

## Risk Assessment - Using Oxygen in a Smoking Environment

Name of Service User: \_\_\_\_\_

Hazard / Observation		YES	NO	Comments
1	Oxygen cylinders not stored in an upright position, or in a cradle to allow safe movement.	<input type="checkbox"/>	<input type="checkbox"/>	
2	Oxygen cylinders stored in a location where flammable and / or oil-based materials such as paint and petrol are also stored.	<input type="checkbox"/>	<input type="checkbox"/>	
3	Oxygen cylinders subjected to extremes of temperature.	<input type="checkbox"/>	<input type="checkbox"/>	
4	Fires / naked flames within 3 metres of oxygen source.	<input type="checkbox"/>	<input type="checkbox"/>	
5	Persons smoking in the vicinity of the oxygen source.	<input type="checkbox"/>	<input type="checkbox"/>	
6	NO SMOKING signs not displayed in the vicinity of the oxygen source.	<input type="checkbox"/>	<input type="checkbox"/>	
7	Furniture fabric, including bedding, not made from fire-retardant material.	<input type="checkbox"/>	<input type="checkbox"/>	
8	Service user smokes in bed, near the vicinity of the oxygen source.	<input type="checkbox"/>	<input type="checkbox"/>	
9	Service user takes sedatives, sleeping pills, or other medication likely to induce drowsiness while using oxygen and smoking.	<input type="checkbox"/>	<input type="checkbox"/>	
10	No fire extinguisher present.	<input type="checkbox"/>	<input type="checkbox"/>	
11	Fire extinguisher available, but servicing period has expired.	<input type="checkbox"/>	<input type="checkbox"/>	
12	No smoke alarms fitted.	<input type="checkbox"/>	<input type="checkbox"/>	
13	Smoke alarms fitted but not regularly checked for satisfactory working.	<input type="checkbox"/>	<input type="checkbox"/>	
14	The local Fire Service is aware that oxygen is being used at the service user's home.	<input type="checkbox"/>	<input type="checkbox"/>	

Person conducting Risk Assessment: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_