |  |  | Are all personnel in the building aware of how to raise an alarm? |  |
|  |  |  | Are fire alarms tested and serviced in accordance with BS 5839 standards? |  |
|  |  |  | Does the alarm system have a backup battery in place? |  |
|  |  |  | Other |  |
|  |  |  | Other |  |

**SAFE ESCAPE FROM FIRE HAZARDS** CHECKLIST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** | **No** | **N/A** | **SAFE ESCAPE FROM FIRE HAZARDS ITEM** | **NOTES** |
|  |  |  | Are there at least two escape routes located in each space? |  |
|  |  |  | Are all escape routes unobstructed and easily accessible? |  |
|  |  |  | Can all escape points be exited quickly without the use of a key? |  |
|  |  |  | Is there sufficient exit signage located in each space, and does it comply with BS 5499? |  |
|  |  |  | Are illuminated exit signs required? |  |
|  |  |  | Is emergency lighting in place and properly functioning? |  |
|  |  |  | Are all exit routes sufficiently illuminated? |  |
|  |  |  | Is emergency lighting tested and maintained according to BS 5266? |  |
|  |  |  | Other |  |
|  |  |  | Other |  |

**FIRE FIGHTING EQUIPMENT** CHECKLIST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** | **No** | **N/A** | **FIRE FIGHTING EQUIPMENT ITEM** | **NOTES** |
|  |  |  | Is there an adequate number of fire extinguishers available? |  |
|  |  |  | Are fire extinguishers located in higher fire hazard areas? |  |
|  |  |  | Have fire extinguishers been properly serviced and tested? |  |
|  |  |  | Are fire blankets available? |  |
|  |  |  | Is a working sprinkler system installed in the building? |  |
|  |  |  | Is there a working gas flooding system in the building? |  |
|  |  |  | Are fixed installations tested according to BS standards? |  |
|  |  |  | Do all protection systems have working alarms? |  |
|  |  |  | Other |  |
|  |  |  | Other |  |

**STAFF TRAINING** CHECKLIST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** | **No** | **N/A** | **STAFF TRAINING ITEM** | **NOTES** |
|  |  |  | Are staff trained on how to report a discovered fire? |  |
|  |  |  | Are staff trained on how to raise the fire alarm?  |  |
|  |  |  | Are staff trained on how to use a fire extinguisher? |  |
|  |  |  | Are staff trained on evacuation procedures? |  |
|  |  |  | Are staff trained on alerting other staff and personnel about a fire? |  |
|  |  |  | Are team leaders or roles assigned to help facilitate safe escape? |  |
|  |  |  | Are staff trained on where to go for a safe assembly point? |  |
|  |  |  | Are staff trained on specific hazards on the premises? |  |
|  |  |  | Other |  |
|  |  |  | Other |  |

**EVALUATION**

|  |  |
| --- | --- |
| LOW | Unlikely to result in injury |
| MED | Likely to result in injury of one or two occupants |
| HIGH | High potential for serious injury or death |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOW** | **MED** | **HIGH** | **EVALUATION ITEM** | **NOTES** |
|  |  |  | Probability of a fire occurring or igniting on the premises |  |
|  |  |  | Severity of consequences if a fire was to occur  |  |
|  |  |  | Competency of staff on evacuation procedures |  |
|  |  |  | Other |  |
|  |  |  | Other |  |
|  |  |  | Other |  |
|  |  |  | Other |  |
|  |  |  | Other |  |

**CONTROL PLAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HAZARD** | **LOCATION** | **PARTIES AT RISK** | **PROBABILITY**(H,M,L) | **CONTROL MEASURES** | **OWNER** |
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**ACTION PLAN**

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| --- | --- | --- | --- |
| **HAZARD** | **ACTION** | **ASSIGNED TO** | **DUE DATE** |
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**ADDITIONAL INFORMATION**

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| --- | --- | --- |
| RISK ASSESSOR NAME | RISK ASSESSOR SIGNATURE | DATE |
|  |  |  |
| RISK ASSESSOR TITLE |
|  |

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|  |  |  |
| --- | --- | --- |
| APPROVING OFFICIAL NAME | APPROVING OFFICIAL SIGNATURE | DATE |
|  |  |  |
| APPROVING OFFICIAL TITLE |
|  |