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<<Es Residential Care Home Fire Risk Assessment

Duty Holder Name:	
Job Title:	
Assessed by:	

Priority Key		A - Immediate	B - One month	C - Two months	R - Recommended		
RA No.	Page	Issue	Action	Priority	Person to action	Date done	Signed off by

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Property Details

Address assessed		
Responsible Person		
Type of business		
Building construction, age		
General condition - holes in walls, floors or ceilings; wall coverings. See 1.4		
Floor area		
Flights of stairs – internal /external		
Hours of use		
Nearest Fire Station, distance and travel time		
Fire engine access - narrow drive or roads Do residents' or staff cars restrict access to		

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whole building?

1. Assessment

1.1	Fire management	Y/N/
1.1.1	Do you have an up to date Fire Policy?	
1.1.2	Does it include any firefighting procedures?	
1.1.3	Do the staff members know about it?	
1.1.4	Do you have a 'stay put' policy?	
1.1.5	Do you have fire marshals? Do your staff know who they are?	
1.1.6	Are fire safety drills/practices carried out regularly?	
1.1.7	When was the last one - did it go smoothly? Did you consider disabled residents/patients? - see 1.2.4,1.2.5	
1.1.8	Do you have an Emergency Action Plan? Is it on display for all to see?	
1.1.9	Does it clearly show escape routes and assembly points?	

1.2	Relevant persons	Y/N/
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1.2.1	Employees – Full Time, Part-Time, Casual – see 1.9	
1.2.2	Staff, residents or patients, visitors. How many?	
1.2.3	How many are on duty at night?	
1.2.4	Are they awake all night?	
1.2.5	Do you have any disabled or less ambulant residents? Do any have hearing/seeing/learning difficulties?	
1.2.6	Have you written a Personal Emergency Evacuation Plan? Do all staff members know about it?	
1.2.7	Do you have suitable equipment? – evac chairs etc.	
1.2.8	Lone workers – cleaners etc.	

1.3	Sources of ignition	Y/N
1.3.1	Smoking: are there shelters? Are all butts cleared away from the building? Empty bins or accumulated rubbish, waste near boundaries	
1.3.2	Are there open fires? Are guards in place? Does the fire burn at night? Can the room/area be isolated?	

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1.3.3	Portable heaters – oil radiators, Calor-gas, bar heaters, fan heaters Are they used to dry clothes?		
1.3.4	Overloaded sockets, extension leads, any signs of overheating?		
1.3.5	Kitchen – cookers, extractors, are they cleaned? How often? Date of last clean		
1.3.6	Kettles/Irons in rooms. Checked for damage		
1.3.7	PAT tests – date of testing		
1.3.8	Register of equipment/fittings		
1.3.9	Procedures for regular checks. Who by?		
1.3.10	Periodic Inspection Report – date of test		
1.3.11	Consumer Unit - enclosed or open?		
1.3.12	History of arson or malicious damage?		
1.3.13	Are candles allowed in rooms?		
1.3.14	Do residents use heated blankets?		
1.4	Fuel	Y/N	
1.4.1	Flammable liquids – cleaning liquids or cooking oils etc.		

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1.4.2	Gas – mains or bottled?	
1.4.3	Location of bottles or tank, distance from building. Bunds	
1.4.4	Can gas supply be isolated? Location of switch	
1.4.5	Heating oil	
1.4.6	Location of tank, distance from building	
1.4.7	Can it be isolated? Location of switch	
1.4.8	Wall coverings – paintings/curtains etc.	
1.4.9	Papers – magazines/ files/ books etc.	
1.4.10	Home supplied furniture – timber/ plastics	
1.4.11	Residents own furniture	
1.4.12	Soft furnishings - foam filled cushions/ rugs	
1.4.13	Exposed timber frames	
1.4.14	Garden materials/foilage	
1.4.15	General housekeeping/waste material stored near to buildings	
1.4.16	Parked vehicles, distance from building	

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1.5	Escape routes	Y/N	
1.5.1	Escape routes adequate for number of Relevant Persons		
1.5.2	Width of doors and passages, can wheelchairs or beds get through easily?		
1.5.3	What is the condition of the carpet on the stairs and hallways? Are there trip hazards?		
1.5.4	Are they clear of obstructions including furniture?		
1.5.5	Are escape routes clearly marked/route map?		
1.5.6	Are all staff made aware of the escape routes? see 1.1.3		
1.5.7	Escape routes properly signed/illuminated		
1.5.8	Escape routes protected – see 1.7		
1.5.9	Final exits have single operation exits – push bars, thumb turns		
1.5.10	Emergency lights fitted – adequate number, correct locations		
1.5.11	Emergency lights tested/ records kept. Date of last test		

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1.6	Warning systems	Y/N	
1.6.1	Alarm fitted, grade known?		
1.6.2	Maintained by		
1.6.3	Last service		
1.6.4	Log book available		
1.6.5	Are weekly tests carried out?		
1.6.6	Type of warning devices - audio or optical		
1.6.7	Can they be heard/seen?		
1.6.8	Sounders etc. – location		
1.6.9	Call points – location		
1.6.10	Are cables wall or ceiling surface mounted?		
1.6.11	Are they screwed to the walls or ceilings?		
1.6.12	Are there sprinklers? In what rooms?		
1.6.13	Are they tested? – who by/ last test date		
1.6.14	Is there an automatic smoke vent?		
1.6.15	Is it tested/date/who by?		

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1.7	Fire doors	Y/N
1.7.1	Are there fire doors, location?	
1.7.2	Condition – do they close properly/ timely?	
1.7.3	Are floor mounted magnetic catches used? Do they release?	
1.7.4	Smoke and intumescent seals in place, 3 hinges	
1.7.5	Double doors - close properly, in sequence, meet in centre	
1.7.6	Vision panels	
1.7.7	Are they clean/painted/ wired?	
1.7.8	Is glazing fire rated BS EN 357 (2004)?	
1.7.9	Doors closed or wedged open?	
1.7.10	Are there any holes in walls, floors or ceilings?	

1.8	Extinguishers available	Y/N
1.8.1	Type/size	

1.8.2	Suitable for staff/users	
1.8.3	Location, can they be seen or obstructed?	
1.8.4	Are they accessible, can they be used?	
1.8.5	Do staff know locations?	
1.8.6	Have staff been trained to use them?	
1.8.7	Are staff aware of Company Policy for fighting fires? – see 1.1.2	
1.8.8	Correct signs for extinguishers	
1.8.9	Serviced, who by	
1.8.10	Date of last service	

1.9	Training	Y/N
1.9.1	As part of induction see 1.1.3	
1.9.2	Refreshers	
1.9.3	Fire marshal training	
1.9.4	Extinguisher training	

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