**Form 4a**

**Fire Risk Assessments Checklist**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A – Premises Detail** | | | | | | | |
| Location: | No Of Occupants: | | | | | | |
| Premises Address: | | | | | | | |
| Occupier (S): | | | | | | | |
| Premises Use: | | | | | | | |
| This assessment is based on the findings of the premise inspection recorded on Fire Inspection Checklist dated: | | | | | | | |
| **Section B – Fire Hazards** | | | | | | | |
| Ignition Sources | Fuel Sources | | | | | Oxygen Sources | |
|  |  | | | | |  | |
| **Section C – People at Risk** | | | | | | | |
| People at risk in and around the premises | | | | Vulnerable people especially at risk and why | | | |
|  | | | |  | | | |
| **Section D – Evaluation of significant findings** | | | | | | | |
|  | | | | | | | |
| **Section E – Assessment Summary** | | | | | | | |
| The risk of a fire occurring is | | | HIGH | MEDIUM | | | LOW |
| The risk to people from a fire starting is | | | HIGH | MEDIUM | | | LOW |
| Actions to be taken to remove or reduce the hazards that may cause a fire are | | | | | | | |
|  | | | | | | | |
| Actions to be taken to remove or reduce the risks to people from fire are | | | | | | | |
|  | | | | | | | |
| Signed: | | Name: | | | Date: | | |
| This assessment must be reviewed before – Date: | | | | | | | |
| Signed: | | Name: | | | Date: | | |
| **Section F – Assessment Review** | | | | | | | |
| Summary of review (If findings are significant complete a new form) | | | | | | | |
|  | | | | | | | |
| Signed: | | Name: | | | Date: | | |