

SM GLOBAL CONSULTANCY Ltd
Fire Risk Assessment

Duty Holder Name:		Date of Assessment:	
Job Title:		Date of review:	
Assessed by:		Assessor qualifications:	

Names of Fire Marshals:		Date of training:	
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1. PREMISES

FRA Ref No.	General	Comments and Action Required
1.1	Address of premises	Bradley's Business Centre, 1st Floor, Central Way, Feltham, TW14 0XQ
1.2	Use of premises – factory/shop/office/other	Head Office
1.3	General description of premises – structural material etc, size, number of floors	
1.4	Total number of people employed on the premises	
1.5	Total number expected to be on the premise at any one time	

1.6	Are there any disabled persons on the premises/ people who may need assistance in an emergency?	
1.7	Time the premises are in use	
1.8		
1.9		

2. MANAGEMENT & PLANNING

FRA Ref No.	Description	Yes/No	Comments and Action Required
2.1	Do you have an up to date Fire Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.2	Are fire safety drills/practices carried out regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.3	Has an assembly point been identified and informed to staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.4	Have you established and documented your procedures in the event of a fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

2.5	Do you have sufficient Fire Marshals, and are they properly trained (and is such training recorded)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.6	Are fire safety drills/practices reviewed for successes and failures, and is subsequent action taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.7	Are fire safety risk assessments and resultant fire safety action plans reviewed regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.8	Has provision been made for contacting the emergency service both during and out of working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.9		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.10		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

3. GENERAL FIRE SAFETY

FRA Ref No.	Description	Yes/No	Comments and Action Required
3.1	Do you have flammable substances on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

3.2	Are they stored correctly, can the quantity be reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3.3	Is waste material stored away from sources of ignition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3.4	Have electrical tools and systems been checked – when?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3.5	Are all staff especially new employees informed of the company's Fire Safety Policy and Procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3.6	Do you have a 'signing in' book?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3.7	Are visitors/contractors informed as to the procedures on discovering a fire or hearing the fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3.8	Are all fire routes and exits in the premises known to staff and visitors/contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3.9	Are the assembly point(s), in the event of fire, known to all staff and visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3.10	Are all staff aware of the location of the fire extinguishers [and other fire fighting equipment]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

3.11		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3.12		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

4. HEATING APPLIANCES

FRA Ref No.	Description	Yes/No	Comments and Action Required
4.1	Are all heating appliances safe (e.g. Securely fixed in position, suitably guarded and with an adequate clear space free from storage of any kind)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4.2	Are all cooking appliances safe (e.g. Securely fixed in position, properly maintained and used only for their original intended purpose)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4.3	Has the equipment been serviced in accordance with recommendations and by qualified engineers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4.4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4.5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

5.MACHINERY AND TOOLS

FRA Ref No.	Description	Yes/No	Comments and Action Required
5.1	Has all equipment/tools/plant been serviced according to recommendations by qualified engineers? When?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5.2	Has the electrical system been checked – when?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5.3	Do you have sufficient sockets/ Are extension leads used around work stations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5.4	Are electrical cables checked for signs of damage /overheating?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5.5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5.6		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

6. MEANS OF ESCAPE / EVACUATION

FRA Ref No.	Description	Yes/No	Comments and Action Required
6.1	Are fire exits clearly marked? Are they kept free from stored materials? Are they unlocked during working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.2	Is there adequate signage throughout?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.3	Do exits lead to a place of safety – not an enclosed yard etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.4	Is there emergency lighting. Has it been tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.5	Are carpets to stairs and corridors in good condition – are there trip hazards en route?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.6	Are there self closing fire doors, do they close, are they wedged open?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.7	Are they accessible for less able bodied people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.8	Have appropriate provisions been made for the safety of persons with disabilities i.e. assistance, refuges etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

6.9	Are there clearly defined written fire action and evacuation procedures, including provision for a roll call?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.10	Are suitable 'Fire Action' notices prominently displayed around the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.11	Have appropriate staff been instructed to summon the Fire Service and where necessary other emergency services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.12	Are sufficient fire wardens available to provide for all working hours (including lunch and tea breaks) taking into account holidays and sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.13		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.14		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

7. FIRE SAFETY SYSTEMS

FRA Ref No.	Description	Yes/No	Comments and Action Required
7.1	Is there an alarm, can it be heard throughout the premises/ Is it a bell, horn, verbal etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.2	Do you have a fire alarm, smoke detectors, are they tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

7.3	Is the alarm serviced? Who by? Last service date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.4	Is the alarm monitored? Who by?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.5	Are there adequate fire extinguishers? What type? Are they accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.6	Are they regularly serviced? Who by? Last service date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.7	Have staff been shown how to use extinguishers, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.8	Can you hear an alarm from other parts of the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.9		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7.10		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	