|  |  |  |
| --- | --- | --- |
| 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 |
|  | |  |

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