

FIRE SAFETY RISK ASSESSMENT CHECKLIST

1. General Information

- Date of Assessment: _____
- Assessor's Name: _____
- Location/Building Address: _____
- Building Use (e.g., Office, Warehouse): _____
- Number of Floors: _____
- Number of Occupants: _____

2. Identify Fire Hazards

- Sources of Ignition:
 - Electrical equipment (e.g., heaters, computers, kitchen appliances) present and maintained?
 - Yes
 - No
 - N/A
 - Is lighting equipment regularly checked for faults?
 - Yes
 - No
 - N/A
 - Are there any hot surfaces or equipment that pose a fire risk?
 - Yes
 - No
 - N/A
 - Are there designated smoking areas with proper fire prevention measures?
 - Yes
 - No
 - N/A
 - Are there any naked flames (e.g., candles, burners) on the premises?
 - Yes
 - No
 - N/A
- Sources of Fuel:
 - Is paper, cardboard, and packaging properly stored away from ignition sources?
 - Yes
 - No
 - N/A
 - Is upholstered furniture fire-resistant or treated with flame-retardant chemicals?
 - Yes
 - No
 - N/A
 - Are flammable liquids (e.g., cleaning solvents) properly stored?
 - Yes
 - No

- N/A
- Are plastics, foam, or rubber materials stored safely?
 - Yes
 - No
 - N/A
- Sources of Oxygen:
 - Is there adequate natural airflow through windows and doors?
 - Yes
 - No
 - N/A
 - Is mechanical ventilation regularly maintained?
 - Yes
 - No
 - N/A
 - Are oxygen cylinders stored properly (if present)?
 - Yes
 - No
 - N/A

3. Identify People at Risk

- People at Risk:
 - Are employees at risk from fire hazards?
 - Yes
 - No
 - N/A
 - Are visitors or customers present in the building?
 - Yes
 - No
 - N/A
 - Are contractors regularly working in the building?
 - Yes
 - No
 - N/A
 - Are there vulnerable persons (e.g., elderly, disabled, children) who need special assistance during a fire?
 - Yes
 - No
 - N/A

4. Evaluate, Remove, Reduce, and Protect from Risk

- Fire Prevention Controls:

- Has all electrical equipment been checked and maintained?
 - Yes
 - No
 - N/A
- Are sources of ignition kept away from combustible materials?
 - Yes
 - No
 - N/A
- Are smoking policies and designated smoking areas clear?
 - Yes
 - No
 - N/A

- Risk Reduction Actions:
 - Have flammable materials been removed or stored properly?
 - Yes
 - No
 - N/A
 - Are fireproof furnishings used where necessary?
 - Yes
 - No
 - N/A
 - Is oxygen supply controlled and access restricted (if applicable)?
 - Yes
 - No
 - N/A

- Fire Detection and Warning Systems:
 - Are smoke alarms present and tested regularly?
 - Yes
 - No
 - N/A
 - Are fire alarms in working condition and maintained?
 - Yes
 - No
 - N/A
 - Is the emergency lighting system functional?
 - Yes
 - No
 - N/A

- Firefighting Equipment:
 - Are fire extinguishers appropriately located and regularly inspected?
 - Yes
 - No
 - N/A
 - Are fire blankets available in key locations (e.g., kitchens)?
 - Yes

- No
- N/A
- Are sprinkler systems installed and operational (if applicable)?
 - Yes
 - No
 - N/A
- Emergency Routes and Exits:
 - Are fire exits clearly marked and accessible?
 - Yes
 - No
 - N/A
 - Are escape routes free from obstructions?
 - Yes
 - No
 - N/A
 - Are emergency doors easily opened and not locked?
 - Yes
 - No
 - N/A
 - Are fire doors working properly and not propped open?
 - Yes
 - No
 - N/A

5. Record, Plan, Inform, Instruct, and Train

- Emergency Evacuation Plan:
 - Is there an evacuation plan in place and communicated to all staff?
 - Yes
 - No
 - N/A
 - Are regular fire drills conducted?
 - Yes
 - No
 - N/A
 - Are all escape routes, exits, and assembly points known by staff?
 - Yes
 - No
 - N/A
- Information and Training:
 - Are fire safety instructions provided to all new employees?
 - Yes
 - No
 - N/A

- Have staff been trained in using fire extinguishers?

- Yes

- No

- N/A

- Are fire wardens designated and trained?

- Yes

- No

- N/A

6. Review

- Date of Next Review: _____

- Assessor's Signature: _____

- Fire Warden's Signature (if applicable): _____

7. Action Plan

Hazard Identified	Risk Level (Low, Medium, High)	Action Required	Responsible Person	Due Date
Example: Electrical faults	High	Schedule electrical inspection	John Doe	10/20/2024
Example: Obstructed escape route	Medium	Clear and maintain escape routes	Jane Doe	10/05/2024