

FIRE RISK ASSESSMENT FORM

Form FRA

Assessment No: FRA2	Location / Dept: ON SITE	Persons affected in the area:	Number of persons using the area at any time:	Location of premises:
Assessment Date: 20/09/06	Assessor's Name: J JOWETT	Employees <input checked="" type="checkbox"/>	Less than 5 <input checked="" type="checkbox"/>	Basement <input type="checkbox"/>
This assessment links to General Risk Assessment No: COSHH01		Visitors <input type="checkbox"/>	5 – 10 <input type="checkbox"/>	Ground Floor <input checked="" type="checkbox"/>
Number of fire exits available: ONE – PLUS CHEMICAL USED IN OPEN		Public <input checked="" type="checkbox"/>	10 – 20 <input type="checkbox"/>	Above ground floor <input type="checkbox"/>
Do they lead to a place of safety? YES		Contractors <input type="checkbox"/>	20+ <input type="checkbox"/>	
Approximate distance to assembly point: 10 YARDS				

General Fire Hazards	Ignition Sources	Fuel Sources	Worst Case Outcome	Precautions Already in Place	Likelihood	Score	Rating
SMOKE ASPHYXIATION BURNING RADIANT HEAT	NONE	SAMURAI CHEMICAL	SEVERE INJURY 8	CHEMICAL STORED IN STEEL CONTAINER AWAY FROM IGNITION SOURCES E.G. ELECTRICAL / MACHANICAL MACHINERY NO SMOKING POLICY	REMOTE 1	8	LOW

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

Risk Rating Table		
High 50-100	Medium 20-49	Low 1-19

FIRE RISK ASSESSMENT FORM

Form FRA

Availability of fire fighting equipment in the area: Availability of personnel trained to utilise fire fighting equipment: Availability of emergency lighting in the area:	Emergency evacuation arrangements documented : Alarm arrangements available: Roll call to be carried out by:
Details of further action required:	Action Completed (Name and title) / Date

Signature:	Date:
------------	-------

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

