**FIRE RISK ASSESSMENT FORM**

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

**LOCATION INFORMATION**

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| --- | --- |
| NAME |  |
| ADDRESS |  |
| PURPOSE |  |
| OWNER NAME |  |
| OWNER CONTACT INFORMATION |  |
| MAXIMUM OCCUPANCY  |  |
| BUSINESS HOURS *if applicable* |  |
| RESPONSIBLE PARTY NAME AND POSITION |  |
| RESPONSIBLE PARTY CONTACT 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 |  |

**HAZARD ASSESSMENT** ACTION PLAN

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HAZARD** | **LOCATION** | **PARTIES AT RISK** | **RISK PROBABILITY**H, M, L | **CONTROL MEASURES** | **OWNER** |
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ADDITIONAL INFORMATION REGARDING **HAZARD ASSESSMENT**

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**FIRE ALARM AND DETECTION** CHECKLIST

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| --- | --- | --- | --- | --- |
| **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 |  |

**FIRE ALARM AND DETECTION** ACTION PLAN

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| --- | --- | --- | --- | --- | --- |
| **HAZARD** | **LOCATION** | **PARTIES AT RISK** | **RISK PROBABILITY**H, M, L | **CONTROL MEASURES** | **OWNER** |
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ADDITIONAL INFORMATION REGARDING **FIRE ALARM AND DETECTION**

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**SAFE ESCAPE FROM FIRE HAZARDS** CHECKLIST

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| --- | --- | --- | --- | --- |
| **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 |  |

**SAFE ESCAPE FROM FIRE HAZARDS** ACTION PLAN

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| --- | --- | --- | --- | --- | --- |
| **HAZARD** | **LOCATION** | **PARTIES AT RISK** | **RISK PROBABILITY**H, M, L | **CONTROL MEASURES** | **OWNER** |
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ADDITIONAL INFORMATION REGARDING **SAFE ESCAPE FROM FIRE HAZARDS**

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**FIRE FIGHTING EQUIPMENT** CHECKLIST

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| --- | --- | --- | --- | --- |
| **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 include working alarms? |  |
|  |  |  | Other |  |
|  |  |  | Other |  |

**FIRE FIGHTING EQUIPMENT** ACTION PLAN

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| --- | --- | --- | --- | --- | --- |
| **HAZARD** | **LOCATION** | **PARTIES AT RISK** | **RISK PROBABILITY**H, M, L | **CONTROL MEASURES** | **OWNER** |
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ADDITIONAL INFORMATION REGARDING **FIRE FIGHTING EQUIPMENT**

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**STAFF TRAINING** CHECKLIST

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

**STAFF TRAINING** ACTION PLAN

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| --- | --- | --- | --- | --- | --- |
| **HAZARD** | **TRAINING** | **POINT OF CONTACT** | **DATE OF LAST TRAINING** | **DATE OF NEXT TRAINING** | **LOCATION OF DOCUMENTS** |
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ADDITIONAL INFORMATION REGARDING **STAFF TRAINING**

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