**FIRE RISK ASSESSMENT**

**FOR**

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| **Person having control of the premises:** |  |
| **Name of Landlord:** |  |
| **Person carrying our Risk Assessment:** |  |
| **Date of Risk Assessment:** |  |
| **Persons who has control of fire safety in premises:** |  |
| **Date of review:** |  |

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| 1. **The Premises** | | | |
| **1.1** | Number of floors |  | |
| **1.2** | Property type |  | |
| **1.3** | Date of construction |  | |
|  | Construction details | Ground | First Floor |
| **1.4** | Walls |  |  |
| Floors |  |  |
| Ceilings |  |  |
| Roof |  |  |
| **1.5** | Brief description of property |  | |

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| 1. **The Occupants** | | |
| **2.1** | Number of sleeping occupants |  |

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| 1. **Identify occupants in residence at a higher-risk level from fire** | | |
| **3.1** | Physically Disabled occupants |  |
| **3.2** | Children |  |
| **3.3** | Elderly |  |
| **3.4** | Other vulnerable adults e.g. learning disability |  |
| **3.5** | Comments: | |

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| 1. **Fire Loss Experience** | | | |
| **4.1** | Fire Loss Experience | Date |  |
| Details |  |
| Cause |  |
| Action taken |  |
| **4.2** | Comments: | | |

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| 1. **Electrical Sources of Ignition** | | | |
| **5.1** | Reasonable measures taken to prevent fires of electrical origin | Yes | No |
| **5.2** | Fixed installations periodically inspected and tested | Yes | No |
| Landlord supplied portable appliances tested (PAT) | Yes | No |
| Suitable policy in place regarding use of tenant owned appliances | Yes | No |
| Limits set on trailing leads | Yes | No |
| **5.3** | Comments: | | |

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| 1. **Smoking** | | | |
| 6.1 | Do people smoke in the premises? | Yes | No |
| 6.2 | If persons smoke in the premises what arrangements are in place? |  |  |
| 6.3 | Comments: | | |

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| 1. **Arson** | | | |
| 7.1 | Does basic security against arson by outsiders appear reasonable? | Yes | No |
| 7.2 | Is there an absence of combustible material in close proximity to the premises? |  |  |
| 7.3 | Comments: | | |

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| 1. **Portable Heating & Heating Installations** | | | |
| 8.1 | Is the use of portable heaters avoided as far as practicable? | Yes | No |
| 8.2 | If a tenant supplies their own portable heater are the more hazardous types avoided? | Yes | No |
| 8.3 | Is the fixed heating installation subject to regular maintenance? | Yes | No |
| 8.4 | Comments: | | |

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| 1. **Cooking** | | | |
| 9.1 | Reasonable measures taken to prevent fires as a result of cooking? | Yes | No |
| 9.2 | Are filters cleaned or changed regularly (inc. tumble dryer)? | Yes | No |
| 9.3 | Are all cooking appliances regularly maintained? | Yes | No |
| 9.4 | Is a suitable fire blanket available? | Yes | No |
| 9.5 | Comments: | | |

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| 1. **Furniture & Furnishings** | | | |
| 10.1 | Do the furniture and furnishings comply with the Fire Safety Amendment Regulations 1993? | Yes | No |
| 10.2 | Comments: | | |

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| 1. **Housekeeping** | | | |
| 11.1 | Is the standard of housekeeping adequate? | Yes | No |
| 11.2 | Are combustible materials separated from ignition sources? | Yes | No |
| 11.3 | Are unnecessary accumulations of combustible waste avoided? | Yes | No |
| 11.4 | Are hazardous materials stored appropriately? | Yes | No |
| 11.5 | Is inappropriate storage of combustible/hazardous materials avoided? | Yes | No |
| 11.6 | Comments: | | |

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| 1. **Hazards introduced by outside contractors & building works** | | | |
| 12.1 | Is their satisfactory control over works carried out in the building by outside contractors? | Yes | No |
| 12.2 | Comments: | | |

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| 1. **Other fire hazards that warrant consideration** | | | | |
| 13.1 | Hazards Observed |  | | |
| 13.2 | Comments: | | | |
| 1. **Means of Escape** | | | | |
| 14.1 | It is considered that the premises are provided with a reasonable means of escape in case of fire? | | Yes | No |
| 14.2 | Are there reasonable distances of travel for escape?  In a single direction  Where there are alternative means of escape | | Yes  Yes | No  No |
| 14.3 | Is there suitable fire protection of escape routes? | | Yes | No |
| 14.4 | Is there an adequate number and position of exits? | | Yes | No |
| 14.5 | Are exits easily and immediately openable? | | Yes | No |
| 14.6 | Are escape routes unobstructed? | | Yes | No |
| 14.7 | Are reasonable arrangements for means of escape in place for disabled persons? | | Yes | No |
| 14.8 | Comments & deficiencies observed: | | | |

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| 1. **Measures to limit fire spread** | | | |
| 15.1 | Fire separation and compartmentation of a reasonable standard? | Yes | No |
| 15.2 | Reasonable limitation of linings that may promote fire spread? | Yes | No |
| 15.3 | Comments & deficiencies observed: | | |

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| 1. **Emergency escape lighting** | | | | |
| 16.1 | Reasonable standard of emergency lighting system provided? | N/A | Yes | No |
| 16.2 | Comments and deficiencies observed: | | | |

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| 1. **Fire safety signs & notices** | | | | |
| 17.1 | Reasonable standard of fire safety signs and notices? | N/A | Yes | No |
| 17.2 | Comments and deficiencies: | | | |

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| 1. **Means of giving warning in case of fire** | | | |
| 18.1 | Automatic fire detection provided? | Yes | No |
| 18.2 | Comments and deficiencies observed: | | |

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| 1. **Mutual fire extinguishing appliances** | | | |
| 19.1 | Reasonable provision of portable fire extinguishers? | Yes | No |
| 19.2 | Are all extinguishers readily accessible? | Yes | No |
| 19.3 | Comments & Hazards observed: | | |

**Fire Risk Assessment**

**Action Plan**

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| --- | --- | --- | --- | --- |
| Item No | Action | Who | When | Sign/date when completed |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
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