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| FIRE RISK ASSESSMENT  Regulatory Reform (Fire Safety) Order 2005 | | | |
| 1 | PREMISES PARTICULARS | | |
| *Premises Name*    *Address*    *Telephone Number* | | | *Use of Premises* |
| *Owner/Employer/Person in control of the workplace* |
| *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:*  *Date:* | | | |

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| 3 | MANAGEMENT SYSTEMS | |
| *Commentary* | | |
| 4 | GENERAL DESCRIPTIONS OF PREMISES | |
| 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):*       m²  *Number of floors*:  *Number of stairs*: |
| 5 | 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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| 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:*** | | | | | |
| 8 | IDENTIFY PEOPLE AT RISK | | | | |
| ***Identify and specify the likely 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:*** | | | | | |
| 9 | MEANS OF ESCAPE – HORIZONTAL EVACUATION | | | | |
| ***Commentary:*** | | | | | |
| 10 | MEANS OF ESCAPE – VERTICAL EVACUATION | | | | |
| ***Commentary:*** | | | | | |
| 11 | FIRE SAFETY SIGNS AND 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?****:*  ***Commentary:*** | | | | | |
| ***Are regular checks of fire resisting doors, walls and partitions carried out?:***  *Commentary:* | | | | | |
| ***Are regular checks of escape routes and exit doors carried out?:***  ***Commentary:*** | | | | | |
| ***Are regular checks of fire safety signs carried out?:***  ***Commentary:*** | | | | | |
| ***Is there a maintenance regime for the fire warning system?:***  ***Weekly:******Six Monthly:******Annually:***  ***Commentary:*** | | | | | |
| ***Is there a maintenance regime for the emergency lighting system?:***  ***Weekly:******Monthly:******Annually:***  ***Commentary:*** | | | | | |
| ***Is there maintenance of the fire fighting equipment (by a competent person)?:***  ***Weekly:*** ***Monthly:******Annually:***  ***Commentary:*** | | | | | |
| ***Are records kept and their location identified?:***  ***Commentary:*** | | | | | |
| 16 | METHOD FOR CALLING THE FIRE SERVICE | | | | |
| ***Specify:*** | | | | | |
| 17 | EMERGENCY ACTION PLAN (EAP) | | | | |
| ***Commentary:*** | | | | | |
| 18 | TRAINING | | | | |
| ***Commentary:*** | | | | | |
| 19 | FIRE SAFETY DEFICIENCIES TO BE RECTIFIED | | | | |
| ***Deficiency/Rectification*** | | | ***Priority*** | ***Date to be Rectified*** | ***Date Rectified*** |
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| 20 | SIGNIFICANT FINDINGS | | | | |
| ***Significant Findings*** | | ***Control Measure/Action*** | | | |
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| 21 | ADDITIONAL HAZARDS | | | | |
| ***Specify:***    ***Need to consult the Fire Service?:*** | | | | | |