Appendix E – Primary fire risk assessment templates

Fire Safety Management Coordination

*Fire Risk Assessment Review*

Assessments should be kept under constant review, and in any case reviewed whenever circumstance change which affect the validity of the current assessment. Whilst there is no maximum period between assessments, it is recommended that the review period should not exceed 12 months.

|  |  |  |  |
| --- | --- | --- | --- |
| **Revision** | **Date** | **Assessor Details** | **Signature** |
| Initial Assessment |  |  |  |
| Revision 1 |  |  |  |
| Revision 2 |  |  |  |
| Revision 3 |  |  |  |
| Revision 4 |  |  |  |
| Revision 5 |  |  |  |
| Revision 6 |  |  |  |
| Revision 7 |  |  |  |
| Revision 8 |  |  |  |
| Revision 9 |  |  |  |
| Revision 10 |  |  |  |

*Schedule of Secondary Fire Risk Assessments*

xxx

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Reference No.** | **Location Name** | **Floor** | **Responsibility** | **Date of Last FRA** | **Findings Relevant to the Primary Assessment** | **Initial/Final Risk Rating** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |

Significant findings

**Consequence of fire**

|  |  |  |
| --- | --- | --- |
| **Severity of outcome (S)** | **Value** | **Examples** |
| Negligible | 1 | Very localised damage or fire spread or possibility of injury to people |
| Low | 2 | Slight damage to property Minor injury to occupants, first aid required |
| Moderate | 3 | Moderate damage to property Partial evacuation requiredInjury to occupants, medical attention required |
| High | 4 | Large scale damage to propertyComplete evacuation requiredOccupants require hospitalisation |
| Catastrophic | 5 | Major loss of propertyLoss of life |

**Probability of fire**

|  |  |  |
| --- | --- | --- |
| **Likelihood (L)** | **Value** | **Examples** |
| Rare | 1 | Combination of few ignition sources and low fire load in a highly controlled environment.  |
| Unlikely | 2 | Very well-controlled environment (for example, no use of untested electrical equipment and extension cables), effective management of contractors and hot works, controlled access to members of the public. |
| Possible | 3 | Fire load typical for hospitals with controlled sources of ignition (for example, PAT testing of electrical equipment). |
| Likely | 4 | Lack of control of use of electrical equipment (such as portable electrical heaters), uncontrolled access to members of the public combined with readily accessible fire loads (for example, poorly controlled waste areas). |
| Almost certain | 5 | Uncontrolled hot works with immediate risk of ignition combined with fire load. |

Considering the fire prevention measures observed at the time of this risk assessment, it is considered that the hazard from fire (likelihood of fire) at these premises is:

|  |
| --- |
|[ ]  Rare |
|[ ]  Unlikely |
|[ ]  Possible |
|[ ]  Likely |
|[ ]  Almost certain |

Considering the nature of the premises and the occupants, as well as the fire protection and procedural arrangements observed at the time of this fire risk assessment, it is considered that the consequences for life safety in the event of fire would be:

|  |
| --- |
|[ ]  Negligible Harm |
|[ ]  Low Harm |
|[ ]  Moderate Harm |
|[ ]  High Harm |
|[ ]  Catastrophic Harm |

FIRE RISK ASSESSMENT

The table below assesses the total risk level.

***Risk Rating***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Rare | Unlikely | Possible | Likely | Almost certain |
| Negligible | 1 | 2 | 3 | 4 | 5 |
| Low | 2 | 4 | 6 | 8 | 10 |
| Moderate | 3 | 6 | 9 | 12 | 15 |
| High | 4 | 8 | 12 | 16 | 20 |
| Catastrophic | 5 | 10 | 15 | 20 | 25 |

|  |  |  |
| --- | --- | --- |
| ***Risk Rating*** | ***Risk description*** | ***Action*** |
| 1 | Trivial | None |
| 2-3 | Tolerable | Review findings at next FRA |
| 4-9 | Moderate | Implement additional control measures within programmed maintenance/management process |
| 10-16 | Substantial | Implement interim measures immediately and full controls as soon as practicable |
| 20-25 | High | Cease use of area or activity giving risk until additional controls are in place |

|  |  |
| --- | --- |
| **Risk level** | **Action and timescale** |
| Trivial | No action is required. |
| Tolerable (Low Risk) | No major additional controls required. However, there might be a need for improvements that involve minor or limited cost. Review findings at next FRA |
| Moderate | It is essential that efforts are made to reduce the risk. Risk reduction measures should be implemented within a defined time period. Implement additional control measures within programmed maintenance processWhere moderate risk is associated with consequences that constitute extreme harm, further assessment might be required to establish more precisely the likelihood of harm as a basis for determining the priority for improved control measures. |
| Substantial | Considerable resources might have to be allocated to reduce the risk. If the building is unoccupied, it should not be occupied until the risk has been reduced. If the building is occupied, urgent action should be taken. Implement interim measures immediately and full controls as soon as practicable |
| High | Building (or relevant area) should not be occupied until the risk is reduced. Cease use of area until additional controls are in place |

Accordingly, it is considered that the risk to life from fire at these premises is:

|  |
| --- |
|[ ]  Trivial |
|[ ]  Tolerable |
|[ ]  Moderate |
|[ ]  Substantial  |
|[ ]  High |
| Comments |
|  |

*Action Plan*

It is considered that the following actions should be implemented in order to reduce fire risk to, or maintain it at, the following level:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref No.** | **Location** | **Findings** | **Variation / Justification or Action Required** | **Review Secondary Risk Assessment affected by this defect** | **Interim Control Measures** | **Initial/Final Risk Rating** | **Person responsible/allocated job number** | **Date Completed /Competent Person Initials** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Assessment Details & Scope

*Premises*

|  |  |  |
| --- | --- | --- |
| Premises Full Address |  |  |

|  |  |  |
| --- | --- | --- |
| Owner & Occupier(Provide details of both if different) |  |  |
| General Description of Premises |
|  |

|  |  |  |
| --- | --- | --- |
| Responsible person(s) |  |  |
| Name & Position of responsible person |  |  |

|  |  |  |
| --- | --- | --- |
| Details of the Authorising Engineer(Name, company, address) |  |  |

|  |  |  |
| --- | --- | --- |
| Name of the person(s) providing the information |  |  |

|  |  |  |
| --- | --- | --- |
| Contact Details |  |  |

*Dates*

|  |  |  |
| --- | --- | --- |
| Date of Fire Risk Assessment |  |  |

|  |  |  |
| --- | --- | --- |
| Date of previous Fire Risk Assessment |  |  |

|  |  |  |
| --- | --- | --- |
| Suggested date/period for review |  |  |

*Relevant Fire Safety Legislation and Guidance*

|  |
| --- |
| Any informal notices, alterations, enforcement or prohibition notices applicable to these premises. Please note the enforcement authority issuing the notice. |
|  |

|  |
| --- |
| Relevant guidance used in the production of this Fire Risk Assessment |
|  |

*Fire Risk Assessor*

|  |  |  |
| --- | --- | --- |
| Name of Fire Risk Assessor |  |  |
| Details of Competence (such as fire risk assessment qualifications, professional organisation membership and membership of third party accreditation scheme) |
|  |

I certify that to the best of my knowledge, the information contained in this fire risk assessment is correct, based on information provided at the time the assessment was undertaken.

|  |  |  |
| --- | --- | --- |
| Signature of Fire Risk Assessor |  |  |

|  |  |  |
| --- | --- | --- |
| Report authorised by Fire Safety Manager (name and date) |  |  |

|  |  |  |
| --- | --- | --- |
| Signature |  |  |

*Building Schedule*

The building schedule should correspond to the site plans referenced below. Descriptions should include:

* building use
* building contents (gas and chemical storage, plantrooms, high voltage equipment, etc.)
* hours the buildings are in use
* the original design guidance should be specified (if known) and/or guidance used at the last renovation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ref.** | **Name** | **Description** | **Year of Build** | **Design Guidance**  | **No. of Floors** | **No. of Basements** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*General Site Plan*

*(Include a site plan with the buildings listed in the schedule marked accordingly)*

Building Information

|  |  |  |
| --- | --- | --- |
| Building Height |  |  |
| Height (m)*(From access level to top occupied storey excluding any plantrooms on the roof)* |  |  |

|  |  |  |
| --- | --- | --- |
| Number of floors at ground level and above |  |  |

|  |  |  |
| --- | --- | --- |
| Number of floors entirely below ground level |  |  |

|  |
| --- |
| General Description of Building Construction and Layout |
|  |

|  |  |  |
| --- | --- | --- |
| Floor Area |  |  |
| Approximate Floor Area per floor (m2) |  |  |

|  |  |  |
| --- | --- | --- |
| Approximate Total Floor Area (m2) |  |  |

|  |  |
| --- | --- |
| Original design guidance (if known) or guidance used when last renovated | *(Please tick)* |
|  |  |
|[ ]  HTM 81 (grey) |
|[ ]  Nucleus |
|[ ]  HTM 81 (yellow) |
|[ ]  HTM 05-02 |
|[ ]  Other |
| Comments: |
|  |

|  |
| --- |
| Building Uses & Hours of Use |
|  |

|  |  |  |
| --- | --- | --- |
| Maximum Number of Persons |  |  |
| Staff |  |  |

|  |  |  |
| --- | --- | --- |
| Patients |  |  |

|  |  |  |
| --- | --- | --- |
| Others |  |  |

|  |  |  |
| --- | --- | --- |
| Total |  |  |

|  |  |
| --- | --- |
| Details of Others  | *(i.e., are there other employers in the building, members of the public, etc.)* |
|  |

|  |  |  |
| --- | --- | --- |
| Minimum Number of Staff on Duty |  |  |

|  |  |
| --- | --- |
| Typical occupant dependency | *(please tick)* |
|[ ]  Independent |
|[ ]  Dependent |
|[ ]  Very High Dependency |

Building Plans

(Reference to appropriate plans for the building or the building fire strategy)

Occupancy

|  |  |
| --- | --- |
| Does the healthcare facility contain? | *(Tick those applicable)* |
|[ ]  Sleeping areas |
|[ ]  Patient access areas |
|[ ]  Non-patient areas |
|[ ]  Operating theatres |
|[ ]  Acute care |
|[ ]  Emergency care |

|  |  |
| --- | --- |
| Details of activities at the healthcare facility | *(Types of care, long stay, secure facilities, operations, etc.)* |
|  |

|  |  |
| --- | --- |
| People in and around the building | *(Tick those applicable)* |
|[ ]  Medical staff |
|[ ]  Non-medical staff |
|[ ]  Patients |
|[ ]  Members of the public |
|[ ]  Lone workers |
|[ ]  Non-patients with disabilities |
|[ ]  Others (specify) |
| Comments |
|  |

|  |  |  |
| --- | --- | --- |
| Maximum Number of Persons |  |  |
| Staff |  |  |

|  |  |  |
| --- | --- | --- |
| Patients |  |  |

|  |  |  |
| --- | --- | --- |
| Others |  |  |

|  |  |  |
| --- | --- | --- |
| Total |  |  |

|  |  |  |
| --- | --- | --- |
| Minimum Number of Staff on Duty |  |  |

|  |  |
| --- | --- |
| Those requiring special consideration | *(Tick those applicable)* |
|[ ]  Young Workers |
|[ ]  Children |
|[ ]  Those with language difficulties |
|[ ]  Those with mental health conditions |
|[ ]  Other (specify) |
| Comments |
|  |

|  |  |
| --- | --- |
| Typical occupant dependency | *(Please tick)* |
|[ ]  Independent |
|[ ]  Dependent |
|[ ]  Very High Dependency |

|  |
| --- |
| Describe management policies and procedures to identify and address the needs of those requiring special consideration or who are dependant |
|  |

Means of Escape

|  |  |
| --- | --- |
| Describe the escape route(s) from the building | (Common stairs, final exits, etc.) |
|  |

|  |
| --- |
| Fire Exits |
| Question |  | Y/N |  | Comment |
| Are exit capacities adequate for the number of occupants? |  |  |  |  |
|  |  |  |  |  |
| Do fire exits open in the direction of escape (where necessary)? |  |  |  |  |
|  |  |  |  |  |
| Are all fire exits easily and immediately openable? |  |  |  |  |
|  |  |  |  |  |
| Are the arrangements provided for securing exits satisfactory? |  |  |  |  |
|  |  |  |  |  |
| Are there satisfactory arrangements for escape where revolving doors or sliding doors are used as exits? |  |  |  |  |
|  |  |  |  |  |
| Is there adequate provision of exits? |  |  |  |  |
| Further Details  | (Including description of arrangements and deficiencies observed) |
|  |

|  |
| --- |
| Are Means of Escape Adequate? |
| Question |  | Y/N |  | Comment |
| Is a suitable standard of protection designed for escape routes? Is the standard of protection aligned to the fire strategy for the building? |  |  |  |  |
|  |  |  |  |  |
| Is the means of escape design in line with the fire strategy? |  |  |  |  |
|  |  |  |  |  |
| Are travel distances inline with guidance? |  |  |  |  |
|  |  |  |  |  |
| Are lifts capable of being used in an emergency provided? |  |  |  |  |
|  |  |  |  |  |
| Are means of escape routes suitably maintained? Are the common escape routes clear of obstructions and combustible materials? |  |  |  |  |
|   |  |  |  |  |
| Further Details  | *(Including description of arrangements and deficiencies observed)* |
|  |

|  |  |  |
| --- | --- | --- |
| Are escape routes suitably signed? Are fire action notices or other fire safety signs provided?  |  |  |

|  |  |  |
| --- | --- | --- |
| Has a reasonable standard of emergency escape lighting system been provided? |  |  |

|  |
| --- |
| Assisted Evacuation |
| Question |  | Y/N |  | Comment |
| Are evacuation lifts provided under the assisted evacuation? |  |  |  |  |
|  |  |  |  |  |
| Are refuges provided? Are refuges unobstructed? Are refuges equipped with an Emergency Voice Communication (EVC) system and in line with the recommendations of guidance? |  |  |  |  |
|  |  |  |  |  |
| Is equipment provided in common areas to assist with evacuation of disabled people? Where equipment is provided is it in good condition or otherwise maintained? |  |  |  |  |
|  |  |  |  |  |
| Are there reasonable arrangements for means of escape for disabled people? |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| List fire safety systems critical to maintaining the means of escape |  |  |

|  |
| --- |
| HTM 05-01 states that the Fire Safety Manager should monitoring the inspection and maintenance of fire safety systems to ensure it is carried out. Describe the maintenance regime for fire safety systems that means of escape relies on. Are these being maintained to a satisfactory level? |
|  |

|  |
| --- |
| Describe the maintenance regime for the escape routes, are they subject to regular checks? |
|  |

|  |
| --- |
| Describe the maintenance regime for the fire doors  |
|  |

Building Fabric & Maintenance

|  |
| --- |
| Compartmentation |
| Question |  | Y/N |  | Comment |
| Is compartmentation provided to a reasonable standard in-line with the fire strategy? |  |  |  |  |
|  |  |  |  |  |
| Is compartmentation fire-resisting construction in a reasonable state of repair? |  |  |  |  |
|  |  |  |  |  |
| Are there any fire-stopping defects? Do any services penetrating compartment walls require firestopping works? |  |  |  |  |
| Further Details  | *(Including description of arrangements and deficiencies observed)* |
|  |
| Describe the maintenance regime for compartmentation (as detailed in IHEEM’s ‘FTSP guidance document No. 1 – Fire compartmentation’) and the management controls for firestopping works in this building  |
|  |

|  |
| --- |
| Describe the maintenance regime for fire doors  |
|  |

|  |
| --- |
| Fire Doors protecting the common escape routes (this should include details of all defective fire doors) |
| Question |  | Y/N |  | Comment |
| Are fire doors installed correctly and in a reasonable state of repair? |  |  |  |  |
|  |  |  |  |  |
| Are fire doors equipped with smoke seals where necessary? Are the seals unbroken and unpainted? |  |  |  |  |
|  |  |  |  |  |
| Are fire doors equipped with a self-closing device where necessary? Does the self-closing device operate properly? |  |  |  |  |
|  |  |  |  |  |
| Are any fire doors wedged open? |  |  |  |  |
|  |  |  |  |  |
| Are fire doors equipped with suitable signage? |  |  |  |  |
| Further Details  | *(Including description of arrangements and deficiencies observed)* |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comment |
| Do heating and ventilation systems within the building pose an unacceptable fire risk?  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comment |
| Within the common escape routes: As far as can reasonably be ascertained, are fire dampers provided as necessary to protect critical means of escape against passage of fire, smoke and products of combustion in the early stages of a fire? |  |  |  |  |

|  |
| --- |
| Describe the maintenance regime for building-wide/common heating and ventilation systems |
|  |

|  |
| --- |
| Describe the maintenance regime for fire dampers (see IHEEM’s ‘FTSP guidance document No. 3 – Maintenance, fire/smoke dampers’) |
|  |

Fire Detection and Alarm Systems

|  |  |
| --- | --- |
| **Details of fire detection and alarm system and the name of the Authorised Person (Fire Safety Maintenance) responsible for the system** | (category/coverage, detector types, zones, MCPs, etc.) |
|  |

|  |  |  |
| --- | --- | --- |
| Is the alarm linked to an Alarm Receiving Centre? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comment |
| Is the design, installation, and commissioning/handover of the fire detection and alarm system in line with the relevant British Standards and HTM 05-03 Part B? (Comments should include any variations/modifications). |  |  |  |  |

|  |
| --- |
| Detail the provisions for the testing (including cause-and-effect of the fire detection and alarm system), maintenance of the alarm system and management controls on the specification of alarm systems and works |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comment |
| Are the maintenance arrangements in line with the relevant British/Design Standards and HTM 05-03 Part B?(Comments should include any variations) |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Is there any experience of false alarms? (As this is the primary FRA, it is expected that this will cover the system as a whole) |  |  |

|  |  |  |
| --- | --- | --- |
| Are detectors and call-points in the common areas uncovered, accessible and operable? |  |  |

|  |
| --- |
|  Describe management procedures for the control/reduction of control of false alarm signals  |
|  |

|  |  |  |
| --- | --- | --- |
| Are the provisions for the fire detection and alarm system acceptable? |  |  |

Smoke control and ventilation systems

|  |  |
| --- | --- |
| Details of smoke control systems  | (Locations, type, design standards, etc.) |
|  |

|  |
| --- |
| Detail the provisions for the testing and maintenance of the smoke control systems.  |
|  |

|  |
| --- |
| Is there a suitable system for integrating the smoke control system into the cause-and-effect of the fire alarm and ventilation system? |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comment |
| Are the maintenance arrangements in line with the relevant British/Design Standards?(Comments should include any deviations) |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Does the outlet of any smoke control system open near the external wall? If so, explain the wall construction in these areas. |  |  |

|  |  |  |
| --- | --- | --- |
| Are the provisions for smoke control acceptable? |  |  |

Fire Suppression Systems

|  |  |
| --- | --- |
| Suppression systems at this facility include | *(Tick those identified)* |
|[ ]  Sprinklers |
|[ ]  Water-mist |
|[ ]  Gaseous Suppression |
|[ ]  Other (Specify) |
| Brief Summary |
|  |

|  |  |
| --- | --- |
| Details of Fire Suppression System  | (Type, coverage, design standards, etc.) |
|  |

|  |
| --- |
| Detail the provisions for the testing and maintenance of the fire suppression systems  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comment |
| Are the maintenance arrangements in line with the relevant British/Design Standards?(Comments should include any deviations) |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Are the provisions for fire suppression acceptable? |  |  |

Firefighting Facilities

|  |  |
| --- | --- |
| Facilities available to assist firefighting | (Tick those identified) |
|[ ]  Firefighting Shafts |
|[ ]  Dry Rising Mains |
|[ ]  Wet Rising Mains |
|[ ]  Firefighting Lifts |
|[ ]  Evacuation Lifts |
|[ ]  Premises information boxes |
|[ ]  Private Hydrants |
|[ ]  Manual firefighting equipment e.g. hose reals |
|[ ]  Fire appliance access routes |

|  |
| --- |
| Provide details of Firefighting Facilities |
| Firefighting Shafts |  |  |
|  |  |  |
| Rising Mains |  |  |
|  |  |  |
| Firefighting and Evac Lifts |  |  |
|  |  |  |
| Premises information boxes |  |  |
|  |  |  |
| Hydrants (public & private) |  |  |
|  |  |  |
| Manual firefighting equipment |  |  |

|  |
| --- |
| Detail the provisions for the testing and maintenance of these facilities  |
| Firefighting Shafts, including smoke control provision |  |  |
|  |  |  |
| Rising Mains |  |  |
|  |  |  |
| Firefighting and Evac Lifts |  |  |
|  |  |  |
| Premises information boxes |  |  |
|  |  |  |
| Hydrants (public & private) |  |  |
|  |  |  |
| Manual firefighting equipment |  |  |

|  |
| --- |
| Please provide details as in on any other measures provided to assist the fire service |
|  |

|  |
| --- |
| Are there any basements, what are their contents and are facilities to assist the fire service in place? |
|  |

|  |  |  |
| --- | --- | --- |
| Are there appropriately sited facilities for electrical isolation of any photovoltaic (PV) cells, with appropriate signage, to assist the fire and rescue service? |  |  |

|  |
| --- |
| Are there any other specific risks that might affect firefighter safety? |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comment |
| Are firefighting facilities adequate? |  |  |  |  |

Fire Service Site Plan

(*Provide a site plan, marking the following: fire tender access and parking, hydrant locations, personnel access, firefighting shaft locations, rising main inlets, premises information box locations, etc.)*

Fire Hazards

|  |  |
| --- | --- |
| Hazard Areas | *(Tick those identified)* |
|[ ]  Storage areas containing combustible items |
|[ ]  Storage areas containing flammable chemicals |
|[ ]  Storage areas containing compressed gas (explosion risk areas) |
|[ ]  Commercial Kitchens |
|[ ]  Laundries |
|[ ]  Refuse Stores |
|[ ]  Plantrooms |
|[ ]  Electrical Transformers or Substations and Generators |

|  |  |
| --- | --- |
| Provide details of Hazard Areas | *(Locations, structural protection, compensatory fire systems management activities, etc.)* |
| Combustible Storage |  |  |
|  |  |  |
| Flammable Chemical Storage |  |  |
|  |  |  |
| Explosion Risk Areas |  |  |
|  |  |  |
| Commercial Kitchens |  |  |
|  |  |  |
| Laundries |  |  |
|  |  |  |
| Plantrooms |  |  |
|  |  |  |
| Electrical Transformers and Generators or battery Storage Systems |  |  |

|  |
| --- |
| Detail the provisions for the maintenance of these high-risk areas and management controls on the specification any works |
| Combustible Storage |  |  |
|  |  |  |
| Flammable Chemical Storage |  |  |
|  |  |  |
| Explosion Risk Areas |  |  |
|  |  |  |
| Commercial Kitchens |  |  |
|  |  |  |
| Laundries |  |  |
|  |  |  |
| Plantrooms |  |  |
|  |  |  |
| Electrical Transformers and Generators |  |  |

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| --- |
| Are there rooms utilised as fire hazard rooms, which do not meet current standards? (Refer to HTM 05-02 for fire protection requirements in fire hazard rooms) |
|  |

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| --- |
| Describe refuse management and general housekeeping arrangements |
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| --- |
| Describe the management arrangements to ensure areas covered by secondary FRAs mitigate and control local fire risks? Are appropriate cooperation and coordination measures in place?  |
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| Do all enterprises outside the body carrying out the primary FRA have suitable and sufficient FRAs (see also HTM 05-03 Part D)? |  |  |

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| --- | --- | --- |
| Are all textiles and furniture specified to HTM 05-03 Part C? |  |  |

|  |  |  |
| --- | --- | --- |
| Are there appropriate measures to combat the risk of arson? |  |  |

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| Describe the management procedures in place to prevent smoking within the healthcare facility, or in proximity to the healthcare facility or high-risk areas. Is there any evidence of illicit smoking? |  |  |

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| --- |
| Are there any other significant hazards that warrant consideration? |
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| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comment |
| Is the control of fire hazards adequate? |  |  |  |  |

External Considerations

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| --- |
| Outline the External Wall construction, materials, and locations. Where the configuration of external walls intersect with fire compartment lines, has adequate protection been provided to prevent external fire spread? Is the space separation from other buildings adequate? |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Justification |
| Is a Fire Risk Appraisal of the External Wall (FRAEW) to PAS 9980 required? |  |  |  |  |

|  |
| --- |
| State relevant conclusions of the FRAEW regarding the external wall |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comments |
| Has any action been taken on recommendations of the FRAEW to date? If so, state what actions? |  |  |  |  |

|  |
| --- |
| State relevant conclusions of the FRAEW regarding other fire safety issues |
|  |

|  |  |  |
| --- | --- | --- |
| Description of Car Parking Provided? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Justification |
| Does the Car Park require a secondary fire risk assessment? |  |  |  |  |

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| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Description |
| Is the car park covered? |  |  |  |  |

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| --- | --- | --- |
| Position of Car Parking in relation to the building?*(Consider position in relation to high risk areas, acute care, combustible wall types, openings to the building, etc.)* |  |  |

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| --- | --- | --- |
| Is electric vehicle (EV) charging provided in the car park? Is charging provision provided for electric bikes and scooters and suitable protection measures in place? |  |  |

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| --- |
| Where the car park is a building, describe the fire safety provisions in place |
|  |

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| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comment |
| Where the car park is a building, are the fire safety provisions acceptable? |  |  |  |  |

|  |
| --- |
| Lightning Protection Systems |
| Question |  | Y/N |  | Comment |
| Is the building equipped with a lightning protection system in accordance with HTM 06-01?  |  |  |  |  |
|  |  |  |  |  |
| Is the system appropriately designed and in a good working condition? |  |  |  |  |
|  |  |  |  |  |
| Are annual inspection and testing of the lightning protection system undertaken? |  |  |  |  |

Control of Building Works & Outside Contractors

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| --- |
| Hazards introduced by outside contractors and building works |
| Question |  | Y/N |  | Comment |
| Where appropriate, are fire safety conditions imposed anyone carrying out building works including outside contractors? Are suitable RAMS in place? |  |  |  |  |
|  |  |  |  |  |
| Is there a permit to work system in place that covers contractors including “hot works”?  |  |  |  |  |
|  |  |  |  |  |
| Are suitable precautions taken by in-house maintenance personnel who carry out works? |  |  |  |  |
|  |  |  |  |  |
| Is there satisfactory control over works carried out in the building? |  |  |  |  |
| Further Details  | (Including description of arrangements and deficiencies observed) |
|  |

|  |
| --- |
| Set out the relevant management policies and procedures in place to limit fire risks introduced by outside contractors |
|  |

|  |  |  |
| --- | --- | --- |
| Where an area of the building is taken out of use (for example, under the control of contractors), or a safety system taken offline are there appropriate procedures to consider the impact on the fire strategy / fire safety level within the building and any interim measures that might be required? Are there appropriate checks on any contractors? |  |  |

|  |  |  |
| --- | --- | --- |
| Outline the fire safety training received by outside contractors |  |  |

|  |  |  |
| --- | --- | --- |
| Are contractors required to ensure firestopping works are carried out to maintain compartmentation? |  |  |

Management

|  |  |  |
| --- | --- | --- |
| Which body is responsible for fire safety in the building? |  |  |

|  |  |  |
| --- | --- | --- |
| The competent person(s) appointed under Article 18 of the FSO to assist the responsible person in undertaking the preventive and protective measures (i.e. relevant general fire precautions) is |  |  |

|  |  |  |
| --- | --- | --- |
| Are the healthcare organisation’s policies available and are staff trained on its Fire/arson/security policy? |  |  |

|  |  |  |
| --- | --- | --- |
| When the employees of another employer work in the premises, is appropriate information on fire risks and fire safety measures provided? |  |  |

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| --- | --- | --- |
| Details of cooperation (as relevant to fire safety and this building) with other healthcare organisations |  |  |

|  |  |  |
| --- | --- | --- |
| Details of fire service liaison, and arrangements for familiarisation visits |  |  |

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| --- |
| Are procedures in the event of fire appropriate and properly documented, where appropriate? |
| Question |  | **Y/N** |  | **Comment** |
| Are there adequate procedures for investigating fire alarm signals? |  |  |  |  |
|  |  |  |  |  |
| Are there suitable arrangements for summoning the fire and rescue service? |  |  |  |  |
|  |  |  |  |  |
| Are there suitable arrangements to meet the fire and rescue service on arrival and provide relevant information, including that relating to hazards to firefighters? |  |  |  |  |
|  |  |  |  |  |
| Are there suitable arrangements for ensuring that the premises have been evacuated? |  |  |  |  |
|  |  |  |  |  |
| Is there a suitable fire assembly point(s)? |  |  |  |  |
|  |  |  |  |  |
| Are there adequate procedures for evacuation of any disabled people who are likely to be present? |  |  |  |  |
| Further Details  | (Including description of arrangements and deficiencies observed) |
|  |

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| Detail procedures for developing Personal Emergency Evacuation Plans (PEEPs) |
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| --- |
| Outline training procedures for staff with evacuation duties |
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| --- | --- | --- |
| Are there any special evacuation aids present in common areas? If so, are staff trained in their use? |  |  |

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| --- | --- | --- |
| Are Staff numbers adequate for the risk/sufficient to perform evacuation duties within common areas |  |  |

|  |
| --- |
| With respect to fire safety training, are there appropriate policies and procedures to ensure: |
|  |  | Y/N |  | Comment |
| Staff are trained on induction? |  |  |  |  |
|  |  |  |  |  |
| Staff are given periodic refresher training? |  |  |  |  |
|  |  |  |  |  |
| Staff are given additional training to cover any specific roles and responsibilities?  |  |  |  |  |
|  |  |  |  |  |
| The content of training is adequate? |  |  |  |  |
|  |  |  |  |  |
| Staff are given adequate fire safety instruction and training? |  |  |  |  |
|  |  |  |  |  |
| There are appropriate records of fire safety training? |  |  |  |  |
| Further Details  | (Including description of arrangements and deficiencies observed) |
|  |

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| --- |
| Are fire wardens used in common areas? Are fire wardens completing and recording any routine checks? |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Description of Arrangements |
| Are routine in-house inspections of fire precautions undertaken in common areas? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Outline of Arrangements |
| If the premises are in multiple occupation, are there adequate arrangements for cooperation between duty holders to ensure coordination of their fire safety arrangements? |  |  |  |  |

|  |
| --- |
| Describe how the fire safety management of the building considers and implements findings of secondary fire risk assessments |
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| --- |
| Are arrangements in place to ensure the maintenance regime of the Primary Risk Assessment is implemented in areas covered by a secondary assessment?  |
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|  |
| --- |
| Are arrangements in place to ensure the maintenance regime of the Primary Risk Assessment is implemented in the common areas not covered by a secondary assessment?  |
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|  |  |
| --- | --- |
| Maintenance Management Checklist | (Tick those confirmed) |
|[ ]  Is appropriate testing and periodic servicing of the fire detection and alarm system undertaken? Does this include a suitable protocol for cause-and-effect testing?Is the cause-and-effect testing protocol being carried out? |
|[ ]  Are monthly and annual testing routines in place for the emergency escape lighting? |
|[ ]  Is annual maintenance of fire extinguishing appliances undertaken? |
|[ ]  Are periodic inspections of internal and external escape staircases and external gangways undertaken? |
|[ ]  Are six-monthly inspection and annual testing of rising mains undertaken? |
|[ ]  Are weekly and monthly testing, six-monthly inspection, and annual inspection and testing undertaken of lift(s) provided for use by firefighters or evacuation of disabled people (evacuation lifts)? |
|[ ]  Are weekly testing and periodic inspection of sprinkler installations undertaken? |
|[ ]  Are routine checks of final exit doors and/or security fastenings undertaken? |

|  |
| --- |
| Outline the arrangements for inspection, testing and maintenance of fire safety systems, on a weekly, monthly, and annual basis. State the responsibility of each inspection and whether validation of these checks is considered responsibility of those in the secondary areas or those with overall responsibility for the building:(Including: alarms, suppressions systems, emergency lighting, first-aid firefighting, firefighting facilities, escape routes, etc.) |
|  |

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| --- |
| Outline the arrangements for record keeping with respect to the maintenance of fire safety systems (including the building fabric and compartmentation)? |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Justification |
| Is the management of the maintenance regime adequate?(Considering the maintenance requirements set out by the HTMs, healthcare organisation policies and relevant British/design standards; but also, the actual number of checks recorded, and the nature of those checks) |  |  |  |  |

|  |
| --- |
| Are there appropriate records of: |
| Question |  | Y/N |  | Comment |
| Fire Drills |  |  |  |  |
|  |  |  |  |  |
| Fire Training |  |  |  |  |
|  |  |  |  |  |
| Fire Safety Maintenance |  |  |  |  |
|  |  |  |  |  |
| Fire Safety Planning and Consideration in operation of the facility? |  |  |  |  |
|  |  |  |  |  |
| Fire Safety responsibility |  |  |  |  |
|  |  |  |  |  |
| Fire Incidents and actions taken in response |  |  |  |  |
|  |  |  |  |  |
| Fire Safety Remedials and Upgrades |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Outline of Arrangements |
| Overall, Is there a suitable record of the fire safety arrangements? |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Is the building the subject of an action plan or enforcement notice from the Fire Service? |  |  |