

KEEP YOUR BUSINESS IN BUSINESS

INTRODUCTION TO KYBIB

YOUR FIRE RISK ASSESSMENT

GUIDE FOR YOUR INITIAL
FIRE RISK ASSESSMENT

GUIDE FOR FIRE RISK
ASSESSMENT REVIEWS

FIRE RISK ASSESSMENT FORMS

MAINTENANCE & TESTING/
COMPLIANCE

BUSINESS BEST PRACTICE
FIRE REDUCTION • CRIME REDUCTION

CONTINGENCY PLANNING
AND DISASTER RECOVERY

YOUR FIRE RISK ASSESSMENT
RESULTS

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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Information contained in this document is correct at time of going to publication.

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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

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 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.

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.

FIRE RISK ASSESSMENT FORMS

10. EMERGENCY ROUTES AND EXITS SIGNIFICANT FINDINGS

Initial / Review* date: _____

**Delete as applicable*

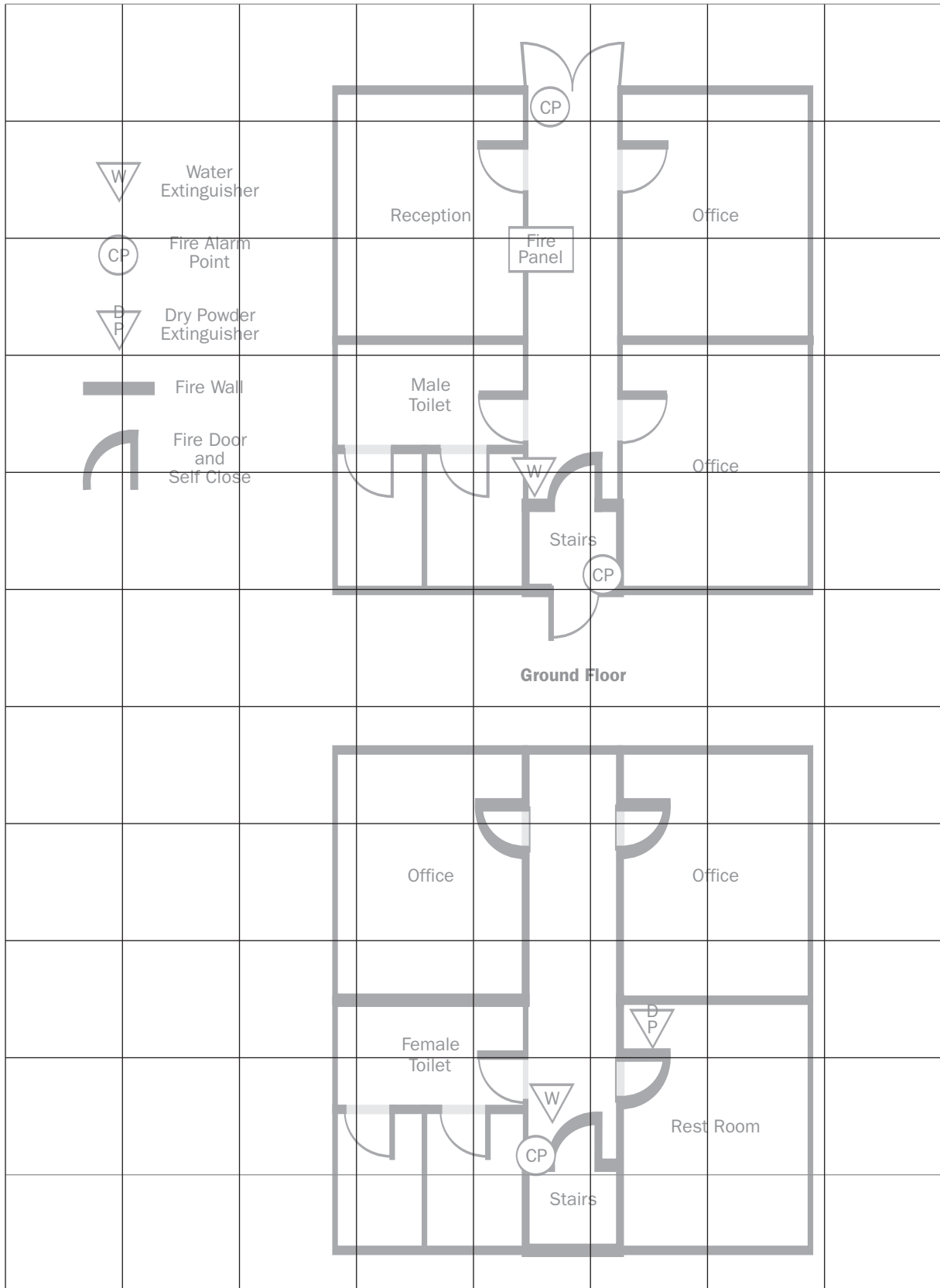
In the event of fire, will any of these significantly affect the safety of employees or other persons in the premises?

Example: Number of exit signs missing.

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

FIRE RISK ASSESSMENT FORMS

12. FIRE SAFETY ARRANGEMENTS SAFETY PLAN



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.

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

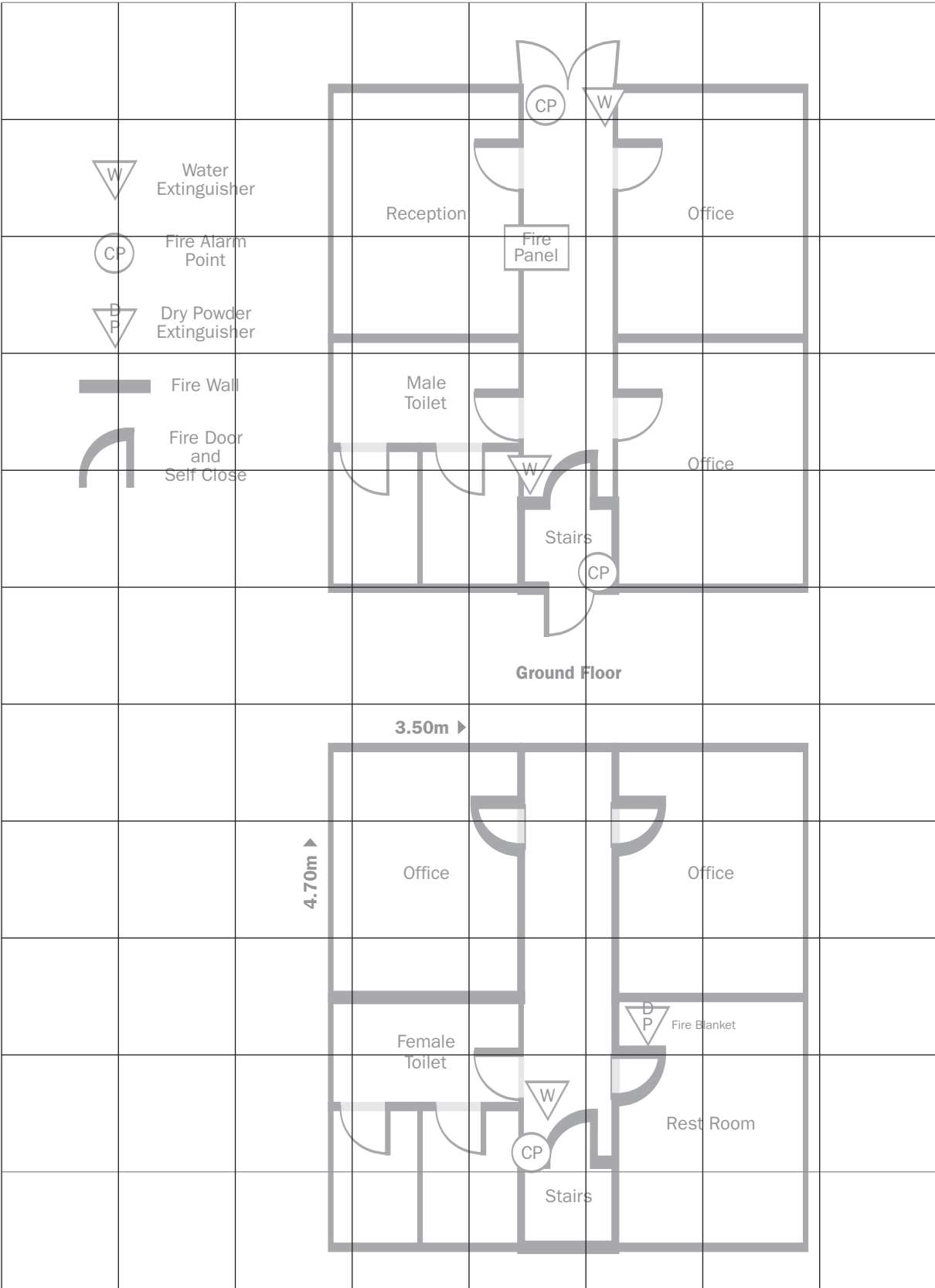
- Electrical fire alarm with call points at:
- door to staircase – ground floor
- door to staircase 1st floor
- main entrance
Main panel at ground floor near reception

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

Multiple horizontal lines for writing notes or details.

12. FIRE SAFETY ARRANGEMENTS
COMPLIANCE: SAMPLE PLAN



RISK ASSESSMENT FORMS

Please use this form for any additional information

Initial / Review* date: _____

**Delete as applicable*



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