

KEEP YOUR BUSINESS IN BUSINESS

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FIRE REDUCTION • CRIME REDUCTION

CONTINGENCY PLANNING
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UPDATES & ADDITIONAL SECTIONS:

www.wmarsontaskforce.gov.uk/kybib

VERSION 4: 1/2007

LEGAL

The information contained in this Handbook is for general guidance on matters of fire safety only. The application and impact of laws can vary widely based on the specific facts involved and you are advised to seek further specialist advice if you are at all uncertain as to their application in relation to your business. Given the changing nature of laws, rules and regulations, and the inherent hazards of electronic communication, there may be delays, omissions or inaccuracies in the information contained in this Handbook.

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FIRE RISK ASSESSMENT FORMS

EMPLOYERS RISK ASSESSMENT FORM

Initial / Review* date: _____ *Delete as applicable

Name of Premises:

Employer/Responsible Person:

Name of Assessor:

Address of Premises:

Town/City:

County:

Postcode: Telephone:

Description of Buildings (continue on Risk Assessment form if required):

No. of Floors Ground and Above:

No. of Floors Below Ground:

Type of Occupancy ('S' for Single, 'M' for Multiple Occupancy):

Maximum Number of People Employed:

Maximum Number of People Who Resort:

Age of Building:

Detail Listed Buildings:

Property Use (i.e. Office, Shop or Factory etc.):

Type of Activity Carried On (Call Centre, Steel Stockholder etc.):

Approximate Area In M² of Footprint of Building:

Review Date For Next Assessment:

Note: A downloadable interactive form version is available from www.wmarsontaskforce.gov.uk/kybib

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FIRE RISK ASSESSMENT FORMS

1. FIRE SAFETY MANAGEMENT POLICY SIGNIFICANT FINDINGS

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: No nominated competent person.

No training policy.

FIRE RISK ASSESSMENT FORMS

2. SOURCES OF FUEL SIGNIFICANT FINDINGS: HAZARDS

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Open tins of thinners on benches.

LPG cylinders for room heater stored in cupboard.

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FIRE RISK ASSESSMENT FORMS

2. SOURCES OF FUEL

SIGNIFICANT FINDINGS: PEOPLE/GROUPS WHO ARE AT RISK FROM HAZARDS

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Workers in point room.

Office staff in main office.

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FIRE RISK ASSESSMENT FORMS

2. SOURCES OF FUEL CONTROL MEASURES EXISTING OR REQUIRED

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Seal and remove tins to flammables cupboard following use.

Remove to well ventilated secure cage outside building.



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FIRE RISK ASSESSMENT FORMS

2. SOURCES OF FUEL

WHAT FURTHER ACTION IS NEEDED BY WHEN, BY WHOM

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Paint room manager to ensure compliance at all times.

Mr Davies to obtain tenders straight away, then action repair to control heating boiler so LPG heaters no longer required.

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FIRE RISK ASSESSMENT FORMS

3. SOURCES OF IGNITION SIGNIFICANT FINDINGS: HAZARDS

Initial / Review* date: _____

**Delete as applicable*

In the event of fire will any of these significantly affect the safety of employees or other persons in the premises?

Example: Flame cutting using oxyacetylene.

Cutters to remove pipework.

Electrical wiring to printer across floor badly damaged by wear; exposing core.

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FIRE RISK ASSESSMENT FORMS

3. SOURCES OF IGNITION

SIGNIFICANT FINDINGS: PEOPLE/GROUPS WHO ARE AT RISK FROM HAZARDS

Initial / Review* date:

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Staff in warehouse.

Staff in small office.

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FIRE RISK ASSESSMENT FORMS

3. SOURCES OF IGNITION CONTROL MEASURES EXISTING OR REQUIRED

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Introduce 'hot work' permit.

Ensure all combustible material is removed from work area.

Replace cable; move printer nearer to wall socket.



FIRE RISK ASSESSMENT FORMS

3. SOURCES OF IGNITION

WHAT FURTHER ACTION IS NEEDED BY WHEN, BY WHOM

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Provide mobile extinguisher; Mr Brown to obtain asap.

Ensure printer remains by wall socket.

Office Manager to arrange inspection of all electrical cables.

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FIRE RISK ASSESSMENT FORMS

4. IDENTIFYING PEOPLE AT RISK SIGNIFICANT FINDINGS: HAZARDS

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Lone working.

Disabled staff.

FIRE RISK ASSESSMENT FORMS

4. IDENTIFYING PEOPLE AT RISK

SIGNIFICANT FINDINGS: PEOPLE/GROUPS WHO ARE AT RISK FROM HAZARDS

Initial / Review* date:

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Maintenance man in basement.

Working on first floor.

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FIRE RISK ASSESSMENT FORMS

4. IDENTIFYING PEOPLE AT RISK CONTROL MEASURES EXISTING OR REQUIRED

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Provide smoke detection in basement area and provide additional exit routes from basement.

Two disabled staff relocated to ground floor.

FIRE RISK ASSESSMENT FORMS

4. IDENTIFYING PEOPLE AT RISK

WHAT FURTHER ACTION IS NEEDED BY WHEN, BY WHOM

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Mr Jones, Building Manager, to get system in place by 13th of next month.

Stairlift to be provided in next financial year.

Mr Bloggs to obtain tenders.

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FIRE RISK ASSESSMENT FORMS

5. DANGEROUS SUBSTANCES

SIGNIFICANT FINDINGS: PEOPLE/GROUPS WHO ARE AT RISK FROM THEM

Initial / Review* date: _____

**Delete as applicable*

What dangerous substances are present in your premises, where are they located and who will be affected by them?

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FIRE RISK ASSESSMENT FORMS

5. DANGEROUS SUBSTANCES CONTROL MEASURES EXISTING OR REQUIRED

Initial / Review* date: _____

**Delete as applicable*

What safety measures are in place or are required for those dangerous substances that have been identified?

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FIRE RISK ASSESSMENT FORMS

5. DANGEROUS SUBSTANCES

WHAT FURTHER ACTION IS NEEDED BY WHEN, BY WHOM.

Initial / Review* date: _____

**Delete as applicable*

What further action is needed by when and by whom?

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FIRE RISK ASSESSMENT FORMS

5. DANGEROUS SUBSTANCES DETAILS OF ANY HAZARDOUS ZONES

Initial / Review* date: _____

**Delete as applicable*

Detail the locations of those parts of the premises that are classified as hazardous zones.

LOCATION	DETAILS OF HAZARDOUS ZONES
Example: Petrol	Zone 2 - only with filling generators
Generator Room	with petrol. Warning signs in place,
	all staff informed.

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FIRE RISK ASSESSMENT FORMS

5. DANGEROUS SUBSTANCES ARRANGEMENTS TO DEAL WITH ACCIDENTS, INCIDENTS AND EMERGENCIES.

Initial / Review* date:

**Delete as applicable*

What arrangements are in place to deal with accidents, incidents and emergencies and the provision of information, instruction and training?

Example: Emergency plan update.

All emergency services informally and externally informed.

Arrangements in place to carry out exercise with staff and emergency services to test plan.

FIRE RISK ASSESSMENT FORMS

6. LUMINOUS DISCHARGE TUBES SIGNIFICANT FINDINGS

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Switch not identified.

Notice not sent.

FIRE RISK ASSESSMENT FORMS

7. FIREFIGHTER PROTECTION SIGNIFICANT FINDINGS

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Firefighter lift not stopping at floor.

Dry riser outlets not working.

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FIRE RISK ASSESSMENT FORMS

8. SPREAD OF FIRE SIGNIFICANT FINDINGS

Initial / Review* date: _____

*Delete as applicable

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: All unoccupied rooms identified where fire might start to develop.

Early warning detection recommended.

FIRE RISK ASSESSMENT FORMS

9. FIREFIGHTING AND DETECTION SIGNIFICANT FINDINGS

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Staff not trained in use of firefighting equipment.

Fire detection system needs to be upgraded.

FIRE RISK ASSESSMENT FORMS

10. EMERGENCY ROUTES AND EXITS SIGNIFICANT FINDINGS

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Number of exit signs missing.

No procedures for removal of padlocks from fire exit doors prior to opening.

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FIRE RISK ASSESSMENT FORMS

11. MAINTENANCE AND TESTING SIGNIFICANT FINDINGS

Initial / Review* date: _____

**Delete as applicable*

In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Extinguishers not tested since 2005.

Emergency lighting luminaries not working on first floor corridor.

FIRE RISK ASSESSMENT FORMS

KEEP YOUR BUSINESS IN BUSINESS

FIRE RISK ASSESSMENT FORMS

12. FIRE SAFETY ARRANGEMENTS SIGNIFICANT FINDINGS

Initial / Review* date: _____

*Delete as applicable

Record what fire safety arrangements are in place i.e. means of escape, fire alarm/detection, fire fighting equipment, emergency lighting, signage, etc for your premises in either written format or as a plan.

Example:

Means of Escape

- ▶ Single fire resisting staircase with self-closing doors
- ▶ 1st Floor offices – fire resisting with self-closing doors

Fire Alarm

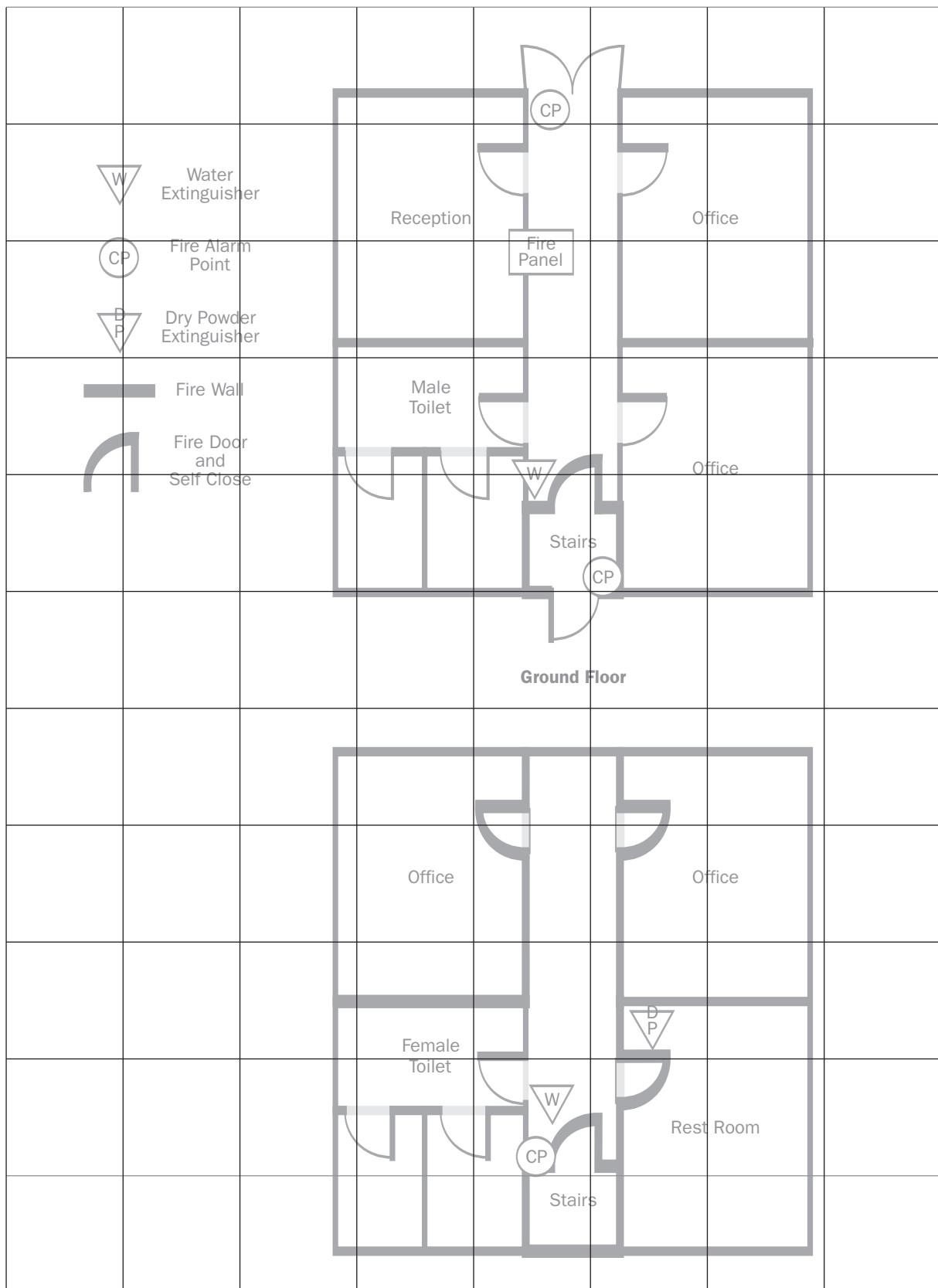
- ▶ Electrical fire alarm with call points at:
 - ▶ door to staircase – ground floor
 - ▶ door to staircase 1st floor
 - ▶ main entrance
- ▶ Main panel at ground floor near reception

Fire Extinguishers

- ▶ Water extinguisher at:
 - ▶ door to staircase – ground floor
 - ▶ door to staircase 1st floor
- ▶ Dry Powder extinguisher

FIRE RISK ASSESSMENT FORMS

12. FIRE SAFETY ARRANGEMENTS SAFETY PLAN



KEEP YOUR BUSINESS IN BUSINESS

RISK ASSESSMENT FORMS: COMPLIANCE

1. FIRE SAFETY MANAGEMENT POLICY COMPLIANCE

Initial / Review* date: _____

**Delete as applicable*

Indicate the preventative and protective fire safety measures taken to show compliance.

Example: Training policy in place.

All of our staff's training needs have been identified and training sessions have been put in place.



RISK ASSESSMENT FORMS: COMPLIANCE

2. SOURCES OF FUEL COMPLIANCE

Initial / Review* date: _____

**Delete as applicable*

Indicate the preventative and protective fire safety measures taken to show compliance.

Example: All potential sources of fuel have been identified and have either been removed, replaced or control measures set up.

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RISK ASSESSMENT FORMS: COMPLIANCE

3. SOURCES OF IGNITION COMPLIANCE

Initial / Review* date: _____

*Delete as applicable

Indicate the preventative and protective fire safety measures taken to show compliance.

Example: All potential ignition sources identified and 'hot work' permit procedure and electrical testing procedure has been set up.



RISK ASSESSMENT FORMS: COMPLIANCE

4. IDENTIFY PEOPLE AT RISK COMPLIANCE

Initial / Review* date: _____

**Delete as applicable*

Indicate the preventative and protective fire safety measures taken to show compliance.

Example: All people at risk have been identified and a lone working policy has been set up.

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RISK ASSESSMENT FORMS: COMPLIANCE

5. DANGEROUS SUBSTANCES COMPLIANCE

Initial / Review* date: _____

**Delete as applicable*

Indicate the preventative and protective fire safety measures taken to show compliance.

Example: All dangerous substances identified. Petrol generator room is now being stored in compliance with HS(G)51 and all staff informed about the dangers from it.

10

RISK ASSESSMENT FORMS: COMPLIANCE

6. LUMINOUS TUBES COMPLIANCE

Initial / Review* date: _____

**Delete as applicable*

Indicate the preventative and protective fire safety measures taken to show compliance.

Example: All switches have been identified and a notice has been sent to the Fire Service telling them where they are located.

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RISK ASSESSMENT FORMS: COMPLIANCE

7. FIREFIGHTER COMPLIANCE

Initial / Review* date: _____

**Delete as applicable*

Indicate the preventative and protective fire safety measures taken to show compliance.

Example: All firefighter protection has been identified and a maintenance plan formulated to ensure it is in good working order.



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RISK ASSESSMENT FORMS: COMPLIANCE

8. SPREAD OF FIRE COMPLIANCE

Initial / Review* date: _____

**Delete as applicable*

Indicate the preventative and protective fire safety measures taken to show compliance.

Example: Smoke detectors have been installed in all plant rooms to warn everybody should a fire develop.

KEEP YOUR BUSINESS IN BUSINESS

RISK ASSESSMENT FORMS: COMPLIANCE

9. FIREFIGHTING AND DETECTION COMPLIANCE

Initial / Review* date: _____

**Delete as applicable*

Indicate the preventative and protective fire safety measures taken to show compliance.

Example: Fire detection is provided to BS5839 Pt 1, L2 system.

All our staff are trained in the use of firefighting equipment, by an external fire safety training agency.



RISK ASSESSMENT FORMS: COMPLIANCE

10. EMERGENCY ROUTES AND EXITS COMPLIANCE

Initial / Review* date: _____

**Delete as applicable*

Indicate the preventative and protective fire safety measures taken to show compliance.

Example: All routes provided with signage in accordance with the Health and Safety Signs and Signals Regulations. Management procedures in place for all fire exit door locks to be removed to lock board in Manager's office every morning.

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RISK ASSESSMENT FORMS: COMPLIANCE

11. MAINTENANCE AND TESTING COMPLIANCE

Initial / Review* date: _____

**Delete as applicable*

Indicate the preventative and protective fire safety measures taken to show compliance.

Example: Annual maintenance of firefighting equipment carried out by an external fire safety equipment contractor. Emergency lighting tested and maintained by the in-house electrician.

RISK ASSESSMENT FORMS: COMPLIANCE

12. FIRE SAFETY ARRANGEMENTS COMPLIANCE

Initial / Review* date: _____

**Delete as applicable*

Record what fire safety arrangements are in place i.e. means of escape, fire alarm/detection, fire fighting equipment, emergency lighting, signage, etc for your premises after all work has been done in either written format or as a plan to determine your bench mark standard. (See overleaf for plan).

Example:

Means of Escape

- ▶ Single fire resisting staircase with self-closing doors
- ▶ 1st Floor offices – fire resisting with self-closing doors

Fire Alarm

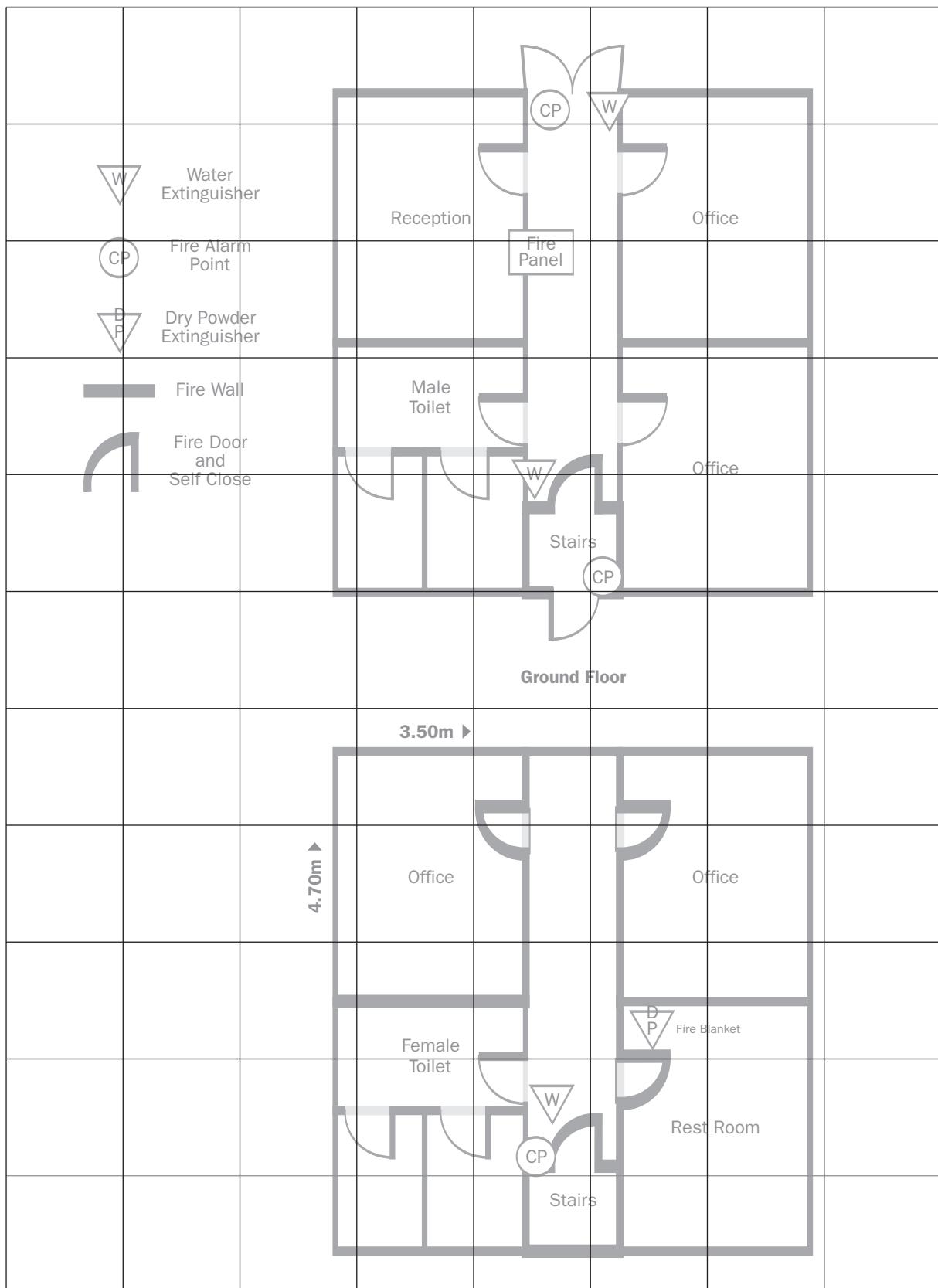
- ▶ Electrical fire alarm with call points at:
 - ▶ door to staircase – ground floor
 - ▶ door to staircase 1st floor
 - ▶ main entrance
- ▶ Main panel at ground floor near reception

Fire Extinguishers

- ▶ Water extinguisher at:
 - ▶ door to staircase – ground floor
 - ▶ door to staircase 1st floor
 - ▶ main entrance
- ▶ Dry Powder extinguisher & fire blanket in rest room

RISK ASSESSMENT FORMS: COMPLIANCE

12. FIRE SAFETY ARRANGEMENTS COMPLIANCE: SAMPLE PLAN



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RISK ASSESSMENT FORMS

Please use this form for any additional information

Initial / Review* date: _____

**Delete as applicable*

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