

FIRE RISK ASSESSMENT FORM

Form FRA

Assessment No: FRA3	Location / Dept: ON SITE	Persons affected in the area:	Number of persons using the area at any time:	Location of premises:
Assessment Date: 09/10/06	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: RA08		Visitors <input type="checkbox"/>	5 – 10 <input type="checkbox"/>	Ground Floor <input checked="" type="checkbox"/>
Number of fire exits available: TWO		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: N/A				

General Fire Hazards	Ignition Sources	Fuel Sources	Worst Case Outcome	Precautions Already in Place	Likelihood	Score	Rating
SMOKE ASPHYXIATION BURNING RADIANT HEAT EXPLOSION	VEHICLE IGNITION VEHICLE ELECTRICS	PETROL	FATALITY 10	VEHICLE SAFETY CHECKED ANNUALLY & MAINTAINED BY A PROFESSIONAL. DRIVER CHECKS VEHICLE PRIOR TO USE EXTINGUISHER IN VEHICLE AND DRIVER TRAINED IN USE.	UNLIKELY 2	20	MED

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

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Availability of fire fighting equipment in the area: IN CAB Availability of personnel trained to utilise fire fighting equipment: DRIVER TRAINED IN USE Availability of emergency lighting in the area: N/A	Emergency evacuation arrangements documented : NO Alarm arrangements available: N/A Roll call to be carried out by: N/A
Details of further action required: None other than regular review & monitoring for changes.	Action Completed (Name and title) / Date

Signature:	Date: 09/10/06
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Assessment Review Date (as required): 09/10/07	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:

