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

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

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

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| **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: |  |

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| **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** |
|  |
| **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: |
| **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: |

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| **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 |  |
| 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 |  |

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| **16** | **Method for Calling the Fire Service** |
| Specify: |
| **17** | **Emergency Action Plan (EAP)** |
| Commentary: |
| **18** | **Training** |
| Commentary: |

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

\*Insert additional pages as required

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| **20** | **Significant Findings**  |
| Significant Finding | Control Measure/Action |
|  |  |

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| **21** | **Additional Hazards**  |
| Specify:  |
| Need to consult Fire Service? | Yes |  | No |  |