

# FIRE RISK ASSESSMENT FORM

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ASSESSMENT CONDUCTED BY

ASSESSMENT DATE

NEXT ASSESSMENT DUE

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## LOCATION INFORMATION

NAME	
ADDRESS	
PURPOSE	
OWNER NAME	
OWNER CONTACT INFORMATION	
MAXIMUM OCCUPANCY	
BUSINESS HOURS <i>if applicable</i>	
RESPONSIBLE PARTY NAME AND POSITION	
RESPONSIBLE PARTY CONTACT INFORMATION	

**HAZARD ASSESSMENT CHECKLIST**

Yes	No	N/A	HAZARD ASSESSMENT ITEM	NOTES
			Are heating sources (fixed or portable) kept clear of combustible materials?	
			Are multipoint adaptors and electrical extension leads kept to a minimum?	
			Is electrical equipment regularly inspected for faulty or damaged wire?	
			Is smoking permitted on the premises?	
			Are combustible materials safely stored away from sources of ignition?	
			Are flammable liquids safely stored away from sources of ignition?	
			Are procedures in place to minimize the risk of and protect from arson?	

**HAZARD ASSESSMENT ACTION PLAN**

<b>HAZARD</b>	<b>LOCATION</b>	<b>PARTIES AT RISK</b>	<b>RISK PROBABILITY</b> H, M, L	<b>CONTROL MEASURES</b>	<b>OWNER</b>

**ADDITIONAL INFORMATION REGARDING HAZARD ASSESSMENT**

## FIRE ALARM AND DETECTION CHECKLIST

Yes	No	N/A	FIRE ALARM AND DETECTION ITEM	NOTES
			Are smoke detectors tested monthly?	
			Are smoke detector batteries replaced at least once or twice a year?	
			Is the fire alarm audible from all spaces in the building?	
			Are the number and locations of fire call points throughout the building satisfactory?	
			Are any fire alarms or call points obstructed from view or access?	
			Are all personnel in the building aware of how to raise an alarm?	
			Are fire alarms tested and serviced in accordance with BS 5839 standards?	
			Does the alarm system have a battery back up in place?	

**FIRE ALARM AND DETECTION ACTION PLAN**

<b>HAZARD</b>	<b>LOCATION</b>	<b>PARTIES AT RISK</b>	<b>RISK PROBABILITY</b> H, M, L	<b>CONTROL MEASURES</b>	<b>OWNER</b>

**ADDITIONAL INFORMATION REGARDING FIRE ALARM AND DETECTION**

**SAFE ESCAPE FROM FIRE HAZARDS CHECKLIST**

Yes	No	N/A	SAFE ESCAPE FROM FIRE HAZARDS ITEM	NOTES
			Are there at least 2 escape routes located in each space?	
			Are all escape routes unobstructed and easily accessible?	
			Can all escape points be exited quickly without the use of a key?	
			Is there sufficient exit signage located in each space, and does it comply with BS 5499?	
			Are illuminated exit signs required?	
			Is emergency lighting in place and properly functioning?	
			Are all exit routes sufficiently illuminated?	
			Is emergency lighting tested and maintained according to BS 5266?	

**SAFE ESCAPE FROM FIRE HAZARDS ACTION PLAN**

<b>HAZARD</b>	<b>LOCATION</b>	<b>PARTIES AT RISK</b>	<b>RISK PROBABILITY</b> H, M, L	<b>CONTROL MEASURES</b>	<b>OWNER</b>

**ADDITIONAL INFORMATION REGARDING SAFE ESCAPE FROM FIRE HAZARDS**

**FIRE FIGHTING EQUIPMENT CHECKLIST**

Yes	No	N/A	FIRE FIGHTING EQUIPMENT ITEM	NOTES
			Is there an adequate amount of fire extinguishers available?	
			Are fire extinguishers located in higher fire hazard areas?	
			Have fire extinguishers been properly serviced and tested?	
			Are fire blankets available?	
			Is a working sprinkler system installed in the building?	
			Is a working gas flooding system in the building?	
			Are fixed installations tested according to BS standards?	
			Are all protection systems provided with working alarms?	



**FIRE FIGHTING EQUIPMENT ACTION PLAN**

<b>HAZARD</b>	<b>LOCATION</b>	<b>PARTIES AT RISK</b>	<b>RISK PROBABILITY</b> H, M, L	<b>CONTROL MEASURES</b>	<b>OWNER</b>

**ADDITIONAL INFORMATION REGARDING FIRE FIGHTING EQUIPMENT**

**STAFF TRAINING CHECKLIST**

Yes	No	N/A	STAFF TRAINING ITEM	NOTES
			Are staff trained on how to report a discovered fire?	
			Are staff trained on how to raise the fire alarm?	
			Are staff trained on how to use a fire extinguisher?	
			Are staff trained on evacuation procedures?	
			Are staff trained on alerting other staff and personnel of a fire?	
			Are team leaders or roles assigned to help in facilitation of safe escape?	
			Are staff trained on where to go for a safe assembly point?	
			Are staff trained on specific hazards on the premises?	

**STAFF TRAINING ACTION PLAN**

HAZARD	TRAINING	POINT OF CONTACT	DATE OF LAST TRAINING	DATE OF NEXT TRAINING	LOCATION OF DOCUMENTS

**ADDITIONAL INFORMATION REGARDING STAFF TRAINING**

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