

NORTHUMBERLAND FIRE AND RESCUE SERVICE

FIRE RISK ASSESSMENT



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| --- | --- |
| Premises Assessed: |  |
| Date Conducted: |  |
| Date Reviewed: |  |
| Conducted by: |  |
| Reviewed by: |  |

THE REGULATORY REFORM (FIRE SAFETY) ORDER 2005

STATUTORY INSTRUMENT 2005 NO.1541

## 

## SECTIONS - PREMISES DETAILS

1. Premises Plan 9. Evacuation Procedures

2. Hazards 10. Fire Safety Management

3. History 11. Maintenance of Equipment

4. Mitigating the Effects of Fire 12. Training

5. Fire Development 13. Records

6. Occupants 14. Co-operation and Co-ordination

7. Raising the Alarm 15. Conclusions

## 8. Escape Routes 16. Remedial Action Plan

## PREMISES DETAILS

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| Premises Address: |  |
| Occupier: |  |
| Owner: |  |

**FIRE RISK ASSESSMENT CHECKLIST**

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| Responsible Person |  |
| Use & Maximum Number of Persons Present |  |
| **Hours Premises are in use** |  |
| **Construction** |  |
| **Dimensions** |  |
| **No. of Floors in Premises** |  |
| **No. of Floors in Building** |  |
| **Details of other Premises if part of Multi Occupied Building** |  |
| **Name of Assessor**  **Including Contact Details** |  |
| **Training and Experience of Knowledge or other Qualities Assessor** |  |
| **Date of Assessment Carried out** |  |
| **Review Date** |  |

**FIRE RISK ASSESSMENT CHECKLIST**

## PREMISES PLAN

Premises Plan Detailing Means Of Escape & Other Preventative & Protective Measures.

## FIRE RISK ASSESSMENT CHECKLIST

## 2. HAZARDS

|  |  |
| --- | --- |
| **SOURCES IGNITION INCLUDING ACTION TAKEN TO REDUCE THE RISK**: Hot work, flame or spark generating processes (including electrical hazards) | |
| **Hazards Identified** |  |
| **Existing Control Measures** |  |
| **Action Required** |  |

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| **SOURCES OF FUEL INCLUDING ACTION TAKEN TO REDUCE THE RISK:** Flammable liquids, solids & gas. Significance of amounts onsite & controls in place | |
| **Hazards Identified** |  |
| **Existing Control Measures** |  |
| **Action Required** |  |

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| DETAILS OF ANY HAZARDOUS SUBSTANCES PRESENT: Oxidising agents, chemical reaction, cleaning materials, storage of bulk items etc. are staff informed of the hazards from dangerous substances | |
| **Hazards Identified** |  |
| **Existing Control Measures** |  |
| **Action Required** |  |

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| HAZARDS FROM WORK PROCESSES - DETAILS INCLUDING ACTION TAKEN TO REDUCE THE RISK: Welding, grinding, packaging materials, fuel dispensing, including abnormal operations | |
| **Hazards Identified** |  |
| **Existing Control Measures** |  |
| **Action Required** |  |

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| **STRUCTURAL HAZARDS:** Wooden roofs. Building collapse. Danger to occupants and firefighters | |
| **Hazards Identified** |  |
| **Existing Control Measures** |  |
| **Action Required** |  |

## 3. HISTORY

|  |  |
| --- | --- |
| HISTORY OF ANY PREVIOUS FIRES AFFECTING THE PREMISES: Under current activities and ownership – include neighbouring fire hazards | |
| Details |  |
| **Action Required** |  |

## 4. MITIGATING THE EFFECTS OF FIRE

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| **MEANS OF FIGHTING FIRE**: Are there enough serviced extinguishers of the right type, clearly visible at marked locations close to fire hazards or exit routes? Are there anti tamper seals or controls. | |
| **Details** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

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| **MEANS FOR RESTRICTING FIRE SPREAD:** Sealed fire partitions or doors to safeguard escape routes & protected areas | |
| **Hazards Identified** |  |
| **Existing Control Measures** |  |
| **Action Required** |  |

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| **MEANS OF SEGREGATING AREAS OF HIGHER FIRE RISK:** Protected areas, segregation (people & property), flammable storage areas etc. | |
| **Hazards Identified** |  |
| **Existing Control Measures** |  |
| **Action Required** |  |

## 5. FIRE DEVELOPMENT

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| **CONSIDERING THE INFORMATION CONTAINED IN SECTION 1 - 5 DESCRIBE THE MOST LIKELY WORSE CASE SCENARIO FIRE SITUATION TO BE ENCOUNTERED**  To include details of estimated fire development and heat and smoke generation. |
| Action Required: |
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## 6. OCCUPANTS

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| **OCCUPANT CHARACTERISTICS:** Who is at risk, why at risk - e.g. disabled, sleeping etc, list the controls in place. | |
| **Details of Occupants** |  |
| **Details of any Persons Considered to be at risk**  **e.g. lone workers, visitors, people with Special Needs, people who may be asleep** |  |
| **Action Required** |  |

## 7. RAISING THE ALARM

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| **MEANS OF DETECTING & GIVING WARNING OF FIRE:** Are there enough suitably located detectors of the right type. Is alarm heard and understood in all areas. Are 240v systems battery backed up?  Can detection quickly alert to allow all occupants escape to a place of total safety | |
| **Details** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

## 8. ESCAPE ROUTES

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| **ESCAPE ROUTES AND EXITS AVAILABLE FOR OCCUPANTS:** Adequate No of signed exits for all occupants. Leading directly to safety via easily operated doors opening outwards. Alternative routes available. Lighting when dark. | |
| **Existing Provision** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

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| **MEANS FOR ENSURING ESCAPE ROUTES CAN BE SAFELY USED DURING EVACUATION:** Lights & doors including during power failure. Site inspections to ensure fire exit doors and routes are properly marked and the aisles are clear. | |
| **Existing Provision** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

## 9. EVACUATION PROCEDURES

|  |  |
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| **EMERGENCY ACTION PLAN:** Is it available to staff, visitors, contractors & relevant neighbours | |
| **Existing Procedures** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

## 10. FIRE SAFETY MANAGEMENT

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| **FIRE SAFETY POLICY STATEMENT:** Part of the emergency action plan, permit to work, or employee rules & procedures | |
| **Details** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

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| **FIRE SAFETY MANAGEMENT SYSTEM IN PLACE:** Emergency or disaster action plans in place. Systems tested to ensure competence. | |
| **Details** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

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| **PROCEDURES IN PLACE TO MONITOR AND REVIEW FIRE SAFETY PROCEDURES IN THE PREMISES:** Risk management review H&S meetings. | |
| **Details** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

## 11. MAINTENANCE OF EQUIPMENT

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| **MAINTENANCE PROGRAMME FOR PREVENTATIVE & PROTECTIVE** **MEASURES:**  Fire appliance, emergency lighting and alarm system maintenance procedures. | |
| **Details** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

## 12. TRAINING

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| --- | --- |
| **FIRE SAFETY TRAINING PROVIDED FOR RELEVANT PERSONS:** Fire safety notices and/or periodic information briefings, newsletters & instruction  Are staff aware of their fire safety responsibilities & duties in the workplace. | |
| **Details** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

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## 13. RECORDS

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| **RECORDS OF MAINTENANCE & TRAINING:** Annual extinguisher, weekly alarm/lighting checks carried out by competent person. Fire drill schedule and staff training records. Date of last fire drill. | |
| **Details** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

## 14. CO-OPERATION & CO-ORDINATION

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| **PROCEDURES IN PLACE TO ENSURE CO-OPERATION AND CO-ORDINATION BETWEEN OCCUPIERS OF RELEVANT PREMISES:** Records of external correspondence and meetings. Maintain access for emergency service vehicles and personnel | |
| **Details** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

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| CONSULTATION CARRIED OUT WITH INTERESTED PARTIES DURING RISK ASSESSMENT PROCESS. E.G. EMPLOYEES/SAFETY REPRESENTATIVES:  Records of internal correspondence and meetings. | |
| **Details** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

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| PROCEDURES IN PLACE FOR ANY NECESSARY CONTACT WITH EXTERNAL EMERGENCY SERVICES, PARTICULARLY AS REGARDS FIRE-FIGHTING, RESCUE WORK, FIRST AID AND EMERGENCY MEDICAL CARE: Is there a nominated person? – Or, are all staff prepared and competent to call 999 | |
| **Details** |  |
| **Matters of Concern** |  |
| **Action Required** |  |

**CONCLUSIONS**

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| --- |
| **CONCLUSION OF SIGNIFICANT FINDINGS** |
|  |
| **ACTION REQUIRED:** |
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## 16. REMEDIAL ACTION PLAN

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| --- | --- | --- | --- | --- |
| DEFICIENCY | REMEDIAL ACTION REQUIRED | TO BE COMPLETED BY DD/MM/YY | **DATE COMPLETED DD/MM/YY** | **VERIFIED BY NAME** |
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