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<<Business Name>> Small Factory Fire Risk Assessment
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Duty Holder Name:		Assessment:	
Job Title:		Next review:	
Assessed by:		Locations:	

Priority Key		A - Immediate	B - One month	C - Two months	R - Recommended		
RA No.	Page	Issue	Action	Priority	Person to action	Date done	Signed off by

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Property Details

Address assessed		
Responsible Person		
Type of business		
Building construction, age		
General condition - holes in walls, floors or ceilings; wall coverings. See 1.4		
Floor area		
Flights of stairs – internal /external		
Hours of use		
Nearest Fire Station, distance and travel time		
Fire engine access - narrow drive or roads, do visitors or staff cars restrict access to		

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whole building?	
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1. Assessment

1.1	Fire management	Y/N/
1.1.1	Do you have an up to date Fire Policy?	
1.1.2	Does it include any firefighting procedures?	
1.1.3	Do the staff members know about it?	
1.1.4	Do you have fire marshals? Do your staff know who they are?	
1.1.5	Are fire safety drills/practices carried out regularly?	
1.1.6	When was the last one - did it go smoothly? Did you consider disabled staff members? - see 1.2.4,1.2.5	
1.1.7	Do you have an Emergency Action Plan? Is it on display for all to see?	
1.1.8	Does it clearly show escape routes and assembly points?	

1.2	Relevant persons	Y/N/
1.2.1	Employees – Full-Time, Part-Time, Casual – see 1.9	

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1.2.2	Staff, visitors. How many?	
1.2.3	Do you have any disabled or less ambulant staff? Do any have hearing/seeing/learning difficulties?	
1.2.4	Have you written a Personal Emergency Evacuation Plan? Do all staff members know about it?	
1.2.5	Do you have suitable equipment? – evac chairs etc.	
1.2.6	Lone workers – cleaners etc.	

1.3	Sources of ignition	Y/N
1.3.1	Smoking: are there shelters? Are all butts cleared away from the building? Empty bins or accumulated rubbish, waste near boundaries	
1.3.2	Do you use flammable materials or liquids etc.?	
1.3.3	Do you do any hot works?- soldering/ welding etc.	
1.3.4	Do you use grinding wheels?	
1.3.5	Overloaded sockets, extension leads, any signs of overheating?	

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1.3.6	PAT tests –date of testing	
1.3.7	Register of equipment/fittings	
1.3.8	Procedures for regular checks. Who by?	
1.3.9	Periodic Inspection Report – date of test	
1.3.10	Consumer Unit - enclosed or open?	
1.3.11	History of arson or malicious damage?	

1.4	Fuel	Y/N
1.4.1	Flammable liquids – cleaners, solvents etc.	
1.4.2	Gas – mains or bottled?	
1.4.3	Location of bottles or tank, distance from building. Bunds	
1.4.4	Can gas supply be isolated? Location of switch	
1.4.5	Heating oil	
1.4.6	Location of tank, distance from building	
1.4.7	Can it be isolated? Location of switch	
1.4.8	Papers – magazines/ files/ books etc.	

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1.6.8	Sounders etc. – location	
1.6.9	Call points – location	
1.6.10	Are cables wall or ceiling surface mounted?	
1.6.11	Are they screwed to the walls or ceilings?	
1.6.12	Are there sprinklers? In what rooms?	
1.6.13	Are they tested? – who by/ last test date	
1.6.14	Is there an automatic smoke vent?	
1.6.15	Is it tested/date/who by	

1.7	Fire doors	Y/N
1.7.1	Are there fire doors, location?	
1.7.2	Condition – do they close properly/ timely?	
1.7.3	Smoke and intumescent seals in place, 3 hinges	
1.7.4	Double doors - close properly, in sequence, meet in centre	
1.7.5	Vision panels	

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1.9	Training	Y/N	
1.9.1	As part of induction see 1.1.3		
1.9.2	Refreshers		
1.9.3	Fire marshal training		
1.9.4	Extinguisher training		