

FIRE RISK ASSESSMENT – Self Assessment

Important! This fire risk assessment form is to be filled in by the responsible person within a business or organisation. As this is a free download for the use of end users, this form must not be used by professional fire risk assessors. This form, while provided free of charge by Safelincs, has NOT BEEN completed by Safelincs! This fire risk assessment form helps to address the majority of fire safety considerations stated in the official fire risk assessment guides related to the Regulatory Reform (Fire Safety) Order 2005. However, before filling in this form you must nevertheless read the relevant fire risk assessment guide(s). This assessment form must be used in conjunction with the official fire risk assessment guide(s)! There might be fire safety risks not addressed in this form. These risks must be assessed and recorded on separate sheets which must be attached to this form.
If the building is materially altered or the occupancy changes the fire risk assessment must be updated.

Responsible Person			
Name of Premises or Company			
Address			
Post Code		Telephone No	
Name of Assessor(s)			
Signature of Assessor(s)			
Date of Assessment		Date of Review with Responsible Person	

Building

Property Use			
No of floors		No of floors below ground	
Approx area in m² of footprint of building		Age of building	
Brief details of construction			

Building Occupants

Occupancy Profile:	Weekdays	Weekends
<i>Maximum Number of persons, in the most highly occupied compartment</i>		
Are people sleeping in premises? If so, how many		
Description of Occupants: Predominant Type	Atypically mobile for this type of occupancy	<input type="checkbox"/>
	Average mobility for this type of occupancy	<input type="checkbox"/>
	Untypically vulnerable for this type of occupancy	<input type="checkbox"/>

Building Plan

Insert plan of your building here or if you do not possess one, use this space to draw your building floor plan (this does not have to be to scale). **Further guidance can be found in Part 1 Section 4.1 of the appropriate guide.** Mark on all fire precautions equipment e.g. Fire doors, Extinguishers, Emergency lighting, Fire alarm and any fire detection.

KEY	

FIRE HAZARDS AND THEIR ELIMINATION OR CONTROL

1. SOURCES OF FUEL

1.1 Are there any highly flammable substances in the premises. E.g. paints, thinners, flammable gases etc, flammable chemicals, plastics, rubber, foams – polystyrene / polyethylene?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Replace them with safer alternatives	<input type="checkbox"/>	
Remove or significantly reduce any highly flammable substances	<input type="checkbox"/>	
Keep them in fire resisting stores	<input type="checkbox"/>	
Separate them from heat sources by use of fire resisting construction	<input type="checkbox"/>	
Keep minimum quantity in workroom	<input type="checkbox"/>	
Ensure all containers are kept closed when not in use	<input type="checkbox"/>	
Other (state here):	<input type="checkbox"/>	

1.2 Are flammable liquids or gases used or stored in areas without adequate ventilation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Improve ventilation	<input type="checkbox"/>	
Other (state here):	<input type="checkbox"/>	

1.3 Are there quantities of combustible material stored, on display, or in use in the premises. E.g. Paper, cardboard, packaging, fabrics, wood?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Replace stocks of combustible materials with non-combustibles	<input type="checkbox"/>	
Reduce stocks of readily combustible materials to a minimum	<input type="checkbox"/>	
Separate such materials from heat sources or by fire resisting construction	<input type="checkbox"/>	

Other (state here):		
1.4 Are quantities of combustible waste allowed to accumulate in the premises such as Paper, cardboard, wood shavings, dust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Improve the arrangements for the disposal of waste and rubbish	<input type="checkbox"/>	
Improve the general housekeeping	<input type="checkbox"/>	
Ensure staff are aware of the standard of housekeeping required	<input type="checkbox"/>	
Give specific additional training to the staff responsible	<input type="checkbox"/>	
Other (state here):		

1.5 Does the premises contain foam filled furniture which is not combustion modified (see label) or is worn to the point that it exposes the foam interior?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Replace or repair	<input type="checkbox"/>	
Other (state here):		

1.6 Are areas of walls or ceilings covered with combustible linings? such as walls covered with carpet tiles, ceilings covered with polystyrene tiles. Do notice boards have large amounts of loose paper on them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Remove	<input type="checkbox"/>	
Reduce	<input type="checkbox"/>	
Treat with fire resisting solution	<input type="checkbox"/>	
Cover	<input type="checkbox"/>	
Replace large notice boards with small	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

1.7 Are combustible seasonal or promotional decorations, artificial foliage or plants used to decorate the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Remove	<input type="checkbox"/>	
Treat with fire retardant spray/liquid	<input type="checkbox"/>	
Introduce real plants	<input type="checkbox"/>	
Replace with non combustible plants	<input type="checkbox"/>	
Other (state here):		

1.8 Are there additional sources of oxygen stored or used, such as oxidising chemicals, oxygen cylinders or piped systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Move oxidising material away from any heat or flammable materials	<input type="checkbox"/>	
Control use and storage of oxygen and chemicals	<input type="checkbox"/>	
Remove sources of ignition	<input type="checkbox"/>	
Other (state here):	<input type="checkbox"/>	

Note any significant findings from section 1:

2. SOURCES OF IGNITION

2.1 Does the work activity involve hot work processes such as welding or flame cutting, hot surfaces, sparks? Are hazards introduced by outside contractors and building works?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Replace with a cold system	<input type="checkbox"/>	
Implement a hot work permit system	<input type="checkbox"/>	
Minimise the amount of combustible materials on the work area	<input type="checkbox"/>	
Arrange so that hot metal and sparks are safely contained	<input type="checkbox"/>	
Eliminate hot surfaces/sparks	<input type="checkbox"/>	
Ensure satisfactory control over works carried out by outside contractors	<input type="checkbox"/>	
Impose fire safety conditions on outside contractors	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

2.2 Does the work activity involve processes such as incinerating or Cooking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Ensure that cookers, incinerators, etc. are used in accordance with manufacturer instructions.	<input type="checkbox"/>	
Ensure they are cleaned regularly including surfaces, ducts or flues	<input type="checkbox"/>	
Ensure food cooking is not left unattended	<input type="checkbox"/>	
Give additional specific training to staff responsible	<input type="checkbox"/>	
Ensure correct type of extinguisher if deep fat fryers are used	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

2.3 Are heating appliances portable or of a radiant or open flame type?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Control Measures		
Replace equipment with fixed convector heaters	<input type="checkbox"/>	
Ensure that gas or oil burning equipment is used in accordance with manufacturers instructions	<input type="checkbox"/>	
Ensure that all heaters are adequately guarded	<input type="checkbox"/>	
Ensure all portable heaters are stable and void of flammable materials	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

2.4 Is smoking permitted?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Control Measures		
Implement a smoking policy which provides for a safe smoking area and prohibition elsewhere	<input type="checkbox"/>	
Ensure suitable arrangement for informing visitors	<input type="checkbox"/>	
Enforce the prohibition of matches and lighters in high-risk	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

2.5 Are there light fittings near combustible materials?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Control Measures		
Remove combustible materials	<input type="checkbox"/>	
Replace tungsten/halogen bulbs with fluorescent tubes in areas where there is a possibility that combustible materials may be ignited	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

2.6 Is electrical equipment and wiring: Faulty, damaged or not used in accordance with the Manufacturers Recommendations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Repair or replace faulty or damaged equipment	<input type="checkbox"/>	
Portable Appliance Testing carried out	<input type="checkbox"/>	
Fixed installations periodically inspected and tested	<input type="checkbox"/>	
Suitable policy regarding the use of personal electrical appliances	<input type="checkbox"/>	
Ensure all fuses are the correct rating	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

2.7 Are inspection lamps or extension leads used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Ensure extension leads are fully uncoiled	<input type="checkbox"/>	
Limit extension leads and adaptors	<input type="checkbox"/>	
Ensure extension leads are not overloaded	<input type="checkbox"/>	
Suitable guards are covering inspection lamps	<input type="checkbox"/>	
Ensure flexible power cables are kept as short as possible and safely routed	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

2.8 Is Arson a potential problem?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Control Measures		
Improve security measures e.g. lighting, cameras	<input type="checkbox"/>	
Remove combustible storage / waste bins from perimeter of building	<input type="checkbox"/>	
Ensure combustible storage is contained with lid secure	<input type="checkbox"/>	
Install anti-arson letterboxes	<input type="checkbox"/>	
Train occupants about handling of arson	<input type="checkbox"/>	
Ensure that occupants are aware of the alternative exits	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

2.9 Is lightning a potential problem?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Control Measures		
Install lightning protection system	<input type="checkbox"/>	
Extend fire detection to cover roof void	<input type="checkbox"/>	
Incorporate measures in your emergency plan	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

Note any significant findings from section 2:

3. IDENTIFY PEOPLE AT RISK

3.1 Are there any groups of people at increased risk from fire i.e. work in remote areas, lone working, sleeping?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Can they be re-located	<input type="checkbox"/>	
Improve the means for warning them about fire i.e. alarm and detection system	<input type="checkbox"/>	
Improve means of escape	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

3.2 Are there people present who may be unable to react quickly to a fire due to safety critical work process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Introduce appropriate close down procedure	<input type="checkbox"/>	
Improve means of warning / means of escape	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

3.3 In the event of a fire are there people present whose disabilities would put them at a disadvantage when required to evacuate in an emergency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Incorporate Measures in your Emergency Plan	<input type="checkbox"/>	
Provide additional specialist equipment	<input type="checkbox"/>	
If staff are required to assist in an evacuation ensure sufficient numbers and appropriate training	<input type="checkbox"/>	
Provide safe refuges	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

3.4 Are visitors or members of the public likely to be unfamiliar with the escape routes ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Ensure employees are adequately trained to assist with evacuation	<input type="checkbox"/>	
Improve signage (Fire Action Signs, escape route signs etc)	<input type="checkbox"/>	
Install maintained emergency exit signs	<input type="checkbox"/>	
Ensure escape procedure is explained to visitors	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

3.5 Are builders, contractors or maintenance workers temporarily on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Ensure they are aware of fire safety arrangements and emergency plan	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

Note any significant findings from section 3:

4. MEANS OF ESCAPE FROM FIRE

4.1 In the event of fire can everyone safely escape from the premises?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Control Measures		
Ensure existing exit routes and exits are available and unobstructed	<input type="checkbox"/>	
Improve fire alarm / detection system	<input type="checkbox"/>	
Provide additional routes and exits	<input type="checkbox"/>	
Provide training for safe evacuation	<input type="checkbox"/>	
Secure reasonable arrangements for disabled occupants	<input type="checkbox"/>	
Implement routine checks	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

4.2 In the event of fire can everyone turn their back on the fire and evacuate to a place of safety?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Control Measures		
Provide additional escape routes	<input type="checkbox"/>	
Provide and maintain protected routes	<input type="checkbox"/>	
Provide compensating features i.e. smoke detection, engineer solution	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

4.3 Do doors on escape routes, where necessary, open in the direction of travel?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Control Measures		
Reduce number of people using exit to less than 60 people	<input type="checkbox"/>	
Re-hang in direction of travel	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

4.4 Are door fastenings on exit routes and final exits easily operable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Replace with a more suitable fastening	<input type="checkbox"/>	
Provide notices giving information on how to operate exit doors	<input type="checkbox"/>	
Provide training on operating techniques	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

4.5 Is there a need for additional fire doors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Install fire doors (specify where and the rating)	<input type="checkbox"/>	
Fit surface mounted fire door seals (specify intumescent or intumescent/smoke)	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

4.6 Are any fire doors a poor fit or requiring fitment or attention to a self closing mechanism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Fit self closers	<input type="checkbox"/>	
Ensure doors fit correctly	<input type="checkbox"/>	
Implement routine check on door operation and maintain as required	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

4.7 Are any of the fire door intumescent or intumescent/smoke seals missing or damaged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Replace fire door seals	<input type="checkbox"/>	
Fit surface mounted fire door seals (specify intumescent or	<input type="checkbox"/>	
intumescent/smoke)	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

4.8 Are any fire doors wedged or propped open?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Remove any wedges etc	<input type="checkbox"/>	
Install Fire Door Retainers to hold open doors legally	<input type="checkbox"/>	
Explain fire doors and the need to allow them to close to occupants	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

4.9 Are all exit routes and exits adequately signed ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Install sufficient signs to enable people to find their way out	<input type="checkbox"/>	
Ensure signs are unobstructed and clearly visible from an appropriate distance	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

4.10 Are all exit routes and exits adequately illuminated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Install emergency lighting	<input type="checkbox"/>	
Improve existing emergency lighting	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

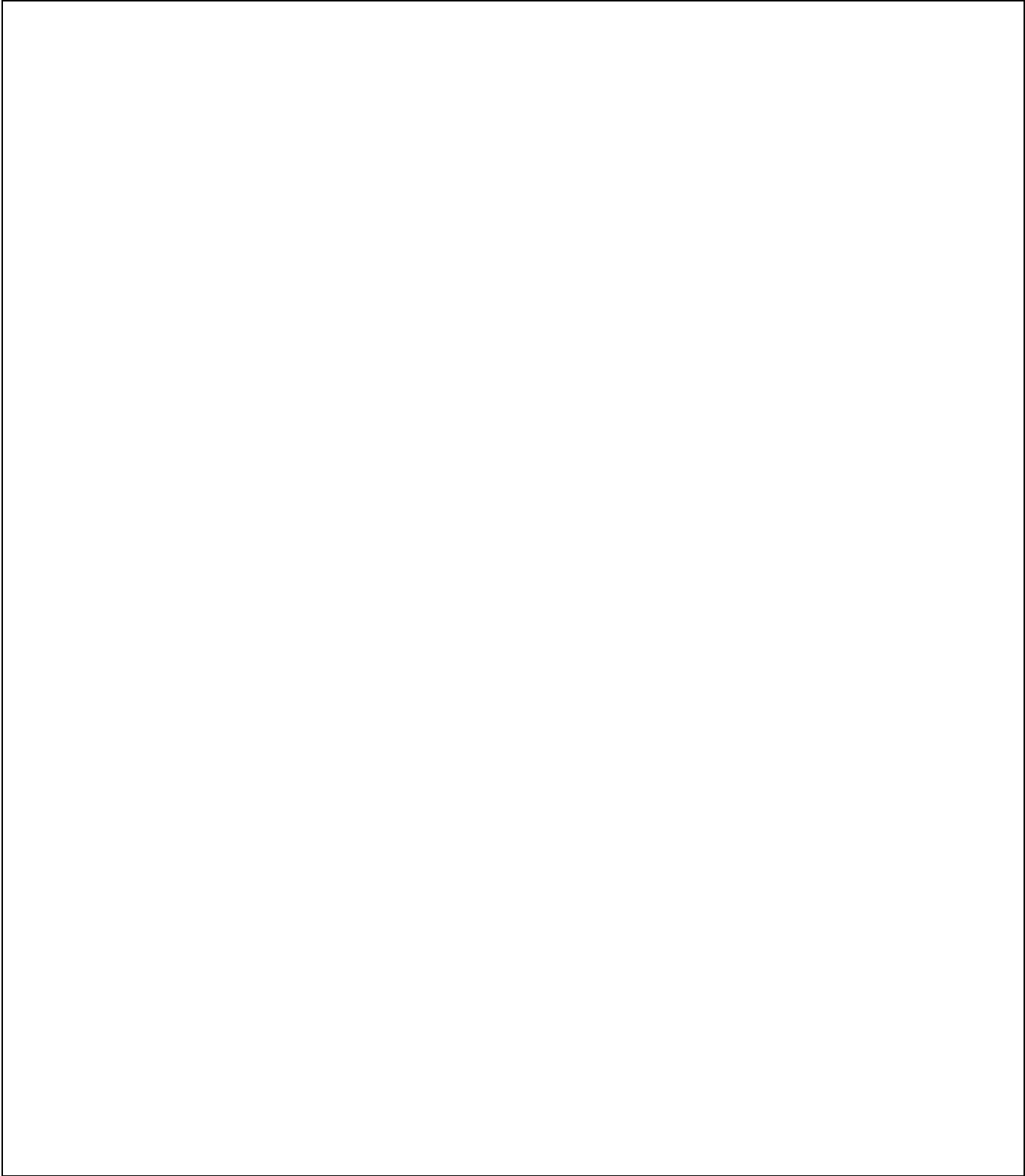
4.11 If the building is compartmentalised, are the walls and ceilings of sufficient fire resistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Carry out detailed survey	<input type="checkbox"/>	
Strengthen fire resistance	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

4.12 If the building is compartmentalised, are there openings that could allow the spread of fire between compartments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Seal openings	<input type="checkbox"/>	
Install passive fire protection	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

4.13 Are there structural features that could promote the spread of fire and therefore affect escape routes. Eg open plan floors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Compartmentalise	<input type="checkbox"/>	
Create additional escape routes	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

Compliance Section 4

Indicate the preventative and protective fire safety measures taken to show compliance with Part 2 of the Order for **Emergency routes and exits.**



5. FIRE FIGHTING AND FIRE DETECTION

5.1 Are there sufficient extinguishers and hose reels of the appropriate type for the risk and are they located correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Provide suitable additional fire fighting equipment including specialist equipment for special hazards	<input type="checkbox"/>	
Locate on stands or brackets	<input type="checkbox"/>	
Make visible and unobstructed	<input type="checkbox"/>	
Provide additional signage	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

5.2 Are inspection labels on fire fighting equipment in date? Where self-maintained portable fire extinguishers are installed, is there an inspection record?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Carry out service/inspection of fire fighting equipment	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

5.3 Have sufficient people been trained in the use of fire fighting equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Implement training programme	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

5.4 In the event of fire are there suitable arrangements for giving warning, including where necessary automatic fire detection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Install a more effective fire alarm system and or detection system	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

5.5 Does the automatic fire detection system comply with industry guidelines for this type of building/occupancy? (Specify current arrangements in the compliance field at the end of section 5)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Install a more effective fire alarm system and or detection system	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

5.6 Is the signage for the fire fighting equipment and fire alarm satisfactory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Improve signage	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

5.7 Are all appropriate persons trained on how to operate the fire warning system and the action they should take upon hearing it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Implement training programme	<input type="checkbox"/>	
Provide clear instructions	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

Compliance Section 5

Indicate the preventative and protective fire safety measures taken to show compliance with Part 2 of the Order for **Fire fighting and Fire detection**.

6. PROCEDURES, ARRANGEMENTS AND TRAINING

6.1	Are sufficient person(s) available to assist in implementation of fire safety measures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.2	Are appropriate fire procedures in place, recorded and available for relevant persons to read?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.3	Are people nominated to respond to fire and assist with evacuation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.4	Is there appropriate liaison with the Fire and Rescue Authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.5	Are routine in-house inspections of fire precautions undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.6	Are new employees, tenants or building users given fire safety instruction on induction or taking over use of the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.7	Are all staff given periodic refresher training at suitable intervals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.8	Are building occupants aware of specific actions if there is a fire?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.9	Are staff with special responsibilities e.g. Fire Marshals/Wardens/stewards given additional training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.10	Have the Employers of contractors working at the premises ie. cleaners been informed of significant findings and fire procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.11	Are persons under 18 employed, if so has an assessment been made of risks special to them and have their parents been informed of significant findings and fire procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.12	Are fire drills carried out at appropriate intervals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Indicate any deficiencies in this section :-

7. MAINTENANCE AND TESTING

7.1 Are the premises adequately maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Correct any deficiencies and implement maintenance programme	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

7.2 Are door fastenings on all exit doors adequately maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Correct any deficiencies and implement maintenance programme	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

7.3 Do all self closing devices and hold open devices work correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Correct any deficiencies and implement maintenance programme	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

7.4 Has the emergency lighting system been tested and serviced (Monthly, Six-monthly, Annually) and according to manufacturers instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Correct any deficiencies and implement maintenance programme	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

7.5 Has the fire alarm / detection system been regularly tested and serviced (Weekly, Annually) and according to manufacturers instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Correct any deficiencies and implement maintenance programme	<input type="checkbox"/>	

Other (state here)	<input type="checkbox"/>	
7.6 Have all fire extinguishers and hose reels been regularly inspected and Serviced (Monthly, Annually) in accordance to manufacturer's instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Correct any deficiencies and implement maintenance programme	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

7.7 Has the sprinklers and fixed fire fighting systems been regularly tested and serviced (Weekly, Quarterly, Six-monthly, Annually) and according to manufacturers instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control Measures		
Correct any deficiencies and implement maintenance programme	<input type="checkbox"/>	
Other (state here)	<input type="checkbox"/>	

Compliance Section 7

Indicate the preventative and protective fire safety measures taken to show compliance with Part II of the Order for **Maintenance**.

A large, empty rectangular box with a black border, intended for the user to provide details on fire safety measures.

8. FIRE SAFETY RECORDS

8.1 Have fire safety arrangements been recorded in a way that can be easily interpreted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.2 Are there details of any significant findings from the fire risk assessment and any actions taken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.3 Are there records of testing and checking of escape routes, including final exit locking mechanisms such as panic devices, emergency exit devices and any electromagnetic devices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.4 Are there records of testing and maintenance of emergency lighting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.5 Are there records of testing and maintenance of fire alarm / detection systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.6 Are there records of false fire alarms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.7 Are there records of testing and maintenance of fire extinguishers, hose reels and sprinkler systems etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.8 Are there records of relevant training of employees including evacuation drills?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.9 Are there records of emergency plans and actions for the relevant people to take in the event of fire?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Indicate any deficiencies in this section

Significant Findings (filled in by Assessor)

Item No	Section and Sub Paragraph	Description of Unsatisfactory Condition	Proposed Remedial Action.

Review of the Significant Findings –Remedial Action (to be filled in by Responsible Person after Assessment)

Date	Item N ^o	Section and Sub Paragraph	Remedial Action agreed	By when?	Who is responsible for Action?