Fire Risk Assessment

Structured fire risk assessment: ignition sources, fuel, people at risk, means of escape, detection, management and action plan.

Premises

Premises name *	
Address *	
Responsible person *	
Assessor name *	
Assessment date *	_____ / _____ / _____
Use of premises	
Number of floors	
Maximum occupancy	
Relevant persons	☐ Employees ☐ Visitors / public ☐ Sleeping occupants ☐ Disabled people ☐ Lone workers ☐ Young persons

Fire hazards

Item	Yes	No	N/A
Electrical sources of ignition controlled *	☐	☐	☐
Smoking controlled *	☐	☐	☐
Arson risk controlled *	☐	☐	☐
Heating appliances safe *	☐	☐	☐
Cooking safely managed *	☐	☐	☐
Hot work controlled *	☐	☐	☐
Combustible storage managed *	☐	☐	☐
Housekeeping satisfactory *	☐	☐	☐
Dangerous substances controlled *	☐	☐	☐

Fire protection

Item	Yes	No	N/A
Escape routes clear and adequate *	☐	☐	☐
Fire doors in good condition and self-closing *	☐	☐	☐
Escape signage adequate *	☐	☐	☐

Item	Yes	No	N/A
Emergency lighting adequate *	☐	☐	☐
Fire detection and alarm adequate *	☐	☐	☐
Fire extinguishers suitable and serviced *	☐	☐	☐
Compartmentation intact *	☐	☐	☐

Management

Item	Yes	No	N/A
Emergency plan in place *	☐	☐	☐
Staff fire training up to date *	☐	☐	☐
Fire drills carried out *	☐	☐	☐
Weekly alarm tests recorded *	☐	☐	☐
Maintenance records kept *	☐	☐	☐
PEEPs in place where needed *	☐	☐	☐

Action plan

Action plan 1

Issue found *	
Priority *	☐ Low ☐ Medium ☐ High ☐ Immediate
Action required *	
Responsible	
Target date	_____ / _____ / _____
Photo	*Attach photo or sketch*

Action plan 2

Issue found *	
Priority *	☐ Low ☐ Medium ☐ High ☐ Immediate
Action required *	
Responsible	
Target date	_____ / _____ / _____
Photo	*Attach photo or sketch*

Action plan 3

Issue found *	
Priority *	☐ Low ☐ Medium ☐ High ☐ Immediate
Action required *	
Responsible	
Target date	_____ / _____ / _____
Photo	*Attach photo or sketch*

Conclusion

Overall risk level *	☐ Trivial ☐ Tolerable ☐ Moderate ☐ Substantial ☐ Intolerable
Next review date *	_____ / _____ / _____
Additional comments	
Assessor name *	
Assessor signature *	
Date signed *	_____ / _____ / _____

* Required