

# Fire risk self-assessment form

**Business name:**

**Address of premises  
being self-assessed:**

**Self-assessment date:**

**Reported to:**

**Conducted by:**

**Date:**

## Self-assessment outcome:

**Perfect compliance:** .....

**No major hazards but minor improvements needed:** .....

**Major hazards identified, immediate action needed:** .....

**Date for next review:**

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## **Please complete all sections of this self-assessment form**

It's often helpful to remind yourself of where fire hazards, safety/fire-fighting equipment and emergency exits can be found. A handy and simple way to do this is to produce a very basic drawing of your premises (one for each floor where you have several floors and their layouts or fire safety arrangements may differ). The government's Health & Safety Executive recommends this approach too. Their inspectors may even expect you to have something like this diagram to hand. At the end of our guide, we've included a worked example of one of these simple diagrams. You'll also find a blank template version that you can use to create your own tailored drawings to attach to completed versions of this self-assessment form.

**1. Identify the fire hazards present at your business:**

Source	State Location(s) (e.g. kitchen, east-side of building, etc)	Confirm date of last service (if relevant)	Do any items require servicing?	Is servicing up-to-date?	Is item in good working condition?	If no, please give details of action to be taken by whom and deadline
<b>Ignition sources</b>						
<b>Heaters/radiators</b>			yes	yes	yes	
			no	no	no	
			n/a	n/a	n/a	
<b>Cooking facilities</b> (e.g. stoves, microwaves, kettles, tea/coffee machines, toasters)			yes	yes	yes	
			no	no	no	
			n/a	n/a	n/a	
<b>Naked flames</b>			yes	yes	yes	
			no	no	no	
			n/a	n/a	n/a	
<b>Designated smoking areas?</b> (incl. cigarette disposal containers)			yes	yes	yes	
			no	no	no	
			n/a	n/a	n/a	
<b>Lighting equipment</b>			yes	yes	yes	
			no	no	no	
			n/a	n/a	n/a	

Source	State Location(s) (e.g. kitchen, east-side of building, etc)	Confirm date of last service (if relevant)	Do any items require servicing?	Is servicing up-to-date?	Is item in good working condition?	If no, please give details of action to be taken by whom and deadline
<b>Electrical equipment</b> (e.g. sockets)			yes	yes	yes	
			no	no	no	
			n/a	n/a	n/a	
<b>Photocopying/printing/projection equipment</b>			yes	yes	yes	
			no	no	no	
			n/a	n/a	n/a	
<b>Computer terminals</b>			yes	yes	yes	
			no	no	no	
			n/a	n/a	n/a	
<b>Operational machinery</b> (please specify)			yes	yes	yes	
			no	no	no	
			n/a	n/a	n/a	
<b>Other</b> (please specify)			yes	yes	yes	
			no	no	no	
			n/a	n/a	n/a	

Source	State Location(s) (e.g. kitchen, east-side of building, etc)	Specialist storage provided?	Specialist storage used properly?	Are storage areas/containers in good condition and/or locked where needed?	Please provide details/comments as relevant
<b>Ignition sources</b>					
<b>Furniture and fixings e.g. curtains</b> (these should be secured, kept tidy and prevented from causing obstructions)		yes no n/a	yes no n/a	yes no n/a	
<b>Wood/paper/cardboard</b>		yes no n/a	yes no n/a	yes no n/a	
<b>Plastics, foam, rubber</b> (e.g. car tyres, packaging)		yes no n/a	yes no n/a	yes no n/a	

Source	State Location(s) (e.g. kitchen, east-side of building, etc)	Specialist storage provided?	Specialist storage used properly?	Are storage areas/containers in good condition and/or locked where needed?	Please provide details/comments as relevant
<b>Gases, liquids</b> (e.g. solvents, spirits)		yes  no  n/a	yes  no  n/a	yes  no  n/a	
<b>Waste material</b> (e.g. fertilizer)		yes  no  n/a	yes  no  n/a	yes  no  n/a	
<b>Any oxygen supplies</b> (e.g. air conditioning units)		yes  no  n/a	yes  no  n/a	yes  no  n/a	
<b>Anything else?</b> (please specify)		yes  no  n/a	yes  no  n/a	yes  no  n/a	

**2. Please identify the people on your premises who may be affected by your fire safety arrangements**

	Staff members	Customers	Visitors	Suppliers	Contractors	Other	Please elaborate on how these/some of these categories are affected
<p><b>Are they handling or exposed to any of your above listed hazards</b></p> <p>yes</p> <p>no</p>	yes	yes	yes	yes	yes	yes	
<p><b>Do any of these hazards affect what they do whilst they are on your premises?</b></p> <p>If so, please identify the hazard and what measures you put in place to ensure their safety in each case</p> <p>yes</p> <p>no</p>	yes	yes	yes	yes	yes	yes	
<p><b>Are those exposed to these risks trained/prepared to manage them?</b></p> <p>(e.g have your relevant workers attended appropriate training courses/got the right qualifications to use hazardous equipment; have visitors or non-workers been given any instructions to help them to stay fire-safe on your premises, etc.?)</p> <p>yes</p> <p>no</p>	yes	yes	yes	yes	yes	yes	
<p><b>Do any individuals in the risk categories you've identified work alone?</b></p> <p>Please elaborate if so.</p> <p>yes</p> <p>no</p>	yes	yes	yes	yes	yes	yes	

	Staff members	Customers	Visitors	Suppliers	Contractors	Other	Please elaborate on how these/some of these categories are affected
<p><b>Are all those attending your premises familiar with your building layout?</b> (If not, what measures do you take to ensure their safety, e.g. do you ensure they should be accompanied by someone who is familiar and where is this practice/rule recorded?)</p>	yes no	yes no	yes no	yes no	yes no	yes no	
<p><b>Do they have any individual personal disabilities which might increase their risks?</b> (e.g vision impairment, mobility, hearing)</p>	yes no	yes no	yes no	yes no	yes no	yes no	
<p><b>Are they working/visiting only controlled areas?</b> (e.g visiting designated and properly signed walkways, working/visiting properly signed walkways, working/visiting authorised areas only, etc.)</p>	yes no	yes no	yes no	yes no	yes no	yes no	
<p><b>Do they require/have they been given any protective clothing/equipment to keep them fire safe?</b></p>	yes no	yes no	yes no	yes no	yes no	yes no	
<p><b>Have you informed your workers and any relevant other visitors to your premises of acceptable /non-acceptable conduct activities whilst at your premises?</b></p>	yes no	yes no	yes no	yes no	yes no	yes no	



### 3. Evaluate, reduce exposure and protect your business from fire risks

Can the following hazards be removed or reduced?	Yes	No	If no, please give details of action to be taken by whom and deadline
<p><b>Is there a plan in place to manage the likelihood of fire? E.g. do you have a business fire safety policy or health and safety policy that covers fire safety?</b> (If so, please explain how it is kept up-to-date, who is responsible for keeping it up-to-date and how it is communicated and made accessible to your staff and (where relevant) any visitors to your site)</p>			
<p><b>If you have highly flammable materials on your premises, are they stored safely and kept away from fire sources?</b> (Please explain your arrangements)</p>			
<p><b>Can fires be detected immediately?</b> (Please explain how/why not – as relevant)</p>			
<p><b>Is there a fire warning system in place?</b> (Please give details of this, manufacturer, warranties and maintenance arrangements, date of last service test, etc. )</p>			

Can the following hazards be removed or reduced?	Yes	No	If no, please give details of action to be taken by whom and deadline
<p><b>Can everyone escape without assistance?</b>            (If not, please describe what plans you have in place for the safe evacuation of less able individuals)</p>			
<p><b>Is there more than one escape route in place?</b>            (Please describe your arrangements)</p>			
<p><b>Is there emergency escape lighting in place</b> (a torch may be sufficient in some cases but it must be clearly accessible and its location well-known to permanent staff on site)</p>			
<p><b>Are all fire exits very clearly marked and compliant with the fire safety regulations?</b></p>			

Can the following hazards be removed or reduced?	Yes	No	If no, please give details of action to be taken by whom and deadline
<b>Are all escape routes kept free of obstruction?</b>			
<b>Are all emergency doors simple to open and clearly labelled with user instructions?</b>			
<b>Can all emergency doors be opened from the outside in an emergency?</b>			
<b>Is all fire safety equipment maintained and tested annually?</b> (e.g fire alarms, fire extinguishers, sprinkler systems, overhead speaker systems)			
<b>Are electrical appliances properly installed and tested annually?</b> (Please provide details of all arrangements)			
<b>When was your last fire drill?</b>			
<b>How often do you conduct fire drills?</b>			

**4. Record your emergency procedures and fire safety training arrangements**

<b>Does your emergency plan include the following?</b>	<b>Yes</b>	<b>No</b>	<b>If no, please give details of action to be taken by whom and deadline</b>
A system to warn people at your premises if there is a fire e.g. fire alarms, automated speaker system			
A clear, accessible procedure for people to follow if they discover a fire			
A clear, accessible procedure for the safe evacuation of the premises			
A safe, clearly sign-posted/communicated assembly point for evacuation			
A safe and thorough checking system to ensure the premises has been fully evacuated			
Designated staff members responsible for ensuring fire safety on your premises e.g. fire wardens			
Clear, accessible and regularly updated training and instruction to all staff on H&S procedures and policies			
A record of fire drills and training procedures			

#### 4. Review your fire risk assessment

Please record your next date for review (we recommend you review this every 12 months).

If there are any significant changes to the layout of your premises (e.g new exits, stairs), or a change in materials stored (e.g large increase in plastics packaging, flammable chemicals), or changes that may affect your operations (e.g staff working on weekends) then you should review your fire assessment.

#### How we help

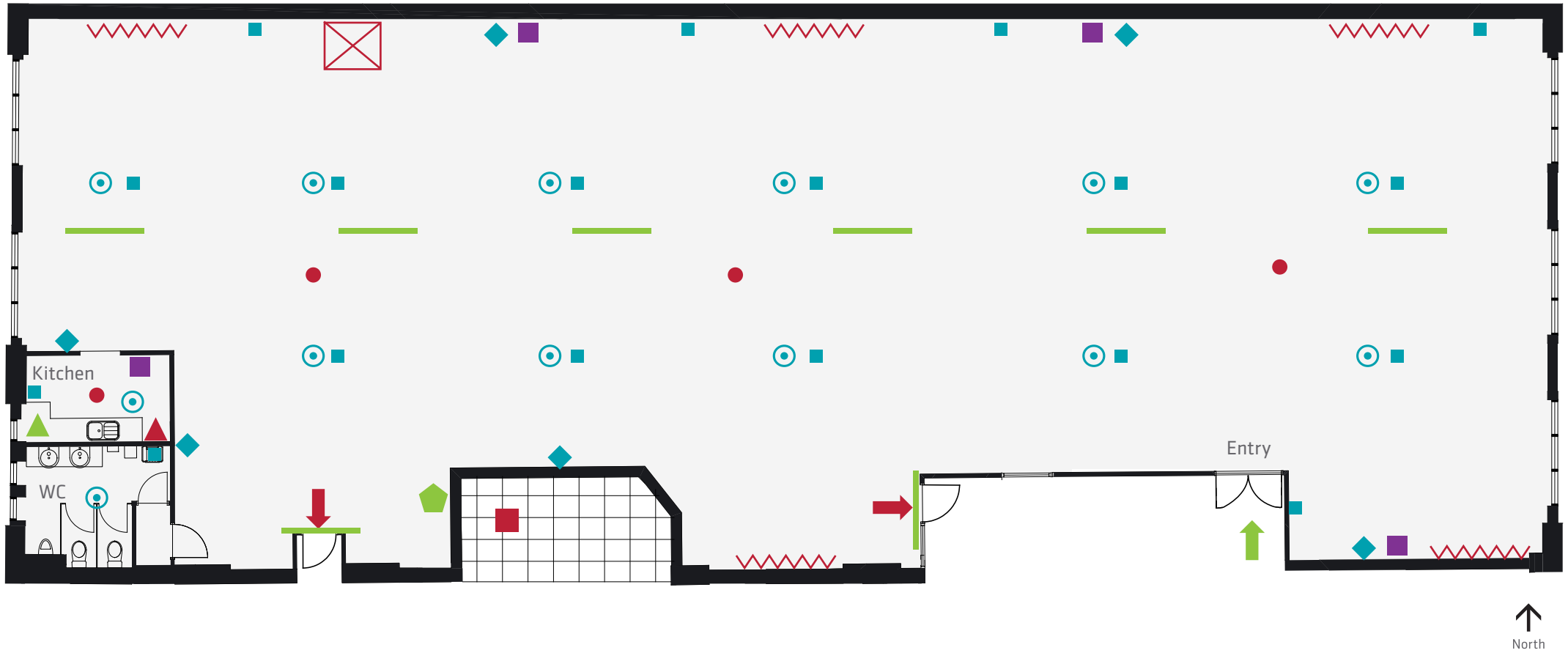
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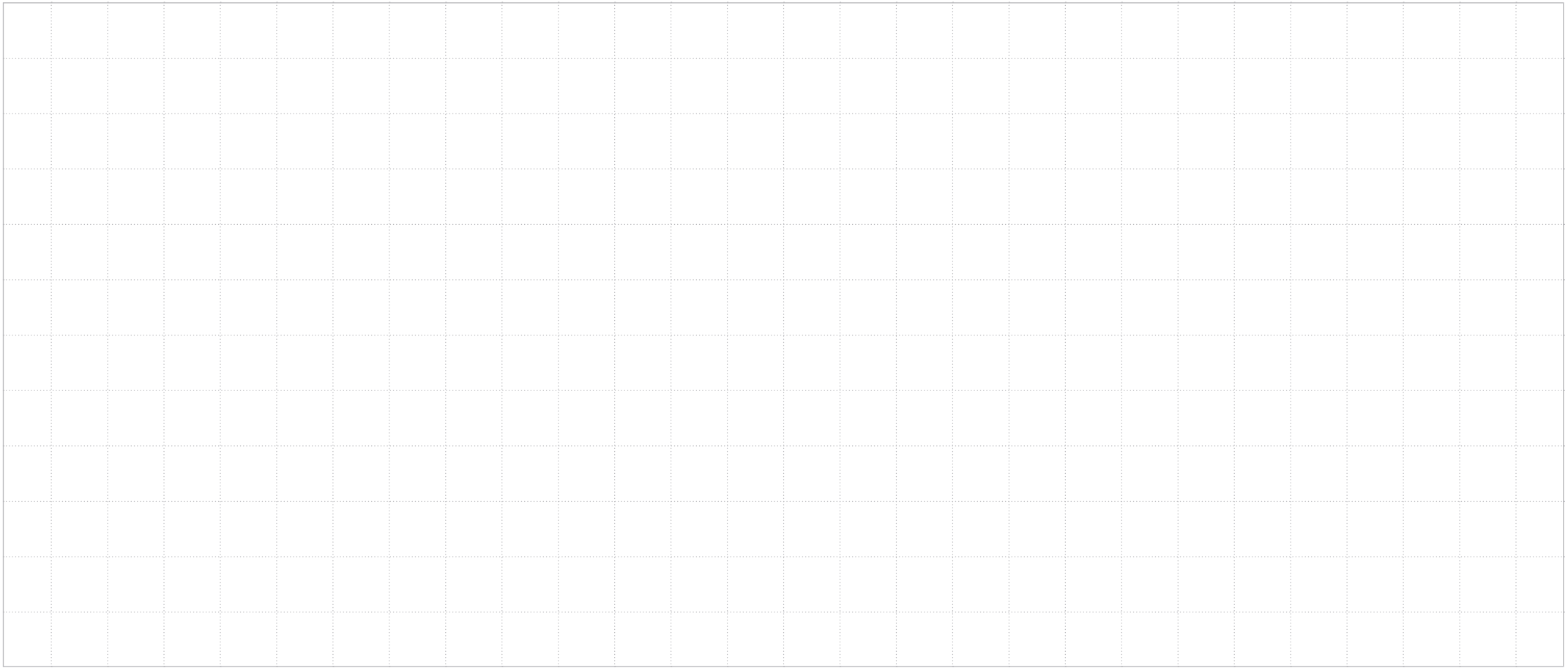
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**Example floor plan – ground floor for 20 London Street**



- |   |  |  |   |
|---|--|--|---|
|  Main entry         |  Fire alarm   |  Electric switchboard                             |  Emergency lighting      |
|  Fire escape routes |  Lighting   |  Radiators  |  Hob and toaster         |
|  Fire extinguishers |  Sockets  |  Cupboard containing flammable cleaning materials |  Designated smoking area |
|  Fire blankets      |  Boiler cupboard, ignition-activated heating system |  |   |

**Plan drawing** – complete a simple line drawing of your premises and identify your safety provisions



- |   |  |  |   |
|---|--|--|---|
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