**Form 4b**

**Fire Risk Assessments Checklist (EXAMPLE)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |
| * Naked Flames * Cooking Equipment * Sparks / Static * Lighting Equipment * Ventilation Equipment * Faulty or misused electrical equipment * Hot Surfaces | * Flammable Liquids * Flammable Solvents * Flammable Chemicals * Paper & Card * Packing Materials * Textiles / Furnishings * Waste Products * Flammable Gasses | | | | | * Air – Natural * Mechanical Ventilation / Air Conditioning units. * Oxidising chemicals. * Piped or bottled oxygen. | |
| **Section C – People at Risk** | | | | | | | |
| People at risk in and around the premises | | | | Vulnerable people especially at risk and why | | | |
| * + Employees   + Visitors   + Contractors   + Suppliers   + Students. | | | | * Lone Workers * Visitors unfamiliar with premises * People with disabilities * Elderly persons / parents with children * People with language difficulties | | | |
| **Section D – Evaluation of significant findings** | | | | | | | |
| * All areas cover by sprinkler system, emergency lighting, signs & notices. * Fire extinguishers placed around the premises. Maintenance records held on site. * External Monitoring of alarms. Linked to Fire Authority. * Regular Preventative M&E Planned Maintenance carried out. * Specific Risk assessments to be produced for each activity i.e., Catering, Cleaning & Maintenance activities. * Staff to follow the premise evacuation procedures and receive induction training from premise management * Induction records held in Fire Management Plan, staff to sign sheet. * No Smoking on premises. * Insurance maintenance forms for machinery in CDT, fume cupboards and kiln, held by CDT Technician. * List of chemicals and quantities held in the Fire Management Plan file. * CDT technician also holds the maintenance forms for the cookers in Food Technology. * Electrical equipment to be PAT tested in November to include personal electrical equipment of the staff. A list will be complied of these items. * Oxidising chemicals kept separate from other chemicals. * Flammable liquids locked in metal cabinet. | | | | | | | |
| **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 | | | | | | | |
| * Replacing highly flammable materials with less flammable ones. * Separating flammable materials from sources of ignition. * Separating oxidising chemicals from other chemicals. * Empty packaging to be removed from school to waste compounds. * Ensure escape routes are kept clear of obstructions. * Grouping electrical appliances together away from paper and other flammable substances. * All electrical appliances to be PAT tested in November, to include personal equipment. * Process of copying paper documents to electronic format. | | | | | | | |
| Actions to be taken to remove or reduce the risks to people from fire are | | | | | | | |
| * Provide adequate training to staff & visitors records of induction to be held on site. * Fire training to be carried out jointly with building occupiers / school. * Staff to be aware of specific responsibilities especially within kitchen area. * Staff to follow premise evacuation procedures held within the Fire Management Plan. * Regular planned maintenance to be carried out within specific timescales. * Additional signage required in corridors. * All doors to be assessed to establish level of protection against fire or smoke spread. | | | | | | | |
| 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: | | |