

Regulatory Reform (Fire Safety) Order 2005

Fire Risk Assessment

(refers to premises owned or occupied solely by the Company).

Responsible Person (Employer or other person having control of the relevant premises)	
Address of Premises	
Postcode	
Name/Position of Assessor:	
Signature of Assessor:	
Date of Fire Risk Assessment	
(This risk assessment should be reviewed annually or at such earlier time as there is reason to suspect that it is no longer valid or there has been a significant change in the matters to which it relates.)	

Subsequent Review Dates			Review resulted in amendments – Say Yes or No
Reviewed by:		Date:	
Reviewed by:		Date:	
Reviewed by:		Date:	

Note: If the Review of this Risk Assessment has resulted in any form of amendment, then all relevant people (employees, agency staff, contractors etc.) must be informed without delay.

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Company/Organisation Name registered with the Care Inspectorate

This model requires the approval of the purchaser prior to implementation

General Information

The Office Premises	
Describe the office premises, with particular note regarding any aspect which will have an impact on fire safety.	

Occupancy Profile (The people at risk)		
In the event of a fire, what is the maximum number of people likely to be affected?		
In the event of an evacuation, can they all evacuate at once? If No, what arrangements are available to ensure the safety of all?	Yes/No	
In the event of a fire, is any individual at increased risk such as due to mobility, language, or sight problems? If Yes, what arrangements are in place to ensure the safe evacuation of this individual, or individuals?	Yes/No	
Name and position of person responsible for ensuring premises are evacuated with no individual staff member or visitor remaining		

Identified Fire Hazards and Primary Control Measures

Electrical Sources Of Ignition		
Measures taken to prevent fires of electrical origin		
Has the fixed electrical installation been periodically inspected and tested? (e.g. every 5 years). If No, describe action you will take with timescale, where appropriate.	YES / NO	
Has portable electrical appliance testing been carried out on a risk assessed basis? If No, describe arrangements to be made.	YES / NO	
Do employees understand the Company's rules regarding the use of personal electrical appliances? If No, describe arrangements to be made.	YES / NO	
Is there suitable limitation and management of trailing electrical leads and adaptors? If No, describe arrangements to be made.	YES / NO	
Have employees been provided with the HSE Booklets – “Maintaining Portable Electrical Equipment in low-risk environments” and “Electrical Safety and You” as part of induction training? If No, describe arrangements to be made.	YES / NO	

Smoking (excluding electronic cigarettes)		
Is smoking allowed in a designated area outside of the building? If Yes, describe what arrangements are in place – a) To reduce/eliminate the risk of fire, and b) To protect the health, safety and wellbeing of non-smokers.	YES / NO	

Arson/Deliberate Ignition		
Basic security against arson by outsiders or other persons appears reasonable? If No, describe what action you intend to take to improve the situation.	YES / NO	
Is the surrounding area free from combustible materials which might be deliberately or accidentally set alight and which could be a source of danger to the premises and its occupants? If Yes, describe what action you intend to take to reduce/eliminate the hazard.	YES / NO	

Portable Heaters		
Portable heaters are used within the premises?	YES / NO	
<p>If Yes, describe the general arrangements in place to eliminate/reduce the risk of fire, or other hazards, from such devices.</p> <p>If Yes, is the use of the more hazardous type (i.e. radiant bar fires, or LPG appliances) avoided? If No, describe the arrangements in place to reduce/eliminate the risk of fire from such devices.</p>		

Fixed Heating Installations		
Fixed heating installations such as boilers are used within the premises.	YES / NO	
If Yes, are the installations subject to regular maintenance? If No, describe arrangements to be made.	YES / NO	
Are suitable measures taken to minimise the hazard of ignition of combustible materials due to these heaters? If No, describe arrangements to be made.	YES / NO	

Housekeeping		
Combustible materials are separated from ignition sources. If No, describe arrangements to be made.	YES / NO	
There is appropriate storage of hazardous materials. If No, describe arrangements to be made.	YES / NO	
Escape routes are clear of any combustibles, e.g. furniture. If No, describe arrangements to be made.	YES / NO	
There are appropriate measures for the safe storage and disposal of waste. If No, describe arrangements to be made.	YES / NO	

Are there any other fire hazards that warrant consideration within the premises? If Yes, describe what they are and the steps taken to reduce/eliminate the risk of fire.	YES / NO	
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Evacuation		
<p>It is reasonably expected that all relevant persons in the premises are able to (and will) evacuate immediately to a place of safety in the event of a fire.</p> <p>If No, describe what arrangements are, or need to be put in place without delay.</p>	<p>YES / NO</p>	

Means of Escape		
<p>It is considered that the premises are provided with adequate and reasonable means of escape in case of fire.</p> <p>If No, describe the immediate measures to be taken to ensure adequate means of escape.</p>	<p>YES / NO</p>	
<p>Means of escape are signposted, unobstructed and accessible without a key. If No, to any element, describe the action to be taken.</p>	<p>YES / NO</p>	
<p>The means of escape are adequate for people with a disability. If No, describe what action needs to be taken.</p>	<p>YES / NO</p>	
<p>The needs of disabled people working in the premises are adequately met. If No, describe what action needs to be taken.</p>	<p>YES / NO</p>	
<p>The nature of the escape route and the premises suggests some form of emergency lighting should be introduced. If Yes, describe what arrangements are in place. If Yes, and no arrangements are in place, describe the action to be taken.</p>	<p>YES / NO</p>	

Means of giving warning in case of fire		
Reasonable manually operated fire warning in case of fire provided?	YES / NO	
Automatic fire detection provided?	YES / NO	
Manual or automated systems are regularly checked and maintained? If No, describe what actions needs to be taken.	YES / NO	

Manual Fire Extinguishing Appliances		
Reasonable provision of portable fire extinguishers? If No, describe what action needs to be taken.	YES / NO	
All fire extinguishers are readily accessible and unobstructed. If No, describe what action needs to be taken.	YES / NO	

Fire Risk Assessment Remedy Action Plan

Date	Action to be taken	Priority: A: Immediate B: 1 Month C: 3 months	Target Date for Completion:	Action By:	Date Action Completed: