

Fire Risk Assessment Proforma

1 Premises Particulars	
Premises name:	
Address:	
Telephone number:	
Use of premises:	
Responsible person:	
Date of risk assessment:	
Date of review:	

Name and relevant details of the person who carried out the fire risk assessment:

2 General Statement of Policy					
Statement:					
Signed		Print Name: Role/Job title:		Date:	

3 Management Systems

Commentary:

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4 General Description of Premises

Description:

Occupancy		Size	
Times the premises are in use:	from:		Building footprint (meters x meters):
	to:		Number of floors:
The total number of persons who may resort to the premises at any one time:			Number of stairs:

5 Fire Safety Systems Within the Premises

Fire warning system: (e.g. automatic fire detection, break-glass system to BS 5839, other):

Emergency lighting (e.g. maintained non maintained 1hr/3hr duration to BS 5266):

Other: (e.g. sprinkler system to LPC rules BSEN 12845):

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6 Plan Drawing

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7 Identify Fire Hazards

Sources of ignition:

Sources of fuel:

Work processes:

Structural features that could promote the spread of fire:

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8 Identify People at Risk

Identify and specify the location of people at significant risk in case of fire, indicating why they are at risk, and what controls are or need to be in place:

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9 Means of Escape – Horizontal Evacuation

Commentary:

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10 Means of Escape – Vertical Evacuation

Commentary:

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11 Fire Safety Signs and Notices

Commentary:

12 Fire Warning System

Commentary:

13 Emergency Lighting System

Commentary:

14 Firefighting Equipment

Commentary:

15 Management - Maintenance

Is there a maintenance programme for the safety provisions in the premises?

Yes

No

Commentary

Are regular checks of fire resisting doors, walls and partitions carried out?

Yes

No

Commentary

Are regular checks of escape routes and exit doors carried out?

Yes

No

Commentary

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Are regular checks of Fire Safety Signs carried out		Yes		No	
Commentary					
Is there a maintenance regime for the fire warning system		Yes		No	
Commentary		Weekly			
		Six monthly			
Is there a maintenance regime for the emergency lighting System		Yes		No	
Commentary		Monthly			
		Annually			
Is there maintenance of the firefighting equipment (by competent person?)		Yes		No	
Commentary		Weekly			
		Annually			
Are records kept and their location identified		Yes		No	
Commentary					

16 Method for Calling the Fire Service

Specify:

17 Emergency Action Plan (EAP)

Commentary:

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18	Training
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Commentary:

19	Fire Safety Deficiencies to be Rectified
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Deficiency/Rectification:	Priority:	Date to be rectified:	Date Rectified:

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*Insert additional pages as required

20 Significant Findings	
Significant Finding	Control Measure/Action

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21 Additional Hazards

Specify:

Need to consult Fire Service?

Yes

No