

# FIRE RISK ASSESSMENT FORM

Form FRA

Assessment No: <b>FRA1</b>	Location / Dept: <b>All Premises</b>	<b>Persons affected in the area:</b>	<b>Number of persons using the area at any time:</b>	<b>Location of premises:</b>
Assessment Date: <b>10/10/06</b>	Assessor's Name: <b>J Jowett</b>			
This assessment links to General Risk Assessment No: <b>N/A</b> Number of fire exits available: <b>2</b> Do they lead to a place of safety? <b>YES</b> Approximate distance to assembly point: <b>30 Metre</b>		Employees <input checked="" type="checkbox"/> Visitors <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Contractors <input checked="" type="checkbox"/>	Less than 5 <input checked="" type="checkbox"/> 5 – 10 <input type="checkbox"/> 10 – 20 <input type="checkbox"/> 20+ <input type="checkbox"/>	Basement <input type="checkbox"/> Ground Floor <input type="checkbox"/> Above ground floor <input checked="" type="checkbox"/>

General Fire Hazards	Ignition Sources	Fuel Sources	Worst Case Outcome	Precautions Already in Place	Likelihood	Score	Rating
<b>SMOKE</b> <b>ASPHYXIATION</b> <b>BURNING</b> <b>MATERIALS</b> <b>RADIANT HEAT</b>	<b>GAS CENTRAL HEATING BIOLER</b>  <b>FAULTY ELECTRICAL SYSTEM</b>  <b>FAULTY PORTABLE APPLIANCES</b>  <b>ARSON</b>	<b>FURNITURE / FITTINGS</b>  <b>PAPER</b>  <b>RECORDS</b>	Severe injury (8)	<b>NO SMOKING POLICY</b> <b>WASTE PAPER REMOVED DAILY</b> <b>SMOKE / HEAT DETECTORS</b> <b>FIRE DOORS</b> <b>PORTABLE ELECTRICAL EQUIPMENT INSPECTED ANNUALLY</b> <b>GAS BOILER SERVICED ANNUALLY</b> <b>ALL ELECTRICAL EQUIPMENT TURNED OFF AT END OF DAY</b> <b>PADLOCKED PERIMETER FENCE</b> <b>INTRUDER ALARMS</b> <b>FIRE WARDENS AND FIRST AIDERS</b> <b>MAINTENANCE CONTRACT FOR FIXED ELECTRICAL SYSTEM</b>	Unlikely (2)	<b>16</b>	<b>Low</b>

Worst Case Outcome

Likelihood given precautions in place

10	8	5	3	1		10	8	5	2	1
Fatality	Severe injury	Lost time injury	Minor injury	No injury		Certain / imminent	Very likely	Likely	Unlikely	Remote

<b>Risk Rating Table</b>		
High 50-100	Medium 20-49	Low 1-19

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Availability of fire fighting equipment in the area: ADEQUATE EXTINGUISHERS PLACED IN OAK TREE SURGERY – SERVICED REGULARLY	Emergency evacuation arrangements documented: FIRE PROCEDURE NOTICES DISPLAYED
Availability of personnel trained to utilise fire fighting equipment: FIRE WARDENS	Alarm arrangements available: RESPONSIBILITY OF OAK TREE SURGERY – TESTED EVERY THURSDAY
Availability of emergency lighting in the area: ADEQUATE – RESPONSIBILITY OF OAK TREE SURGERY	Roll call to be carried out by: RESPONSIBLE PERSON / FIRE WARDEN
Details of further action required: None other than monitoring for changes	Action Completed (Name and title) / Date

Signature:	Date: 10/10/06
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Assessment Review Date (as required):	Assessment Review Date (as required):
New risk assessment required: Yes / No	New risk assessment required: Yes / No
Completed by (Name):	Completed by (Name):
Signature:	Signature:

