**The template is for a risk assessment and checklist to deal with potential fire hazards in community buildings. You should ensure you tailor it to any specific fire prevention systems you may have. For guidance in completing the assessment read “Fire Regulations and Checklists” (See below Section 5.1)**

**Fire Safety Risk Assessment:**

**Form for Recording Significant Findings**

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| --- |
| Risk Assessment for [**Ferndale Community Tenants Group ; Community Hub**]:    Address:    Assessment undertaken by [Name/s]:    Date of Assessment:  Sheet number: Area of building:  Use(s)[[1]](#footnote-1) of area: |

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| --- |
| STEP ONE: Identify fire hazards  Sources of Ignition:  Sources of Fuel:  Sources of Oxygen: |

STEP TWO: People at Risk

|  |
| --- |
| STEP THREE: Evaluate, remove, reduce and protect from risk  3.1: Evaluate the risk of the fire occurring.  3.2: Evaluate the risk to people from a fire starting on the premises.  3.3: Remove and reduce the hazards that may cause a fire.  3.4: Remove and reduce the risks to people from a fire.  Next due date for re-assessment:  Signature(s) of assessor(s): |

|  |
| --- |
| REVIEW OF ASSESSMENT AND ACTION TAKEN  Reviewed by [Name/Committee/etc.]:  Date of review:  Actions taken:  1. Date: Signed:  2. Date: Signed:  3. Date: Signed:  4. Date: Signed:  5. Date: Signed:  6. Date: Signed:  Next due date for re-assessment:  Signature(s) of assessor(s): |

|  |
| --- |
| REVIEW OF ASSESSMENT AND ACTION TAKEN  Reviewed by [Name/Committee/etc.]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of review:  Actions taken:  1. Date: Signed:  2. Date: Signed:  3. Date: Signed:  Reported to Management Committee on (date): |

**Fire Safety Maintenance Checklist**

***Notes:***

* This list is not intended to be comprehensive and ***should not be used as a substitute for carrying out fire risk assessments***.
* The list should be modified as necessary to fit particular premises - e.g., you may need to incorporate the recommendations of manufacturers and installers of your fire safety mechanisms and/or systems.
* ***Any ticks in the ‘no’ boxes should result in further investigation and appropriate action.***
* In larger and/or more complex premises, the assistance of competent and/or professionally qualified personnel may be required to carry out some of the checks.
* ‘Competent person’ is defined as ‘a person with enough training and experience or knowledge and other qualities to enable them to properly assist in undertaking the preventive and protective measures’.

| **Yes No N/A** |
| --- |
| **DAILY CHECKS (not normally recorded)** |
| ***Escape Routes*** |
| Can all fire routes be opened immediately and easily? □ □ □ |
| Are fire doors clear of obstructions? □ □ □ |
| Are escape routes clear? □ □ □ |
| ***Fire Warning Systems*** |
| Is the indicator panel showing ‘Normal’? □ □ □ |
| Are whistles, gongs or horns in place? □ □ □ |
| ***Escape Lighting*** |
| Are light fittings and exit signs in good condition and undamaged? □ □ □ |
| Is emergency lighting and sign lighting working correctly? □ □ □ |
| ***Fire Fighting Equipment*** |
| Are all fire extinguishers in place? □ □ □ |
| Are fire extinguishers clearly visible? □ □ □ |
| Are vehicles blocking fire hydrants or access to them? □ □ □ |
| **WEEKLY CHECKS** |
| ***Escape Routes*** |
| Do all emergency fastening devices to fire exits (push bars and pads, etc?)  work correctly? □ □ □ |
| Are external routes clear and safe? □ □ □ |
| ***Fire Warning Systems*** |
| Does testing a manual call point send a signal to the indicator panel? □ □ □  (Disconnect a link to the receiving centre or tell them you are doing a test) |
| Did the alarm system work correctly when tested? □ □ □ |
| Did staff and other people hear the fire alarm? □ □ □ |
| Did any linked fire protection systems operate correctly?  (e.g. magnetic door holder released, smoke curtains drop?) □ □ □ |
| Do all visual alarms and/or vibrating alarms and pagers (as applicable) work?   □ □ □ |
| Do voice alarm systems work correctly? Was the message understood?   □ □ □ |
| ***Escape Lighting*** |
| Are charging indicators (if fitted) visible? □ □ □ |
| ***Fire Fighting Equipment*** |
| Is all equipment in good condition? □ □ □ |
| Additional items from manufacturers’ recommendations □ □ □ |
| **MONTHLY CHECKS** |
| ***Escape Routes*** |
| Do all electronic release mechanisms on escape doors work correctly?  Do they ‘fail safe’ in the open position? □ □ □ |
| Do all automatic opening doors on escape routes ‘fail safe’ in the open position?   □ □ □ |
| Are fire door seals and self-closing devices in good condition? □ □ □ |
| Do all roller shutters provided for fire compartmentation work correctly?   □ □ □ |
| Are external escape stairs safe? □ □ □ |
| Do all internal self-closing fire doors work correctly? □ □ □ |
| ***Escape Lighting*** |
| Do all light fittings and exit signs function correctly when tested? □ □ □ |
| Have all emergency generators been tested? (Normally run for one hour)   □ □ □ |
| ***Fire Fighting Equipment*** |
| Is the pressure in ‘stored pressure’ fire extinguishers correct? □ □ □ |
| Additional items from manufacturers’ recommendations □ □ □ |
| **THREE-MONTHLY CHECKS** |
| ***General*** |
| Are any emergency water tanks/ponds at their normal capacity? □ □ □ |
| Are vehicles blocking fire hydrants or access to them? □ □ □ |
| (Plus any additional items from manufacturers’ recommendations) □ □ □ |
| **SIX-MONTHLY CHECKS** |
| ***General*** |
| Has any fire fighting or emergency evacuation lift been tested by a competent person? □ □ □ |
| Has any sprinkler system been tested by a competent person? □ □ □ |
| Have the release and closing mechanisms of any fire-resisting compartment doors and  shutters been tested by a competent person? □ □ □ |
| ***Fire Warning Systems*** |
| Has the system been checked by a competent person? □ □ □ |
| ***Escape Lighting*** |
| Do all light fittings operate on test for one-third of their rated value? □ □ □ |
| (Plus any additional items from manufacturers’ recommendations) □ □ □ |
| **ANNUAL CHECKS** |
| ***Escape Routes*** |
| Do all self-closing fire doors fit correctly? □ □ □ |
| Is escape route compartmentation\* in good repair? □ □ □ |
| ***Escape Lighting*** |
| Do all light fittings operate on test for their full rated duration? □ □ □ |
| Has the system been checked by a competent person? □ □ □ |
| ***Fire Fighting Equipment*** |
| Has all fire fighting equipment been checked by a competent person? □ □ □ |
| ***Miscellaneous*** |
| Has any dry/wet rising fire main been tested by a competent person? □ □ □ |
| Has the smoke and heat ventilation system been tested by a competent person?   □ □ □ |
| Has external access for the fire service been checked for on-going availability?   □ □ □ |
| Have any fire fighters’ switches been tested? □ □ □ |
| Has the fire hydrant bypass flow valve control been tested by a competent person?   □ □ □ |
| Are any necessary fire engine direction signs in place? □ □ □ |

\*Compartmentation: fire-resisting compartments using fire resisting doors, walls, shutters and floors allows evacuation into an adjacent compartment.

\*\*Please Note Ferndale Community Tenants Group carryout monthly Health & Safety including fire safety checks (including equipment) using the forms supplied by Clarion HG. These monthly reports are then sent electronically to Clarions Health & Safety Department.

**Adopted by FCTG August 2017**

**Annual Review Date; Committee Meeting October 2021**

1. Separate sheets may be needed for different uses of each room/space. [↑](#footnote-ref-1)