

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"/>

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"/>	

