

# FIRE RISK ASSESSMENT

**1**

## PREMISES PARTICULARS

*Premises Name*

*Address*

*Tel no:*

*Use of Premises*

*Owner/Employer/Person in control of the workplace*

*Date of Risk Assessment*

*Date of Review*

*Name & relevant details of the person who carried out the Fire Risk Assessment*

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## GENERAL STATEMENT OF POLICY

*Statement:*

*Signed:*

*Print Name:*

*Date:*

*Commentary:*

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## **GENERAL DESCRIPTION OF PREMISES**

*Description:*

### **Occupancy**

*Times the Premises are in use:* \_\_\_\_\_ to \_\_\_\_\_

*The Total Number of persons Employed within the premises at any one time:*

*The Total Number of persons who may resort to the premises at any one time:*

### **Size**

*Building footprint (Metres x Metres):*

*Number of floors:*

*Number of Stairs:*

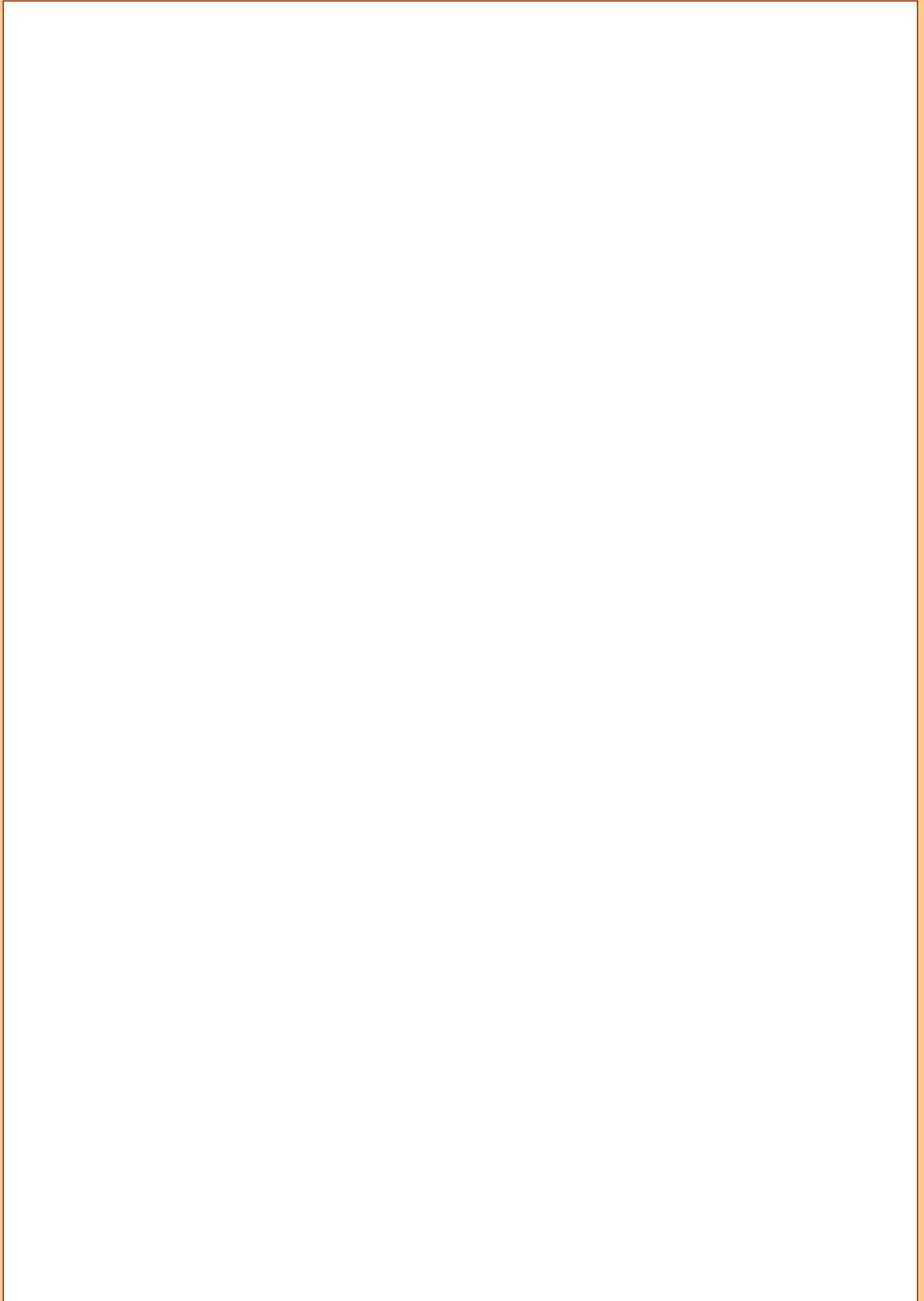
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## **FIRE SAFETY SYSTEMS WITHIN THE PREMISES**

*Fire Warning System: (i.e. automatic fire detection, break-glass system to BS 5839, other)*

*Emergency Lighting: (i.e. maintained/non-maintained, 1hr/3hr duration to BS 5266)*

*Other: (i.e. Sprinkler system to LPC rules BS 5306)*



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## **IDENTIFY FIRE HAZARDS**

*Sources of Ignition:*

*Sources of Fuel:*

*Work Processes:*

*Structural features that could promote the spread of fire:*

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## **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 control's are or need to be in place:*

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**MEANS OF ESCAPE – HORIZONTAL EVACUATION**

*Commentary:*

**10**

**MEANS OF ESCAPE – VERTICAL EVACUATION**

*Commentary:*

**11**

## **FIRE SAFETY SIGNS & NOTICES**

*Commentary:*

**12**

## **FIRE WARNING SYSTEM**

*Commentary:*

**13**

## **EMERGENCY LIGHTING SYSTEM**

*Commentary:*

**14**

## **FIRE FIGHTING EQUIPMENT**

*Commentary:*



**15****MANAGEMENT - MAINTENANCE**

*Is there a maintenance programme for the fire safety provisions in the premises*      **Yes / No**

*Commentary:*

*Are regular checks of fire resisting doors, walls & partions carried out*      **Yes / No**

*Commentary:*

*Are regular checks of escape routes & 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*

*6 monthly/  
Annually*

*Is there a maintenance regime for the emergency lighting system*      **Yes / No**

*Commentary:*

*Weekly*

*Monthly*

*Annually*

*Is there maintenance of the fire fighting equipment (By competent person?)*      **Yes / No**

*Commentary:*

*Weekly*

*Annually*

*Are records kept & their location identified*      **Yes / No**

*Commentary:*

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**METHOD FOR CALLING THE FIRE SERVICE**

*Specify:*

**17**

**EMERGENCY ACTION PLAN (EAP)**

*Commentary:*

**18**

**TRAINING**

*Commentary:*

<i>Deficiency/Rectification</i>	<i>Priority</i>	<i>Date to be Rectified</i>	<i>Date Rectified</i>
<p><i>*Insert additional pages as required</i></p>			

# SIGNIFICANT FINDINGS

<i>Significant Finding</i>	<i>Control Measure/Action</i>

*\*Insert additional pages as required*

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**ADDITIONAL HAZARDS**

*Specify:*

*Need to consult Fire Service*

*Yes / No*