

# FIRE RISK ASSESSMENT FORM

Form FRA

Assessment No: <b>FRA4</b>	Location / Dept: <b>ON SITE</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>06/08/07</b>	Assessor's Name: <b>J JOWETT</b>	Employees <input checked="" type="checkbox"/>	Less than 5 <input checked="" type="checkbox"/>	Basement <input type="checkbox"/>
This assessment links to General Risk Assessment No: <b>RA22</b>		Visitors <input type="checkbox"/>	5 – 10 <input type="checkbox"/>	Ground Floor <input checked="" type="checkbox"/>
Number of fire exits available: <b>ONE</b>		Public <input checked="" type="checkbox"/>	10 – 20 <input type="checkbox"/>	Above ground floor <input type="checkbox"/>
Do they lead to a place of safety? <b>YES</b>		Contractors <input type="checkbox"/>	20+ <input type="checkbox"/>	
Approximate distance to assembly point: <b>N/A</b>				

General Fire Hazards	Ignition Sources	Fuel Sources	Worst Case Outcome	Precautions Already in Place	Likelihood	Score	Rating
SMOKE ASPHYXIATION BURNING RADIANT HEAT EXPLOSION	NONE	PETROL	FATALITY 10	<b>STEEL STORE ONLY CONTAINS THE INFLAMABLE SUBSTANCES AND OTHER CHEMICALS SUCH AS WEED KILLER &amp; RAT POISON. THE CHEMICALS ARE STORED IN A SPECIFICALLY DESIGNED CHEMICAL STORAGE BOX, WHICH IS LOCKABLE.</b>  <b>THE STEEL CONTAINER IS LOCKED AT ALL TIMES WHEN UNATTENDED</b>  <b>THE INFLAMABLE SUBSTANCES ARE KEPT IN STEEL CANISTERS DESIGNED FOR THE USE.</b>  <b>THE GARDENER DECANTS THE INFLAMABLE SUBSTANCES IN THE OPEN AIR WHEN AREA CLEAR OF ANY PASSING PUBLIC.</b>	REMOTE 1	<b>10</b>	Low
		DIESEL	FATALITY 10		REMOTE 1	<b>10</b>	Low
		RED DIESEL	FATALITY 10		REMOTE 1	<b>10</b>	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

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

Signature:	Date: 06/08/07
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Assessment Review Date (as required): 09/10/07	Assessment Review Date (as required):
New risk assessment required: <del>Yes</del> / No	New risk assessment required: Yes / No
Completed by (Name):	Completed by (Name):
Signature:	Signature:

