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Fire

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Duty Holder Name:		nt:	
Job Title:			
Assessed by:		tions:	

Names of Fire Marshals:	
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1. PREMISES

FRA Ref No.	General	Comments and Action Required
1.1	Address of premises	
1.2	Use of premises – factory/shop/office/other	
1.3	General description of premises – structural material etc, s number of floors	
1.4	Total number of people employed on the premises	
1.5	Time the premises are in use	

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1.6	
1.7	

2. MANAGEMENT & PLANNING

FRA Ref No.	Description	Yes	Comments and Action Required
2.1	Do you have an up to date Fire Policy?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.2	Are fire safety drills/practices carried out regularly?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.3	Has an assembly point been identified and informed to staff?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.4	Have you established and documented your procedures in the event of a fire?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.5	Do you have sufficient Fire Marshals, and are they properly trained (and such training recorded)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.6	Are fire safety drills/practices reviewed for successes and failures, and subsequent action taken?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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3.4	Have electrical tools and systems been checked – when?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.5	Are you doing any ‘hot works’?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.6	Do you have extinguishers close by? Which type?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.7	Do you use ‘Permits to work’? Are they signed off?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.8	Are controls in place in respect of contractors’ use of potentially hazardous equipment e.g. blowlamps, cutting and welding equipment?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.9	Are all staff, especially new employees, informed of the company’s Fire Safety Policy and Procedures?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.10	Do you have a ‘signing in’ book?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.11	Are visitors/contractors informed as to the procedures on discovering a fire or hearing the fire alarm?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.12	Are all fire routes and exits in the premises known to staff and visitors/contractors?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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3.13	Are the assembly point(s) in the event of fire known to all staff and visitors?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.14	Are all staff aware of the location of the fire extinguishers [and other fire fighting equipment]?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.15		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.16		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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4. HEATING APPLIANCES

FRA Ref No.	Description	Yes
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"/> <input type="checkbox"/> <input type="checkbox"/>
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"/> <input type="checkbox"/> <input type="checkbox"/>
4.3	Has the equipment been serviced in accordance with recommendations and by qualified engineers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments and Action Required

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4.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. MACHINERY AND TOOLS

FRA Ref No.	Description	Yes
5.1	Has all equipment/tools/plant been serviced according to recommendations by qualified engineers? When?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.2		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.3		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

6. MEANS OF ESCAPE / EVACUATION

FRA Ref No.	Description	Yes
6.1	Are fire exits clearly marked? Are they kept free from stored materials? Are they unlocked during working hours?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Comments and Action Required

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Comments and Action Required

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6.2	Is there adequate signage throughout?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.3	Do exits lead to a place of safety – not an enclosed yard etc?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.4	Is there emergency lighting. Has it been tested?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.5	Are carpets to stairs and corridors in good condition – are there trip hazards en route?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.6	Are there self closing fire doors, do they close, are they wedged open?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.7	Are means of escape accessible for less able bodied people?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.8	Have appropriate provisions been made for the safety of persons with disabilities ie assistance, refuges etc?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.9	Are there clearly defined written fire action and evacuation procedures, including provision for a roll call?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.10	Are suitable 'Fire Action' notices prominently displayed around the premises	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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7.5	Are there adequate fire extinguishers? What type? Are they accessible?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.6	Are they regularly serviced? Who by? Last service date?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.7	Have staff been shown how to use extinguishers, when?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.8	Can you hear an alarm from other parts of the building?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.9		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.10		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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