

Fire Risk Assessment

Identify fire hazards, assess who's at risk and confirm that controls are in place. Required by law for most workplaces.

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Premises Information

1 Premises name *

2 Full address *

3 Postcode

4 Type of premises

Office

Retail

Warehouse

Factory

School

Care home

Hotel

Restaurant

Residential

Mixed use

Other

5 Number of floors

6 Total floor area

7 Brief description of premises

Occupancy

8 Maximum number of occupants

9 Typical number of occupants

10 Hours of operation

11 Out of hours use

Yes

No

N/A

12 Sleeping accommodation present

Yes

No

N/A

Responsible Persons

13 Responsible person name *

14 Contact details

15 Fire safety coordinator

16 Fire wardens appointed

Yes

No

N/A

17 Number of fire wardens

People at Risk

18 Staff

Yes

No

N/A

19 Visitors and customers

Yes

No

N/A

20 Contractors

Yes

No

N/A

21 People with disabilities or limited mobility

Yes

No

N/A

22 Details of vulnerable persons

23 Young or elderly persons

Yes

No

N/A

24 Lone workers

Yes

No

N/A

25 Comments

Personal Emergency Evacuation Plans

26 PEEPs in place for vulnerable persons

Yes

No

N/A

27 Number of PEEPs

28 PEEPs regularly reviewed

Yes

No

N/A

29 Evacuation equipment available

Yes

No

N/A

Fire Hazards

30 Ignition sources present

31 Main fuel sources

32 Significant fire hazards identified

33 Hazard locations

34 Who is at risk

35 Risk level

Low

Medium

High

36 Existing controls

37 Photos of hazards

Attach file here

Electrical Safety

38 Electrical installation recently tested

Yes

No

N/A

39 PAT testing up to date

Yes

No

N/A

40 Electrical defects identified

Yes

No

N/A

41 Details of defects

General Safety

42 Housekeeping standard

Good

Acceptable

Poor

43 Combustible materials stored safely

Yes

No

N/A

44 Waste removed regularly

Yes

No

N/A

45 External waste storage secure

Yes

No

N/A

46 Clear space around heat sources

Yes

No

N/A

47 Comments

Means of Escape

48 Escape routes adequate for occupancy

Yes

No

N/A

49 All escape routes available

Yes

No

N/A

50 Travel distances acceptable

Yes

No

N/A

51 Escape routes clear and unobstructed

Yes

No

N/A

52 Corridors and stairways protected

Yes

No

N/A

53 External escape routes safe

Yes

No

N/A

54 Comments

Fire Doors

55 Fire doors fitted where required

Yes

No

N/A

56 Fire doors self-closing correctly

Yes

No

N/A

57 Fire doors undamaged and properly fitted

Yes

No

N/A

58 Fire doors not wedged or propped open

Yes

No

N/A

59 Fire door signage in place

Yes

No

N/A

60 Comments

Emergency Exits

61 Emergency exits adequate and clearly marked

Yes

No

N/A

62 Emergency exits unobstructed

Yes

No

N/A

63 Emergency exit hardware working correctly

Yes

No

N/A

64 Final exits not locked during occupancy

Yes

No

N/A

Emergency Lighting

65 Emergency lighting installed

Yes

No

N/A

66 Emergency lighting covers escape routes and exits

Yes

No

N/A

67 Emergency lighting tested monthly

Yes

No

N/A

68 Emergency lighting tested annually

Yes

No

N/A

69 Test records available

Yes

No

N/A

70 Defects identified

Yes

No

N/A

71 Details of defects

Fire Safety Signs

72 Fire exit signs in place and visible

Yes

No

N/A

73 Fire action notices displayed

Yes

No

N/A

74 Assembly point signs in place

Yes

No

N/A

75 Fire equipment signage adequate

Yes

No

N/A

Fire Detection and Alarm

76 Fire alarm system installed

Yes

No

N/A

77 Type of system

Automatic detection

Manual call points only

Domestic grade

78 Alarm coverage adequate

Yes

No

N/A

79 Alarm audible throughout premises

Yes

No

N/A

80 Alarm tested weekly

Yes

No

N/A

81 Date of last test

82 System serviced regularly

Yes

No

N/A

83 Date of last service

84 Service contractor

85 Comments

Firefighting Equipment

86 Fire extinguishers provided

Yes

No

N/A

87 Extinguishers appropriate for risks

Yes

No

N/A

88 Extinguishers visible and accessible

Yes

No

N/A

89 Extinguishers serviced annually

Yes

No

N/A

90 Date of last service

91 Fire blankets provided where needed

Yes

No

N/A

92 Sprinkler or suppression system installed

Yes

No

N/A

93 Comments

Emergency Procedures

94 Written emergency plan in place

Yes

No

N/A

95 Fire action notices displayed

Yes

No

N/A

96 Assembly point identified and marked

Yes

No

N/A

97 Assembly point location

98 Visitor signing in procedure

Yes

No

N/A

99 Procedure for calling fire brigade

Yes

No

N/A

100 Comments

Fire Drills

101 Fire drills carried out regularly

Yes

No

N/A

102 Frequency

Monthly

Quarterly

Six monthly

Annually

103 Date of last drill

104 Issues identified in last drill

105 Actions completed

Yes

No

N/A

Staff Training

106 Fire safety training provided to all staff

Yes

No

N/A

107 Training includes evacuation procedures

Yes

No

N/A

108 Training includes extinguisher use

Yes

No

N/A

109 Induction includes fire safety

Yes

No

N/A

110 Refresher training provided

Yes

No

N/A

111 Date of last training

112 Training records kept

Yes

No

N/A

113 Contractors briefed on procedures

Yes

No

N/A

Maintenance and Records

114 Equipment maintenance schedule in place

Yes

No

N/A

115 Testing records up to date

Yes

No

N/A

116 Fire risk assessment records kept

Yes

No

N/A

117 Records location

Risk Evaluation

118 Likelihood of fire

- Very unlikely Unlikely Possible Likely
 Very likely

119 Potential consequences

- Insignificant Minor Moderate Major
 Catastrophic

120 Overall fire risk level *

- Trivial Tolerable Moderate Substantial
 Intolerable

Summary of Findings

121 Key fire hazards

122 Existing fire precautions

123 Main areas of concern

124 Positive findings

Action Plan

125 Action required

126 Priority

Immediate

High

Medium

Low

127 Person responsible

128 Target completion date

129 Completion date

130 Status

Not started

In progress

Complete

Supporting Documents

131 Floor plans

Attach file here

132 Emergency plan

Attach file here

133 Photos

Attach file here

134 Other documents

Attach file here

Sign-off

135 Assessor name *

136 Assessor signature *

Signature

137 Assessment date *

138 Responsible person name

139 Responsible person signature

Signature

140 Date acknowledged

141 Next review date *
