Appendix F – Secondary 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 circumstances change that affect the validity of the current assessment. While there is no maximum period between assessments, industry guidance recommends that the review period should not exceed 12 months. In healthcare premises, the review period should be based on the risk, including the dependency of the patient. Whereas for high risk (including very high dependency) the review period may be considerably less than 12 months, where the risk is low, it may exceed 12 months. The frequency is to be included in the “suggested date for review” below.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |  |  |

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 required  Injury to occupants, medical attention required |
| High | 4 | Large scale damage to property  Complete evacuation required  Occupants require hospitalisation |
| Catastrophic | 5 | Major loss of property  Loss 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 |

|  |  |  |
| --- | --- | --- |
| **Final risk rating** |  |  |

|  |  |  |
| --- | --- | --- |
| ***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, and no detailed records need be kept. |
| Tolerable | 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 process  Where 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 |
|  | Sustantial |
|  | 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 Primary Risk Assessment** | **Interim Control Measures** | **Final Control Measures & Date** | **Initial/Final Risk Rating** | | **Person Responsible** | **Date Completed /Competent Person Initials** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Assessment Details & Scope

*Premises*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Premises Full Address | | |  |  | | |
| Assessment Location | | | | | | |
| **Reference No.** | **Location Name** | **Floor** | | | **Responsibility** | **Date of Last FRA** |
|  |  |  | | |  |  |

*Dates*

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

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

|  |  |  |
| --- | --- | --- |
| Suggested date for review |  |  |

*Relevant Fire Safety Legislation and Guidance*

|  |
| --- |
| The following fire safety legislation applies to these premises |
|  |

|  |
| --- |
| The above legislation is enforced by |
|  |

|  |
| --- |
| Other legislation that makes significant requirements for fire precautions in these premises  *(Other than the Building Regulations)* |
|  |

|  |
| --- |
| The above legislation is enforced by |
|  |

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

*Fire Risk Assessor*

|  |  |  |
| --- | --- | --- |
| Name of Fire Risk Assessor |  |  |
| Details of Competence | | |
|  | | |

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) or if peer reviewed, name of reviewer |  |  |

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

General

|  |
| --- |
| General description of the use of the Assessment Location & hours of use |
|  |

|  |
| --- |
| General description of layout |
|  |

|  |  |  |
| --- | --- | --- |
| 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: | | |
|  | | |

|  |
| --- |
| Fire loss experience |
|  |

|  |
| --- |
| Other relevant information |
|  |

Assessment Location Plans

Occupancy

|  |  |  |
| --- | --- | --- |
| Is the Assessment Location | | *(Tick those applicable)* |
|  | A sleeping area | |
|  | A patient access area | |
|  | A non-patient area | |

|  |  |  |
| --- | --- | --- |
| People in and around the Assessment Location | | *(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 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comment |
| Are Personal Emergency Evacuation Plans (PEEPs) required/in place? |  |  |  |  |

|  |
| --- |
| Provisions for those requiring special consideration or who are dependant\* |
|  |

Means of Escape

|  |
| --- |
| Describe the escape route(s) from the Assessment Location |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fire Exits | | | | |
| Question |  | Y/N |  | Comment |
| Are exit capacities adequate for the number of occupants?  (this may include staircases where secondary areas span multiple floors) |  |  |  |  |
|  |  |  |  |  |
| 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?  (Considering the evacuation strategy for the assessment location) |  |  |  |  |
|  |  |  |  |  |
| Are single-direction travel distances reasonable? |  |  |  |  |
|  |  |  |  |  |
| Are multiple-direction travel distances reasonable? |  |  |  |  |
|  |  |  |  |  |
| Are there reasonable arrangements for means of escape for disabled people? |  |  |  |  |
|  |  |  |  |  |
| Are refuges provided? Are refuges unobstructed? Are refuges equipped with an Emergency Voice Communication (EVC) system? |  |  |  |  |
|  |  |  |  |  |
| Is the design and maintenance of the means of escape considered adequate? |  |  |  |  |
| 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? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Maintenance of Escape Routes | | | | |
| Question |  | **Y/N** |  | **Comment** |
| Are all escape routes clear of obstructions? |  |  |  |  |
|  |  |  |  |  |
| Are fire-resisting doors maintained in sound condition and self-closing, where necessary? |  |  |  |  |
|  |  |  |  |  |
| Is the fire-resisting construction protecting escape routes in sound condition (i.e. single-direction corridors longer than 4.5m and hospital streets)? |  |  |  |  |
| Further Details | *(Including description of arrangements and deficiencies observed)* | | | |
|  | | | | |

Building Fabric & Maintenance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Compartmentation | | | | |
| Question |  | **Y/N** |  | **Comment** |
| Is compartmentation provided to a reasonable standard? Is fire-resisting construction in a reasonable state of repair? |  |  |  |  |
|  |  |  |  |  |
| Are there any fire-stopping defects? Do any services penetrating compartment walls require firestopping works? |  |  |  |  |
| Have hazard rooms been identified (see Appendix B)? |  |  |  |  |
| Further Details | *(Including description of arrangements and deficiencies observed)* | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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, where necessary? (i.e., blue fire door keep shut signs) |  |  |  |  |
| Further Details | (Including description of arrangements and deficiencies observed) | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comment |
| 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? |  |  |  |  |

Fire Safety Systems

Building-wide fire safety systems, such as fire detection and alarm systems are detailed in the primary fire risk assessment. However, the condition of the systems in individual assessment locations is still considered as part of the secondary fire risk assessment. System specifications should be noted for completeness.

|  |  |
| --- | --- |
| Details of fire detection and alarm system | (category/coverage, detector types, zones, MCPs, etc.) |
|  | |

|  |
| --- |
| Detail the provisions for the local testing and maintenance of the alarm system in this area |
|  |

|  |  |  |
| --- | --- | --- |
| Is there any experience of false alarms? (If so, provide details) |  |  |

|  |  |  |
| --- | --- | --- |
| Are detectors in the assessment location uncovered and operable? |  |  |

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

|  |  |
| --- | --- |
| Details of smoke control systems | (Smoke shafts, AOVs, sizes, controls, etc.) |
|  | |

|  |
| --- |
| Detail the provisions for the testing and maintenance of smoke control systems in this area |
|  |

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

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

|  |
| --- |
| Detail the provisions for the local maintenance of the Fire Suppression System in this area |
|  |

|  |  |  |
| --- | --- | --- |
| Are the provisions for the Fire Suppression system acceptable? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Manual firefighting equipment provided | | | *(Tick those identified)* |
|  | Portable fire extinguishers | | |
|  | Hose reels | | |
|  | Fire blankets | | |
| Further Details | | *(Including description of arrangements and deficiencies observed)* | |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Comment |
| Is all firefighting equipment readily accessible? |  |  |  |  |

|  |  |
| --- | --- |
| Details of any other relevant fire safety system in this area | (Including description of design & maintenance arrangements and deficiencies observed) |
|  | |

Fire Hazards

|  |  |  |
| --- | --- | --- |
| Fuel Sources | | (Tick those identified) |
|  | Office Supplies (paper and card, etc.) | |
|  | Wood | |
|  | Furniture including fixtures and fittings | |
|  | Flammable Liquids | |
|  | Waste Materials | |
|  | Other (specify) | |
| Comments | | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fuel Source Details | | | | |
| Question |  | Y/N |  | Comment |
| Are highly flammable materials stored or used? |  |  |  |  |
|  |  |  |  |  |
| Is combustible waste allowed to accumulate? |  |  |  |  |
|  |  |  |  |  |
| Are combustible materials used/stored? |  |  |  |  |
|  |  |  |  |  |
| Are substantial areas of walls or ceilings covered with flammable linings or materials? |  |  |  |  |
|  |  |  |  |  |
| Are there any other combustible materials that represent a hazard i.e., aerosols? |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Ignition Sources | | (Tick those identified) |
|  | Office Supplies (paper and card, etc.) | |
|  | Electrical equipment | |
|  | Overloaded electrical sockets | |
|  | Waste Materials | |
|  | Static electricity | |
|  | Hot Works | |
|  | Other (specify) | |
| Comments | | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ignition Source Details | | | | |
| Question |  | Y/N |  | Comment |
| Do any activities produce large amounts of heat? |  |  |  |  |
|  |  |  |  |  |
| Are there cooking facilities within this area? |  |  |  |  |
|  |  |  |  |  |
| Are there wander or extension leads/multi point adapters in sockets? |  |  |  |  |
|  |  |  |  |  |
| Is there suitable control over the use of personal electrical appliances? |  |  |  |  |
|  |  |  |  |  |
| Are fixed installations periodically inspected and tested? |  |  |  |  |
|  |  |  |  |  |
| Does electrical equipment have a current PAT test? |  |  |  |  |
|  |  |  |  |  |
| Are portable heaters in use? Are they unobstructed and secured? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sources of Oxygen | | | | |
| Question |  | Y/N |  | Comment |
| Is there piped oxygen in use? |  |  |  |  |
|  |  |  |  |  |
| Are there oxygen cylinders used/stored? |  |  |  |  |
|  |  |  |  |  |
| Are Nitrous oxygen cylinders used/stored? |  |  |  |  |
|  |  |  |  |  |
| Is storage and use of cylinders in accordance with legislation/guidance? |  |  |  |  |
|  |  |  |  |  |
| Are medical gas shut off switches identifiable and suitably located? |  |  |  |  |
|  |  |  |  |  |
| Is there an operational procedure for isolation? |  |  |  |  |
|  |  |  |  |  |
| Are oxidising materials used or stored? |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Housekeeping | | | | | |
| Question | |  | Y/N |  | Comment |
| Is the standard of housekeeping generally good? | |  |  |  |  |
|  | |  |  |  |  |
| Are combustible materials separated from ignition sources? | |  |  |  |  |
| Further Details | (Including description of arrangements and deficiencies observed) | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hazards introduced by outside contractors and building works | | | | | |
| Question | |  | Y/N |  | Comment |
| Where appropriate, are fire safety conditions imposed on outside contractors? | |  |  |  |  |
|  | |  |  |  |  |
| Where appropriate, is a permit to work system used (e.g. for “hot work”)? | |  |  |  |  |
|  | |  |  |  |  |
| Are suitable precautions taken by in-house maintenance personnel who carry out works? | |  |  |  |  |
|  | |  |  |  |  |
| Is there satisfactory control over works carried out in this area? | |  |  |  |  |
| Further Details | *(Including description of arrangements and deficiencies observed)* | | | | |
|  | | | | | |

|  |  |  |
| --- | --- | --- |
| Are there specific risks that might affect firefighter safety? Are they controlled? |  |  |

|  |  |  |
| --- | --- | --- |
| 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) |  |  |

|  |
| --- |
| Provide details of any relevant process risk assessments for processes such as emollient creams, oxygen-rich environments, hand gels, etc. |
|  |
|  |
| Is the management of oxygen cylinders stored and used in accordance with HTM 02-01. |
|  |

|  |  |  |
| --- | --- | --- |
| Are there any other significant hazards that warrant consideration? |  |  |

Management

|  |  |  |
| --- | --- | --- |
| Who is responsible for Fire safety management in this area? |  |  |

|  |  |  |
| --- | --- | --- |
| Are the healthcare organisation’s policies available and do staff know where and how to access its Fire/arson/security policy? |  |  |

|  |
| --- |
| Describe how the fire safety management of this area considers and implements the findings of the primary risk assessment. This includes actions that result directly from the primary FRA. |
|  |

|  |
| --- |
| Provide details of any variations resulting for the primary FRA |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of Fire Safety Procedures | | | | |
| 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 procedures in the event of fire appropriate and properly documented, where appropriate? |  |  |  |  |
|  |  |  |  |  |
| Are there suitable arrangements for ensuring that the assessment location has been evacuated? |  |  |  |  |
|  |  |  |  |  |
| Has the emergency plan been practiced within the last 12 months? |  |  |  |  |
|  |  |  |  |  |
| Is there a suitable record of the fire safety arrangements |  |  |  |  |
|  |  |  |  |  |
| Are there persons nominated to use fire extinguishing appliances? |  |  |  |  |

|  |
| --- |
| Are there persons nominated to assist with evacuation, including evacuation of disabled people? Provide details of procedure? |
|  |

|  |  |  |
| --- | --- | --- |
| Are there any special evacuation aids present? If so, are staff trained in their use? |  |  |

|  |  |  |
| --- | --- | --- |
| Are Staff numbers adequate for the risk/sufficient to perform evacuation duties at all material times |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Staff Training | | | | |
| Question |  | Y/N |  | Comment |
| Are staff trained on induction? |  |  |  |  |
|  |  |  |  |  |
| Are staff given periodic refresher training? |  |  |  |  |
|  |  |  |  |  |
| Are staff given additional training to cover any specific roles and responsibilities? Is the content of training provided considered adequate? |  |  |  |  |
|  |  |  |  |  |
| Are all staff given adequate fire safety instruction and training? |  |  |  |  |
|  |  |  |  |  |
| Are there appropriate records of fire safety training? |  |  |  |  |

|  |
| --- |
| Are fire wardens used in the Assessment Location? Are there sufficient numbers of Fire Wardens on duty? Are fire wardens completing and recording any routine checks? |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Y/N |  | Description of Arrangements |
| Are routine in-house inspections of fire precautions undertaken in the assessment location? |  |  |  |  |

|  |
| --- |
| Are arrangements in place to ensure the maintenance regime of the Primary Risk Assessment is implemented in the inspection location? |
|  |