

Fire Risk Assessment

Self-Assessment Document



This Fire Risk Assessment document is to be completed by the responsible person within the business who has had adequate training in order to identify fire risks in the workplace.

It is a free document for self-assessment purposes and therefore must not be used by professional fire risk assessors. This form has not been completed by Red Box Fire Control.

If possible, attach a copy of the building plan to this document, indicating fire safety equipment and exit routes.

Section 1.

Company Name	
Company Address	
Company Telephone	
Name of Assessor	
Signature of Assessor	
Date of Assessment	

Section 2.

Property Use	
No. of Floors	
No. of Stairways	
Age of Building (If Known)	
Opening Hours	

Fire Hazards

1. Have you checked for any sources of ignition on the premises?

Yes

Look out for signs of overheating, areas with blocked or poor ventilation, frayed wiring, large quantities of combustible material (paper, cardboard, wood shavings, etc.).

No

Notes:

2. Have you checked for any sources of fuel on the premises?

Yes

Look out for paints, thinners, flammable gases, plastics, rubber, foams, etc.

No

Notes:

3. Have you checked for any sources of oxygen on the premises?

Yes

Look out for oxygen cylinders, pyrotechnics or oxidising materials.

No

Notes:

Building

1. Is smoking permitted anywhere on the building's premises?

Yes No

2. Are there any sources of open flames anywhere within the premises?

Yes No

3. Are there any portable heating appliances used on the premises?

Yes No

4. Are any extension leads used?

Yes No

5. Are any inspection lamps used?

Yes No

6. Is there any damaged electrical equipment on the premises?

Yes No

Notes:

Fire Alarms

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Are there a sufficient number of alarms throughout the premises? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Have all the fire alarms been inspected in the last 6 months? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Have the fire alarms been tested recently? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Did the fire alarms sound as expected in every area? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. If there are any visual alarms, are these working sufficiently? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Notes:

Fire Fighting Equipment

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Are there a suitable number of fire extinguishers throughout the premises? (There should be at least one every 200 square metres). | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Are fire extinguishers in the correct locations, unobstructed and undamaged? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Are the types of extinguishers correct for the areas they are in and the potential fire risks for this area? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Are the inspection labels on the equipment in date? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Are any extinguishers due an inspection or due to expire soon? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Have the responsible people been trained for the use of fire fighting equipment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Notes:

Fire Doors and Exits

1. Do any of the fire doors require replacing? (are smoke seals missing or have they been damaged?) Yes No
2. Are all fire doors kept closed at all times? Yes No
3. Do fire doors unlock in the case of an alarm? Yes No
4. Do other doors for escape routes open easily? Yes No
5. Are there ever any obstructions blocking the escape routes or fire doors? Yes No
6. Are all exit routes and exits adequately signed and illuminated? Yes No

Notes:

People At Risk

1. How many permanent employees are working on the premises? No.
2. Are there any employees with a disability that could cause difficulties in the case of a fire? Yes No
3. If yes, are there suitable measures in place for vulnerable people in the case of evacuation? Yes No
4. How often are visitors or temporary workers on the premises?
Daily Weekly Monthly Hardly Ever
5. Is anyone working in an area with increased risk in the case of a fire? (remote areas, loud areas/ amongst heavy machinery, near blocked pathways, etc.) Yes No
6. Is there an escape plan in place in the case of a fire? Yes No

Notes: