



Fire Risk Assessment

The assessment must be reviewed annually or sooner should the circumstances change.

Consider each question carefully, taking into account the building and the activities that take place within it.

Building/area being assessed: Assessed by: Date:
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STEP ONE – IDENTIFY FIRE HAZARDS													
1.	<p>IDENTIFYING SOURCES OF IGNITION</p> <p>Identify the potential ignition sources within the building/area.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Smoking</td> <td style="width: 50%;"><input type="checkbox"/> Engines</td> </tr> <tr> <td><input type="checkbox"/> Electrical Equipment</td> <td><input type="checkbox"/> Boiler(s)</td> </tr> <tr> <td><input type="checkbox"/> Portable Heater(s)</td> <td><input type="checkbox"/> Heat from Processes</td> </tr> <tr> <td><input type="checkbox"/> Hot Process</td> <td><input type="checkbox"/> Potential for Arson</td> </tr> <tr> <td><input type="checkbox"/> Naked Flames</td> <td><input type="checkbox"/> Cooking</td> </tr> <tr> <td><input type="checkbox"/> Equipment or tools designed to get hot</td> <td><input type="checkbox"/> Other <small>please state</small></td> </tr> </table>	<input type="checkbox"/> Smoking	<input type="checkbox"/> Engines	<input type="checkbox"/> Electrical Equipment	<input type="checkbox"/> Boiler(s)	<input type="checkbox"/> Portable Heater(s)	<input type="checkbox"/> Heat from Processes	<input type="checkbox"/> Hot Process	<input type="checkbox"/> Potential for Arson	<input type="checkbox"/> Naked Flames	<input type="checkbox"/> Cooking	<input type="checkbox"/> Equipment or tools designed to get hot	<input type="checkbox"/> Other <small>please state</small>
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2.	<p>IDENTIFYING SOURCES OF FUEL</p> <p>Identify the potential sources of combustible materials within the building/area.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Significant amounts of paints, varnish, thinners and adhesives.</td> <td style="width: 50%;"><input type="checkbox"/> Excessive amounts of paper</td> </tr> <tr> <td><input type="checkbox"/> Petrol, diesels, oil etc</td> <td><input type="checkbox"/> Excessive amounts of waste</td> </tr> <tr> <td><input type="checkbox"/> Flammable chemicals.</td> <td><input type="checkbox"/> Non-fire resistant furnishings</td> </tr> <tr> <td><input type="checkbox"/> Significant amounts of wood storage</td> <td><input type="checkbox"/> Bottled gas</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Others <small>please state</small></td> </tr> </table>	<input type="checkbox"/> Significant amounts of paints, varnish, thinners and adhesives.	<input type="checkbox"/> Excessive amounts of paper	<input type="checkbox"/> Petrol, diesels, oil etc	<input type="checkbox"/> Excessive amounts of waste	<input type="checkbox"/> Flammable chemicals.	<input type="checkbox"/> Non-fire resistant furnishings	<input type="checkbox"/> Significant amounts of wood storage	<input type="checkbox"/> Bottled gas		<input type="checkbox"/> Others <small>please state</small>		
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3.	<p>Consider each possible combination of your answers to questions 1/2, the building/area and the activities, which take place within the building/area - does any combination represent an unacceptable risk of fire? If “yes”, which rooms/areas? State action to be taken to reduce the risk.</p> <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>												

STEP TWO – IDENTIFY THE LOCATION OF PEOPLE AT SIGNIFICANT RISK IN CASE OF FIRE.	
4.	<p>Groups of people who could be at risk</p> <p><input type="checkbox"/> Pupils <input type="checkbox"/> Staff (teaching, office, grounds, estates, medical, cleaners etc)</p> <p><input type="checkbox"/> Contractors <input type="checkbox"/> Parents/visitors</p> <p><input type="checkbox"/> Persons on courses/outside users <input type="checkbox"/></p>
STEP THREE – EVALUATE THE RISKS	
FIRE DETECTION	
5.	<p>Are there parts of the premises where fire may not be immediately detected? If “yes”, please state where: <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
6.	<p>What means is used to warn occupants of a fire?</p> <p><input type="checkbox"/> Automatic alarm system linked to fire detection equipment <input type="checkbox"/> Smoke or heat detectors</p> <p><input type="checkbox"/> Shouted warnings <input type="checkbox"/> Hand operated fire bell</p> <p><input type="checkbox"/> Break glass electrical alarm system</p>
7.	<p>Is it possible that the warning sound would not be heard throughout the premises? If “yes”, please state where and any reasons: <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
8.	<p>Consider your answers to questions 3 to 7; do you consider the fire detection and warning system to be inadequate? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If “yes” please explain why:</p>
MEANS OF ESCAPE	
9.	How many people would typically be on the premises (pupils, staff, cleaners etc)
10.	What is the maximum number of people who could be on the premises at any one time? (pupils, staff, cleaners, parents, friends etc)
11.	<p>Is any one person/group likely to be difficult to evacuate, e.g., very elderly, young, restricted mobility. <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
12.	<p>Are staff/pupils trained in evacuation? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
14.	<p>Are any escape routes obstructed or exits locked when the building is occupied? If “yes”, where and what action is to be taken? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

15.	Are any of your answers to question 1 and 2 on escape routes and therefore liable to preclude their use? If “yes”, where and what action is to be taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Would the loss of normal electrical lighting on escape routes cause difficulties in safely evacuating the building/area (consider how the times that the building is used i.e., during day light only). If “yes”, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Are there adequate signs to indicate the appropriate escape route(s), this includes directional, how and what to do if there is a fire? If “no” where and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Does any area have insufficient escape routes. If “yes” where and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	How long does it take to evacuate the building/area?	
20.	Consider your answers to 9 to 19, do you consider your means of escape to be inadequate? If “yes” why and what action is to be taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	FIRE FIGHTING EQUIPMENT	
21.	The Estates Department have the responsibility for the servicing and maintenance of the fire extinguishers, fire alarms, smoke/heat detectors and emergency lighting for all buildings. Contact the Estates Department should there be any queries on the quantities or types of fire fighting equipment.	
	TRAINING AND RECORDS	
22.	Have all staff received training on the fire procedures (see fire procedure)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Are fire precautions included as part of induction for all staff and pupils.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Are records kept of all fire drills and training (staff and pupils)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Have staff received information about the appropriate uses of different types of fire extinguishers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Are (where appropriate) procedure in place for dealing with disabled persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	If the building/area is shared with another department, is there sufficient liaison between all parties in respect of fire precautions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

28.	If your activity or building has a high fire risk (bottled gas, flammable materials, large storage areas, hot surfaces etc), is there a written fire safety file available for fire fighters including a site plan and an inventory of flammable materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Consider your answers to questions 21 – 28, do you consider the planning, training and procedures to be inadequate within your building? If “yes” why and what action is to be taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No
STEP 4/5 ACTION TAKEN AND REVIEW		
30.	FURTHER COMMENTS	
	State here any further comments regarding fire issues either within the building for activities, which take place within the building.	
31.	Signature of Fire Officer	
32.	Signature and comments from Head of Department	
33.	Send to Health & Safety Supervisor, Estates Department.	
34.	Comments from Health & Safety Supervisor	
35.	Action taken by Estates Department (feed back to the Fire Officer.)	