**Information required for completion of Fire Risk Assessment**

* For us to complete a full and comprehensive Fire Risk Assessment, we request your co-operation, to supply us with certain certificates and information.
* We would also request that the following information, to be made available for the Fire Risk Assessor to peruse during the assessment.
* This is the type of information a fire safety officer would request from you, should they turn up at your premises, to undertake an audit.

|  |  |
| --- | --- |
| **Management information Required to be available before, or on the day of the assessment(in the event the answer is yes, please provide the numbers where requested)** | **Available?****Y/N** |
| 1. A Copy of the most recent Fire Risk Assessment. Indicating any outstanding incomplete actions? Or separate list of Actions required.
 |  |
| 1. Maximum numbers of employees & volunteers on site at any at any one time
 |  |
| 1. Maximum numbers of visitors, including the public, on site at any at any one time
 |  |
| 1. Number of disabled persons who may use the premises
 |  |
| 1. Number of young persons (under the age of 18 years)
 |  |
| 1. Name of the on-site Person with delegated responsibility for Fire Safety
 |  |
| 1. A written Fire Safety Policy
 |  |
| 1. Any Comprehensive Fire Emergency Plan
 |  |
| 1. Do you rent, lease or hire out any part of the premises to a third party?
 |  |
| 1. Your Asbestos Register
 |  |
| 1. Any Alterations / Enforcement / Prohibition Notice issued by the Fire Authority issued on the premises or any letter under Article 27 of the Regulatory Reform (Fire Safety) Order 2005 or any other requirement in writing?
 |  |
| 1. Has a Building Regulation 38 letter been issued for any alterations or if a new building, on completion of work?

*To comply with Building Regulations, full and meaningful fire safety information should be handed over to the occupier by the project team and should cover any deviations from the current guidance and what compensatory features have been provided together with any fire engineered solutions that may form part of the fire safety design.* |  |
| 1. Premises Plan Drawing - Simple line drawings would suffice. Any existing plans of the premises that can be made available would be appreciated
 |  |
| 1. External Walls – Please provide a copy of the Installation Records for the external Wall Cladding showing they were fitted in accordance with manufacturer’s instructions and a Certificate of Conformity to show the fire rating for the materials.
 |  |
| 1. External Walls – Please provide a copy of the Installation Records for any other Supplementary Objects fixed to the exterior walls.
 |  |
| 1. Please assist your Assessor to note the location of the following;
 |  |
| Gas Intake |  | Alarm Indicator Panel |  | Nearest fire hydrant |  |
| Electricity Intake |  | Access to site |  | Nearest open water |  |
| Business critical areas |  | Hazardous processes |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fire Safety Training** (note the training provided and last date of delivery) | **Yes** | **No** | **Date** |
| Fire Induction |  |   |   |
| Ongoing Fire Awareness |  |   |   |
| Fire Marshal |  |   |   |
| Outside Contractors |  |   |   |
| Hazardous substances |  |   |   |
| Evacuation drills |  |  |  |
| Firefighting team |  |   |   |
|  |
| **Maintenance Regimes (Logbook or Management System)** | **Frequency (days)** | **Date of Test** |
| Escape routes |  |  |
| Portable firefighting equipment |  |  |
| Emergency lighting |  |  |
| Fire detection and alarms |  |  |
| PAT tests |  |  |
| Electric wiring |  |  |
| Gas equipment/supply  |  |  |
| Sprinkler/suppression systems |  |  |
| Local exhaust ventilation |  |  |
|  |  |  |
| **Records of any miscellaneous tests and checks.** | **Frequency (days)** | **Date of Test** |
| Fire Alarm and Automatic door release devices weekly records of tests |  |  |
| Details of Fire Shutter tests and servicing (if installed) |  |  |
| Ventilation (including cooking range extraction systems) - records of inspection and servicing |  |  |
| Fire Fighting - Dry Rising Mains (If installed) date last tested |  |  |
| Lightning Conductors (if installed) date last tested |  |  |

|  |
| --- |
| **DESIGN SPECIFICATIONS – Please provide a copy of all relevant systems** |
| Sprinkler / Suppression Systems | Yes | No |
| Fire Alarm systems inc. of automatic fire detection | Yes | No |
| Does the heating/AC system close down on actuation of FA system? | Yes | No |
| Smoke control systems | Yes | No |
| Emergency lighting systems | Yes | No |
|  |  |  |
| **SPECIAL INSURANCE REQUIREMENTS** |
| Any specific fire safety measures required by your Insurance Provider (provide on the day) | Yes | No |

***Should you require any further clarification or advice as to the documentation required for the fire risk assessment, please do not hesitate to contact us on 02920 109450.***

To help us better understand your Premises and Site, please list your building(s) and floors below

|  |  |  |  |
| --- | --- | --- | --- |
| # | Name of Building | No of Floors Above Ground | No of Floors Below Ground |
| 1 | (Example) Sovereign House | 2 | 0 |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
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| 11 |  |  |  |
| 12 |  |  |  |
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| 19 |  |  |  |
| 20 |  |  |  |