

## Annex 5 - Fire Safety Risk Assessment Template

# Record of Fire Safety Risk Assessment (premises based)



<b>Address</b>			
<b>Postcode</b>			
<b>Name of organisation</b>			
<b>Name and contact details of Assessor</b>			
<b>Assessor signature</b>		<b>Date of assessment</b>	
<b>PART 1 Obtain Information</b>			
How many floors does the building have?			
Number of residents in the building?			
Are any residents particularly at risk? / Have person-centred fire safety risk assessments/PEEPs been completed? Please include details below.			
Is there a staff presence, such as a scheme manager / care provider? If yes, please detail below.		Yes	No

Are the flat entrance doors sufficiently fire resisting and self-closing?

Action required (Please tick)

**YES**

**NO**

If you answered yes, record action at PART 4

Is there protection of the stairways from fire in adjacent areas? For example, provision of properly maintained self-closing fire doors on stair and lobby enclosures, fire resisting glazing etc.

Action required (Please tick)

**YES**

**NO**

If you answered yes, record action at PART 4

Does the building have any ancillary uses such as care provision, commercial or community activities? If yes, please detail below.	Yes	No
--	-----	----

Has the building any previous history of fire? If yes, please detail below.	Yes	No
---	-----	----

Has there been any previous examination of the building's external cladding? If yes, please detail below.	Yes	No
---	-----	----

Is there a current procedure for residents to follow in the event of fire? If yes please append a copy and explain below how it is communicated to residents.	Yes	No
---	-----	----

**PART 2 Identify any potential causes of fire in the common areas**

Are there any sources of ignition present?

	Action required (Please tick)	YES	NO
	If you answered yes, record action at PART 4		

Are there any sources of fuel present?

Action required (Please tick)

**YES**

**NO**

If you answered yes, record action at PART 4

Are there any sources of oxygen present e.g. Oxygen cylinders, airflow mattresses, ventilation

Action required (Please tick)

**YES**

**NO**

If you answered yes, record action at PART 4

**PART 3 Evaluate the risk and adequacy of existing fire safety measures**

What is the likelihood of a fire starting?

--

	Action required (Please tick)	<b>YES</b>	<b>NO</b>
	If you answered yes, record action at PART 4		

What may be the consequences to people from a fire starting in the building?

--

	Action required (Please tick)	<b>YES</b>	<b>NO</b>
	If you answered yes, record action at PART 4		

Are fire detection and warning arrangements adequate?

--

	Action required (Please tick)	<b>YES</b>	<b>NO</b>
	If you answered yes, record action at PART 4		

Is there the potential for fire to spread and affect escape routes?

Action required (Please tick)

**YES**

**NO**

If you answered yes, record action at PART 4

Is there potential for fire or smoke spread through routes such as open doors, vertical shafts, service ducts, service penetrations, ventilation systems, cavities, voids and external wall cladding systems?

Action required (Please tick)

**YES**

**NO**

If you answered yes, record action at PART 4

Is there potential for fire and smoke to spread into/onto the premises from an external fire?

Action required (Please tick)

**YES**

**NO**

If you answered yes, record action at PART 4

Is the travel distance from flat entrance doors to the nearest stairway or final exit acceptable?

Action required (Please tick)  
If you answered yes, record action at PART 4

**YES**

**NO**

Is there emergency escape lighting provided and maintained? Is it required if not?

Action required (Please tick)  
If you answered yes, record action at PART 4

**YES**

**NO**

Are there fire escape route signs? Are they required if not?

Action required (Please tick)

**YES**

**NO**

If you answered yes, record action at PART 4

Is there adequate fire separation evident, particularly the enclosure of flats within fire resisting construction?

Action required (Please tick)

**YES**

**NO**

If you answered yes, record action at PART 4



Are there any fire suppression installations provided/required?

Empty response area for fire suppression installations.

	Action required (Please tick)	<b>YES</b>	<b>NO</b>
	If you answered yes, record action at PART 4		

Where provided, are rising fire mains, firefighters lifts and smoke ventilation systems properly maintained?

Empty response area for rising fire mains, firefighters lifts and smoke ventilation systems.

	Action required (Please tick)	<b>YES</b>	<b>NO</b>
	If you answered yes, record action at PART 4		

The assessor completing the following section should prioritise remedial measures, based on the level of risk.

Priority ratings and suggested timescales:

**Low (L) 3 – 6 months**

**Medium (M) Up to 3 months**

**High (H) As soon as possible**

The above timescales are recommendations, however, risks should be removed as soon as possible.

<b>PART 4 Action points</b>			
	<b>Priority</b>	<b>Person responsible</b>	<b>Completion date</b>

Continue on separate sheet if necessary.

Review the fire safety risk assessment if there is a reason to suspect it is no longer valid or if there has been a significant change in the matters to which it relates.

**PART 5 Record and review**

Review Date		Reviewed by	
-------------	--	-------------	--

Reason for review

Outcomes of review



**SCOTTISH**  
**FIRE AND RESCUE SERVICE**  
Working together for a safer Scotland



Scottish Government  
Riaghaltas na h-Alba  
gov.scot