

FIRE RISK ASSESSMENT FORM

1	Centre/Location/Project:
Address:	
Occupation:	

2	Brief Description of Task/Process/Area:

3	Ignition Sources:	Checklist	
		Smoking	<input type="checkbox"/>
		Electricity	<input type="checkbox"/>
		Heating Apparatus	<input type="checkbox"/>
		Cooking Appliances	<input type="checkbox"/>
		Burning of waste	<input type="checkbox"/>
		Use of blowlamps/welding/cutting	<input type="checkbox"/>
		Malicious fires	<input type="checkbox"/>
		Other	<input type="checkbox"/>

4	Persons at Risk		Checklist	
		Number at risk		
		Staff	<input type="checkbox"/>	
		Self-employed	<input type="checkbox"/>	
		Other employees	<input type="checkbox"/>	
		Visitors	<input type="checkbox"/>	
		Members of the Public	<input type="checkbox"/>	
		Clients	<input type="checkbox"/>	
		Children	<input type="checkbox"/>	
		Young Persons	<input type="checkbox"/>	
		Special Needs	<input type="checkbox"/>	

5	Combustible Materials:	Checklist	
		Flammable liquids	<input type="checkbox"/>
		Flammable gases	<input type="checkbox"/>
		General combustibles	<input type="checkbox"/>
		Waste materials	<input type="checkbox"/>
		Smoke generating materials	<input type="checkbox"/>

6	Structural Features:	Checklist	
		Stairs	<input type="checkbox"/>
		Flues	<input type="checkbox"/>
		Ducting	<input type="checkbox"/>
		Combustible construction	<input type="checkbox"/>
		Combustible linings	<input type="checkbox"/>

7	Current Control Measures:	Checklist	
		Extinguishers	<input type="checkbox"/>
		Hose-reels	<input type="checkbox"/>
		Fire alarm	<input type="checkbox"/>
		Fire detection	<input type="checkbox"/>
		Sprinklers	<input type="checkbox"/>
		Fire blanket	<input type="checkbox"/>
		Emergency lighting	<input type="checkbox"/>
		Emergency plan	<input type="checkbox"/>



8	Additional Control Measures:	Date to Complete:	Person:

9	Assessment Completed By:	
Assessor:	Name:	Manager's Name:
	Signature:	Signature:
	Date:	Date:
Date of next assessment:		

10	Ignition Sources Checklist:		Yes	No
Smoking	1.1.1	Are smoking rules observed?	<input type="checkbox"/>	<input type="checkbox"/>
	1.1.2	Ashtrays available in permitted areas?	<input type="checkbox"/>	<input type="checkbox"/>
	1.1.3	Notices displayed?	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	1.2.1	Any temporary wiring?	<input type="checkbox"/>	<input type="checkbox"/>
	1.2.2	Any damaged electrical fittings?	<input type="checkbox"/>	<input type="checkbox"/>
	1.2.3	Any combustibles adjacent to switchgear?	<input type="checkbox"/>	<input type="checkbox"/>
	1.2.4	Any combustibles in electrical cupboards?	<input type="checkbox"/>	<input type="checkbox"/>
	1.2.5	Electrical cupboards locked?	<input type="checkbox"/>	<input type="checkbox"/>
	1.2.6	Maintenance schedules met for electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>
	1.2.7	Are light fittings clear of storage/materials?	<input type="checkbox"/>	<input type="checkbox"/>
	1.2.8	Are electric motors clear of storage/materials?	<input type="checkbox"/>	<input type="checkbox"/>
	1.2.9	Are circuit breakers used?	<input type="checkbox"/>	<input type="checkbox"/>
Battery Charging	1.3.1	Designated areas being used?	<input type="checkbox"/>	<input type="checkbox"/>
	1.3.2	Clear of combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>
Heating Apparatus	1.4.1	Safety checks made & test cards completed for boilers?	<input type="checkbox"/>	<input type="checkbox"/>
	1.4.2	Any fuel or boiler leaks?	<input type="checkbox"/>	<input type="checkbox"/>
	1.4.3	Any combustibles in boilerhouses?	<input type="checkbox"/>	<input type="checkbox"/>
	1.4.4	All oil tank catch-pits clear and drain valves closed?	<input type="checkbox"/>	<input type="checkbox"/>
	1.4.5	Maintenance schedules met for heating equipment?	<input type="checkbox"/>	<input type="checkbox"/>
	1.4.6	Any portable heaters in use?	<input type="checkbox"/>	<input type="checkbox"/>
Cooking Appliances	1.5.1	Are kitchen extraction filters clean?	<input type="checkbox"/>	<input type="checkbox"/>
	1.5.2	Temperature controls properly monitored?	<input type="checkbox"/>	<input type="checkbox"/>
	1.5.3	Appliances always turned off after use?	<input type="checkbox"/>	<input type="checkbox"/>
Burning of Waste	1.6.1	Is this being carried out?	<input type="checkbox"/>	<input type="checkbox"/>
Hot Work	1.7.1	Any cutting/welding/grinding being undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
	1.7.2	Hot Work Permit used?	<input type="checkbox"/>	<input type="checkbox"/>
Malicious Fire Potential	1.8.1	Are all keys present and accounted for?	<input type="checkbox"/>	<input type="checkbox"/>
	1.8.2	Are all doors & windows capable of being securely locked?	<input type="checkbox"/>	<input type="checkbox"/>
	1.8.3	Any other likely access route in need of additional security?	<input type="checkbox"/>	<input type="checkbox"/>
	1.8.4	Is all CCTV equipment in efficient working order?	<input type="checkbox"/>	<input type="checkbox"/>
	1.8.5	Gates and fences secure?	<input type="checkbox"/>	<input type="checkbox"/>
	1.8.6	Any pallets stored against buildings?	<input type="checkbox"/>	<input type="checkbox"/>
	1.8.7	Any waste or other combustibles stored externally?	<input type="checkbox"/>	<input type="checkbox"/>
	1.8.8	Intruder alarm system in working order?	<input type="checkbox"/>	<input type="checkbox"/>
	1.8.9	Maintenance schedules met for intruder alarm system?	<input type="checkbox"/>	<input type="checkbox"/>
	1.8.10	Police still responding to alarms?	<input type="checkbox"/>	<input type="checkbox"/>

11		Combustible Materials Checklist:		Yes	No
Flammable Liquids	2.1.1	Any excessive quantities in workshop areas?	<input type="checkbox"/>	<input type="checkbox"/>	
	2.1.2	Any safety dispensers in use or required?	<input type="checkbox"/>	<input type="checkbox"/>	
Gas Cylinders	2.2.1	Any gas cylinders on site?	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.2	Any not secured?	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.3	Bulk storage facility used?	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.4	Any cylinders surplus to requirements in process/storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	
General Storage	2.3.1	Aisles clear?	<input type="checkbox"/>	<input type="checkbox"/>	
	2.3.2	Any excess storage?	<input type="checkbox"/>	<input type="checkbox"/>	
	2.3.3	Any area untidy or congested?	<input type="checkbox"/>	<input type="checkbox"/>	
	2.3.4	Are storage rooms locked?	<input type="checkbox"/>	<input type="checkbox"/>	
	2.3.5	Is any area being used for unauthorised storage?	<input type="checkbox"/>	<input type="checkbox"/>	
Waste	2.4.1	Any accumulations of rubbish in buildings or surrounds?	<input type="checkbox"/>	<input type="checkbox"/>	
	2.4.2	Bins for process waste in position?	<input type="checkbox"/>	<input type="checkbox"/>	
	2.4.3	Satisfactory arrangements in place for removal of waste?	<input type="checkbox"/>	<input type="checkbox"/>	
	2.4.4	Are waste bins emptied at the end of the day?	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Goods	2.5.1	Any materials stored which will ignite easily?	<input type="checkbox"/>	<input type="checkbox"/>	
	2.5.2	Any materials stored which give off large amounts of smoke?	<input type="checkbox"/>	<input type="checkbox"/>	

12		Structural Features Checklist:		Yes	No
Combustible Construction	3.1.1	Any significant amounts of combustibles used in the construction?	<input type="checkbox"/>	<input type="checkbox"/>	
	3.1.2	Any timber around stairs or escape routes?	<input type="checkbox"/>	<input type="checkbox"/>	
	3.1.3	Any ducting or flues which will aid fire spread and restrict safe exit?	<input type="checkbox"/>	<input type="checkbox"/>	
	3.1.4	Any timber linings which will aid fire spread and restrict safe exit?	<input type="checkbox"/>	<input type="checkbox"/>	

13		Fire Protection Checklist:		Yes	No
Fire Detection	4.1.1	Automatic systems available (smoke or heat detectors)?	<input type="checkbox"/>	<input type="checkbox"/>	
	4.1.2	Any remote areas where individuals may be at risk?	<input type="checkbox"/>	<input type="checkbox"/>	
	4.1.3	Does anyone sleep in the premises overnight?	<input type="checkbox"/>	<input type="checkbox"/>	
	4.1.4	Maintenance schedules met for detection equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Warning	4.2.1	Method of raising the alarm adequate?	<input type="checkbox"/>	<input type="checkbox"/>	
	4.2.2	Instructions provided to all staff on action required following alarm?	<input type="checkbox"/>	<input type="checkbox"/>	
	4.2.3	Bells/sirens tested and working?	<input type="checkbox"/>	<input type="checkbox"/>	
	4.2.4	Mains supply healthy?	<input type="checkbox"/>	<input type="checkbox"/>	
	4.2.5	Indicator lamps showing correct display?	<input type="checkbox"/>	<input type="checkbox"/>	
	4.2.6	Fire brigade/central station connections in order?	<input type="checkbox"/>	<input type="checkbox"/>	
	4.2.7	Manual call points - clear access?	<input type="checkbox"/>	<input type="checkbox"/>	
	4.2.8	Maintenance schedules met for warning equipment?	<input type="checkbox"/>	<input type="checkbox"/>	

14		Fire-Fighting Equipment Checklist:		Yes	No
Sprinklers	5.1.1	Weekly bell tests carried out and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	
	5.1.2	Maintenance schedules met for sprinklers?	<input type="checkbox"/>	<input type="checkbox"/>	
	5.1.3	Any items within 0.5 metre of sprinkler heads?	<input type="checkbox"/>	<input type="checkbox"/>	
	5.1.4	Is pipework in good order and free of other service attachments?	<input type="checkbox"/>	<input type="checkbox"/>	
Hose-reels	5.2.1	Clear?	<input type="checkbox"/>	<input type="checkbox"/>	
	5.2.2	In good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
	5.2.3	Maintenance schedules met for hose-reels?	<input type="checkbox"/>	<input type="checkbox"/>	
Extinguishers	5.3.1	All present and correct?	<input type="checkbox"/>	<input type="checkbox"/>	
	5.3.2	Not obstructed?	<input type="checkbox"/>	<input type="checkbox"/>	
	5.3.3	In good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
	5.3.4	All mounted on wall brackets?	<input type="checkbox"/>	<input type="checkbox"/>	
	5.3.5	Maintenance schedules met for extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Hydrants	5.4.1	Clear of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	

15		Fire Escape Checklist:		Yes	No
Routes	6.1.1	Do they lead directly to a place of safety?		<input type="checkbox"/>	<input type="checkbox"/>
	6.1.2	No re-entry to the premises?		<input type="checkbox"/>	<input type="checkbox"/>
	6.1.3	Are all routes clearly marked?		<input type="checkbox"/>	<input type="checkbox"/>
	6.1.4	Are floors and stairs in good order & free from defects?		<input type="checkbox"/>	<input type="checkbox"/>
	6.1.5	Stair handrails in good condition?		<input type="checkbox"/>	<input type="checkbox"/>
	6.1.6	Any obstructions in corridors, etc.?		<input type="checkbox"/>	<input type="checkbox"/>
Fire Escape Doors	6.2.1	Obstructed?		<input type="checkbox"/>	<input type="checkbox"/>
	6.2.2	Unlocked?		<input type="checkbox"/>	<input type="checkbox"/>
	6.2.3	Open easily?		<input type="checkbox"/>	<input type="checkbox"/>
	6.2.4	Open in direction of travel?		<input type="checkbox"/>	<input type="checkbox"/>
	6.2.5	Programme in place to check these?		<input type="checkbox"/>	<input type="checkbox"/>
Lighting	6.3.1	Adequate lighting on escape routes?		<input type="checkbox"/>	<input type="checkbox"/>
	6.3.2	Maintenance schedules met for emergency lighting?		<input type="checkbox"/>	<input type="checkbox"/>
Escape Times	6.4.1	Has fire evacuation drill been practised?		<input type="checkbox"/>	<input type="checkbox"/>
	6.4.2	Can everyone reach safety in less than 2 minutes?		<input type="checkbox"/>	<input type="checkbox"/>
Emergency Planning	6.5.1	Have written procedures been prepared?		<input type="checkbox"/>	<input type="checkbox"/>
	6.5.2	Have staff been trained in the action required?		<input type="checkbox"/>	<input type="checkbox"/>
	6.5.3	Does this include dealing with visitors and contractors?		<input type="checkbox"/>	<input type="checkbox"/>
	6.5.4	Are there arrangements for plant & equipment to be safely shut down?		<input type="checkbox"/>	<input type="checkbox"/>
	6.5.5	Will those involved still be able to exit safely?		<input type="checkbox"/>	<input type="checkbox"/>

16		Remedial Action:			
Item No:	Subject:	Concern:	Remedial Action:	Person Responsible:	Completion Date: