

Fire Risk Assessment - Office Facilities - Risk Assessment Schedule

HAZARD / RISK	OBSERVATION		Comments
	YES	NO	
A: FIRE HAZARDS IN THE ENVIRONMENT			
Portable electrical appliances have incorrect fuse rating, leading to overloading.	<input type="checkbox"/>	<input type="checkbox"/>	
Plug on portable electrical appliance - case is cracked / damaged, or is scorched through overheating of the appliance	<input type="checkbox"/>	<input type="checkbox"/>	
Cable sheath on portable electrical appliances cut / damaged.	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical sockets cracked / damaged	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical sockets overloaded / multiple adaptors.	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical extension leads not fully unwound before use - possible overheating.	<input type="checkbox"/>	<input type="checkbox"/>	
Combustible materials too near sources of ignition; e.g. cloths hanging over gas hobs (staff kitchen).	<input type="checkbox"/>	<input type="checkbox"/>	
Combustible materials too near sources of ignition.	<input type="checkbox"/>	<input type="checkbox"/>	
Smoking in non-smoking areas; smoking rules not observed.	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable liquids (petrol, etc) not kept in proper purpose-made containers / not properly labelled.	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable liquids (petrol, etc) not kept in secure locations.	<input type="checkbox"/>	<input type="checkbox"/>	
Empty containers of flammable liquids (petrol, etc) left to accumulate / not disposed of properly.	<input type="checkbox"/>	<input type="checkbox"/>	
Waste left to accumulate.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blankets not available to deal with kitchen fires (staff kitchen).	<input type="checkbox"/>	<input type="checkbox"/>	
Free standing / portable heaters not safely positioned at point of use.	<input type="checkbox"/>	<input type="checkbox"/>	
Free standing / portable heaters left on unattended.	<input type="checkbox"/>	<input type="checkbox"/>	
Signature: _____ Date: _____			

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B: PREMISES & ENVIRONMENT			
Internal fire doors do not have automatic closing devices OR closing devices not working properly.	<input type="checkbox"/>	<input type="checkbox"/>	
Internal fire door closing devices slam the door shut rather than operating in a safe and controlled manner.	<input type="checkbox"/>	<input type="checkbox"/>	
Internal fire doors wedged open / obstructed. Not regularly checked and recorded.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire escape routes not clearly displayed / marked.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire escape routes not illuminated. (Check emergency lighting system in addition to normal lighting levels).	<input type="checkbox"/>	<input type="checkbox"/>	
Fire escape routes not displayed in appropriate locations.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire escape routes not completely clear.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire exit doors not able to be opened immediately and easily.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire exit doors not operable from the inside. Push-bar mechanism not working.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire exit doors do not open outwards to full 90 degrees.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire exit doors obstructed / locked.	<input type="checkbox"/>	<input type="checkbox"/>	
Special signage, e.g. braille along handrails, not available for blind / partially sighted persons.	<input type="checkbox"/>	<input type="checkbox"/>	
Signature: _____ Date: _____			

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C: EQUIPMENT			
Fire extinguishers not listed or mapped with locations in the office areas. Therefore not always able to tell whether all extinguishers are in place.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers not present OR of incorrect type.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers not clearly visible. Access to fire extinguishers obstructed.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers not regularly checked / serviced (check status labels). Records not available.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff not trained in the correct working of fire extinguishers.	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke detectors not present / not working / not regularly checked. Records not available.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarms not working properly.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm connections to the Fire Station / Fire Officer not functioning properly.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarms not regularly tested. Records not available.	<input type="checkbox"/>	<input type="checkbox"/>	
Linked fire protection systems (to fire alarm) not working correctly (e.g. magnetic door release, smoke curtains drop).	<input type="checkbox"/>	<input type="checkbox"/>	
Access to fire hose reels obstructed.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire hosepipes / nozzles in poor condition. Not regularly checked. Records are not available.	<input type="checkbox"/>	<input type="checkbox"/>	
(Where fitted) Sprinkler system not working properly.	<input type="checkbox"/>	<input type="checkbox"/>	
(Where fitted) Sprinkler system not regularly checked. Records not available.	<input type="checkbox"/>	<input type="checkbox"/>	
(Where fitted) Sprinkler heads obstructed.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blankets not available to deal with kitchen fires (staff kitchen).	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting not working / not of adequate intensity.	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting not regularly tested. Records not available.	<input type="checkbox"/>	<input type="checkbox"/>	
Signature: _____ Date: _____			

HAZARD / RISK	OBSERVATION		Comments
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D: PEOPLE			
Staff not adequately trained in the principles of fire safety and fire drill and evacuation procedures.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff not adequately trained in the proper use of fire-fighting equipment.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff not familiar with emergency procedures upon discovering a fire.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff not familiar with ways of assisting persons with disabilities in the event of the need to evacuate the premises.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff not familiar with ways of assisting visitors in the event of the need to evacuate the premises.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills not carried out regularly. Records not available.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills only carried out during "day shift" hours; night duty staff have not been involved.	<input type="checkbox"/>	<input type="checkbox"/>	
Signature: _____ Date: _____			