

## Annex 3: Person-Centred Fire Safety Risk Assessment Template

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Full Address    |  | Resident Name    |  |
| Date            |  | Name of Assessor |  |
| Date for review |  |                  |  |

| Hazard and risk factors | Circumstances (Circle as appropriate)    | Further details of current circumstances  | Details of any existing control measures | Outstanding risk (Yes or No) | Additional actions required |
|-------------------------|--|---|--|------------------------------|-----------------------------|
| Smoking                 | Non-smoker                               | No further consideration required.  |  |                              |                             |
|                         | Smokes but no signs of careless handling |   |  |                              |                             |
|                         | Smokes and signs of careless handling    | <input type="checkbox"/> Discarded Cigarettes and matches.<br><input type="checkbox"/> A few burn marks found on carpet.<br><input type="checkbox"/> Multiple burn marks found on carpet<br><input type="checkbox"/> Cigarette burns to clothes or furnishings.<br><input type="checkbox"/> Other (please specify): |  |                              |                             |

| Hazard and risk factors | Circumstances (Circle as appropriate)                        | Further details of current circumstances   | Details of any existing control measures | Outstanding risk (Yes or No) | Additional actions required |
|-------------------------|--|--|--|------------------------------|-----------------------------|
| Cooking                 | No cooking facilities.                                       | No further consideration required.   |  |                              |                             |
|                         | Cooking but no evidence or suggestion of careless behaviour. |  |  |                              |                             |
|                         | Cooking and evidence or suggestion of careless behaviour.    | <input type="checkbox"/> Inappropriate use of cooking equipment (e.g. microwave ovens).<br><input type="checkbox"/> May occasionally leave cooking unattended.<br><input type="checkbox"/> Likely to leave cooking unattended.<br><input type="checkbox"/> History of alarm signals or small fires from cooking.<br><input type="checkbox"/> Other (Please specify): |  |                              |                             |

| Hazard and risk factors | Circumstances (Circle as appropriate)  | Further details of current circumstances   | Details of any existing control measures | Outstanding risk (Yes or No) | Additional actions required |
|-------------------------|--|--|--|------------------------------|-----------------------------|
|                         | Equipment safely used and maintained.  | No further consideration required.   |  |                              |                             |
|                         | Extensive use of extension leads and adapters and/or electric blankets, but adequately maintained.               |  |  |                              |                             |
| Electrical              | Use of extension leads and adapters and/or electric blankets, but lack of maintenance or signs or wear and tear. | <input type="checkbox"/> Cube adapters.<br><input type="checkbox"/> Potential overloading of circuits.<br><input type="checkbox"/> Worn equipment or cables.<br><input type="checkbox"/> Electric blankets not maintained regularly.<br><input type="checkbox"/> Other (please specify): |  |                              |                             |

| Hazard and risk factors | Circumstances (Circle as appropriate)  | Further details of current circumstances  | Details of any existing control measures | Outstanding risk (Yes or No) | Additional actions required |
|-------------------------|--|---|--|------------------------------|-----------------------------|
| Portable Heaters        | No use of portable heaters.  | No further consideration required.  |  |                              |                             |
|                         | Portable heaters limited to oil-filled radiators or convector heaters compliant with modern standards.               |   |  |                              |                             |
|                         | <p style="color: red;">High hazard portable heaters, such as fan heaters, radiant bar fires or paraffin heaters.</p> | <input type="checkbox"/> Evidence of heaters sited too close to combustible materials.<br><br><input type="checkbox"/> Likelihood of heaters sited too close to combustible materials.<br><br><input type="checkbox"/> Potential for other careless use (e.g. drying clothes, warming meals, etc.).<br><br><input type="checkbox"/> Other (please specify): |  |                              |                             |

| Hazard and risk factors | Circumstances (Circle as appropriate)                        | Further details of current circumstances  | Details of any existing control measures | Outstanding risk (Yes or No) | Additional actions required |
|-------------------------|--|---|--|------------------------------|-----------------------------|
| Use of candles          | No candle use.   | No further consideration required.  |  |                              |                             |
|                         | Candles used, but with appropriate precautions.              |   |  |                              |                             |
|                         | Candle use without appropriate precautions.                  | <input type="checkbox"/> Please specify:  |  |                              |                             |
| Deliberate ignition     | No history of, or likely potential for, deliberate ignition. | No further consideration required.  |  |                              |                             |
|                         | No history of deliberate ignition, but some potential.       | <input type="checkbox"/> Please specify:  |  |                              |                             |
|                         | History or likelihood of deliberate ignition.                | <input type="checkbox"/> Previous history of deliberate ignition.<br><input type="checkbox"/> History of malicious false alarms to the fire and rescue service.<br><input type="checkbox"/> Other (please specify): |  |                              |                             |

| Hazard and risk factors | Circumstances (Circle as appropriate)                                    | Further details of current circumstances   | Details of any existing control measures | Outstanding risk (Yes or No) | Additional actions required |
|-------------------------|--|--|--|------------------------------|-----------------------------|
| Alcohol or drug use     | None.  | No further consideration required.   |  |                              |                             |
|                         | Alcohol or drug use, with no other high fire risk behaviour.             |  |  |                              |                             |
|                         | Significant alcohol or drug use, combined with high fire risk behaviour. | <input type="checkbox"/> Evidence or likelihood of careless handling of smoking materials.<br><input type="checkbox"/> Evidence or likelihood of leaving cooking unattended.<br><input type="checkbox"/> Other (please): |  |                              |                             |

| Hazard and risk factors | Circumstances (Circle as appropriate)   | Further details of current circumstances  | Details of any existing control measures | Outstanding risk (Yes or No) | Additional actions required |
|-------------------------|---|---|--|------------------------------|-----------------------------|
| Hoarding (access)       | No Hoarding, or hoarding of generally non-combustible materials that do not obstruct escape routes. | No further consideration required.  |  |                              |                             |
|                         | <b>Significant Hoarding issues</b>  | <input type="checkbox"/> Hoarding confined to a single room.<br><input type="checkbox"/> Hoarding in more than one room.<br><input type="checkbox"/> Hoarding within escape route.<br><input type="checkbox"/> Types of material hoarded. |  |                              |                             |
| Oxygen                  | No oxygen used.   | No further consideration required.  |  |                              |                             |
|                         | <b>Use of oxygen combined with high fire risk behaviour.</b>  | <input type="checkbox"/> Oxygen use combined with smoking.<br><input type="checkbox"/> Other (please specify):  |  |                              |                             |

| Hazard and risk factors   | Circumstances (Circle as appropriate)           | Further details of current circumstances  | Details of any existing control measures | Outstanding risk (Yes or No) | Additional actions required |
|---|---|---|--|------------------------------|-----------------------------|
| Sensory impairment  | None.   | No further consideration required.  |  |                              |                             |
|   | Hard of hearing, or partially sighted           | Please specify:   |  |                              |                             |
|   | Deaf or blind.                                  | Please specify:   |  |                              |                             |
| Capacity of resident to respond appropriately to fire alarm signals or signs of fire. | Fully able to respond appropriately.            | No further consideration required.  |  |                              |                             |
|   | May be slow to respond.                         | <input type="checkbox"/> Limited decision-making ability.<br><input type="checkbox"/> Learning difficulties.<br><input type="checkbox"/> Dementia.<br><input type="checkbox"/> Please specify:                |  |                              |                             |
|   | Unable to respond; would need staff assistance. | <input type="checkbox"/> Inability to make appropriate decisions.<br><input type="checkbox"/> Severe learning difficulties.<br><input type="checkbox"/> Dementia.<br><input type="checkbox"/> Please specify: |  |                              |                             |



| Hazard and risk factors                          | Circumstances (Circle as appropriate)  | Further details of current circumstances  | Details of any existing control measures | Outstanding risk (Yes or No) | Additional actions required |
|--|--|---|--|------------------------------|-----------------------------|
| Ability of resident to make their way to safety. | Fully able.                            | No further consideration required.  |  |                              |                             |
|  | Limited mobility, so slow to evacuate. | <input type="checkbox"/> Ability to evacuate the building.<br><input type="checkbox"/> Ability to move from the room of fire origin, but not the building.<br><input type="checkbox"/> Ability to move away from the fire, but not the room of fire origin. |  |                              |                             |
|  | No mobility without assistance.        | Please specify:   |  |                              |                             |
| Other factors.                                   |  | Please specify:   |  |                              |                             |

|            |     |        |      |
|------------|-----|--------|------|
| Risk Level | Low | Medium | High |
|------------|-----|--------|------|

Action Plan - overleaf

| Action | Priority | Person Responsible | Date |
|--------|----------|--------------------|------|
|        |          |                    |      |
|        |          |                    |      |
|        |          |                    |      |
|        |          |                    |      |
|        |          |                    |      |
|        |          |                    |      |
|        |          |                    |      |

**NB High Risk Factors (in red) require immediate action**

Ensure risk assessment findings are shared with all relevant parties (tick as appropriate):

- Landlord / Housing Provider
- Managing Agent
- Commissioner of Care Services
- Care Service Provider
- Other:

A free Home Safety Visit should be requested from SFRS for vulnerable people:

- Call 0800 0731 999
- Text "FIRE" to 80800 from your mobile phone
- Complete their [online form](#)
- Call your [local fire station](#)