FireOptix
FIRE SAFETY COMPLIANCE

Fire risk assessment template

Record of fire risk assessment. The significant findings and the action plan are the parts this exists to capture.

Complete with the premises in front of you, not from a desk. Where an item does not apply, write N/A rather than leaving it blank, so a gap on the sheet always means something. The assessment must be made by someone competent to make it for these premises.

PREMISES	ADDRESS	RESPONSIBLE PERSON
ASSESSOR NAME	ASSESSOR ORGANISATION	DATE OF ASSESSMENT

THE PREMISES

USE OF THE PREMISES	NUMBER OF FLOORS / BASEMENTS
CONSTRUCTION AND AGE, IF KNOWN	HOURS OF OCCUPATION
SLEEPING ACCOMMODATION PROVIDED?	OUT-OF-HOURS OR LONE WORKING?
EVACUATION STRATEGY IN PLACE	DATE OF PREVIOUS ASSESSMENT

PEOPLE AT RISK

Tick those present, and name them in the findings where arrangements are needed.

	PRESENT	NEEDS HELP TO ESCAPE
Employees	☐	☐
Employees working alone or out of hours	☐	☐
Members of the public or visitors	☐	☐
Residents or people sleeping on the premises	☐	☐
Children	☐	☐
People with mobility, sight, hearing or cognitive impairments	☐	☐
Contractors and maintenance staff	☐	☐
People unfamiliar with the premises	☐	☐
	☐	☐
	☐	☐
	☐	☐

FIRE HAZARDS — SOURCES OF IGNITION

A working convention, not a prescribed list.

	PRESENT	CONTROLLED
Electrical installations, equipment and portable appliances	☐	☐
Heating appliances, including portable heaters	☐	☐
Cooking and catering equipment	☐	☐
Smoking, and where it is permitted	☐	☐
Hot work, maintenance and contractors' equipment	☐	☐
Machinery, friction and hot surfaces	☐	☐
Lighting, including halogen and display lighting	☐	☐
Arson and deliberate ignition	☐	☐
	☐	☐
	☐	☐
	☐	☐

FIRE HAZARDS — SOURCES OF FUEL AND OXYGEN

	PRESENT	CONTROLLED
Flammable liquids, solvents and aerosols	☐	☐

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	PRESENT	CONTROLLED
Flammable gases and cylinders	☐	☐
Stock, packaging, paper and waste	☐	☐
Furniture, textiles and displays	☐	☐
Plastics, foams and insulation	☐	☐
Waste storage, internal and external	☐	☐
Oxidising materials	☐	☐
Medical or industrial oxygen in use or stored	☐	☐
	☐	☐
	☐	☐
	☐	☐

FIRE SAFETY MEASURES ALREADY IN PLACE

A prompt, not a specification of what these premises must have.

	YES	NO	N/A
Automatic fire detection appropriate to the premises	☐	☐	☐
Means of raising the alarm, audible throughout	☐	☐	☐
Escape routes of adequate number and capacity	☐	☐	☐
Final exits openable immediately from within	☐	☐	☐
Escape lighting where it is needed	☐	☐	☐
Fire exit and fire safety signage	☐	☐	☐
Portable firefighting equipment, appropriate and accessible	☐	☐	☐
Fixed suppression system	☐	☐	☐
Compartmentation and fire doors in reasonable condition	☐	☐	☐
Fire stopping around services and penetrations	☐	☐	☐
Smoke control or ventilation provision	☐	☐	☐
Arrangements for people who need help to escape	☐	☐	☐
Training, drills and nominated staff	☐	☐	☐
Records of testing, servicing and maintenance	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

SIGNIFICANT FINDINGS

What you found, in your own words. This is the part the Order is interested in.

ACTION PLAN

Every finding needs an owner and a date. Priority is yours to set.

	HIGH	MEDIUM	LOW	DONE
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

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	HIGH	MEDIUM	LOW	DONE
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

ACTION PLAN DETAIL

One line per action, numbered to match the rows above.

1. Action, owner, target date, completed date
2. Action, owner, target date, completed date
3. Action, owner, target date, completed date
4. Action, owner, target date, completed date
5. Action, owner, target date, completed date
6. Action, owner, target date, completed date

DECLARATION AND REVIEW

ASSESSOR SIGNATURE

DATE

RESPONSIBLE PERSON SIGNATURE

DATE

DATE OF NEXT REVIEW

REASON REVIEW WAS BROUGHT FORWARD, IF IT WAS

REVIEW RECORD

What changed, what prompted the review, and whether the assessment remains valid.

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