

# FIRE RISK ASSESSMENT

Premises \_\_\_\_\_ Area \_\_\_\_\_

Question	Place comments and required control measure here.
How and where are flammable liquids used and/or stored?	
What systems are in place for the storage of combustible materials?	
How frequently do waste collections take place?	
How are work activities that produce heat or sparks controlled? Is there a hot work permit system in place?	
What control measures are in place for the storage and use of any oil or gas burning equipment?	
How frequently are hot ducts or flues maintained?	
How frequently are portable heaters maintained?	
How is the smoking policy enforced?	
When were fixed and portable electrical equipment last tested?	
How is the risk of arson identified and controlled?	
How frequently are the fire alarm systems tested?	
What is the frequency of fire drills and have all staff been involved in a fire drill?	
What consideration has been given to disabled visitors and staff?	
Are there sufficient escape routes and exits of suitable width for the people present?	
Do exits lead to a place of safety?	

Question	Place comments and required control measure here.
How do you ensure that all escape routes and exits free from obstruction and floor surfaces free of slip or trip hazards?	
Are all internal fire doors clearly labelled as such and kept closed?	
Are escape routes and exits adequately and clearly marked with diagrammatic signs?	
Are fire routes adequately lit?	
Can all doors used for means of escape purposes be easily and immediately opened from the inside?	
Are fire instructions clearly displayed?	
What is the frequency with which emergency lighting is tested?	
Are fire alarm points unobstructed?	
Can the fire alarm be heard from all areas of the premises?	
How is the location of extinguishers identified?	
Have staff received fire extinguisher training or awareness sessions?	
Are there sufficient and appropriate extinguishers in place?	
Do the fire procedures take into consideration contractors and members of the public?	
When were the fire procedures last reviewed?	

Signature of Assessor(s): .....

Assessment Completed Date: .....

Review Date: .....

