

Fire Safety Risk Assessment

Area/Location

Name of area/location	
Normal usage of the area	
Description of the area	
Occupancy levels during normal hours	

Existing fire safety equipment/systems

Fire extinguishers	
Type & quantity	
Serviced by	
Checked by	
Fire/smoke detection	
Type & quantity	
Serviced by	
Checked by	
Fire alarms/warning	
Type & quantity	
Serviced by	
Checked by	
Emergency lighting	
Type & quantity	
Serviced by	
Checked by	

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Risk Considerations

Sources of ignition	
Sources of fuel	
Work processes	
Structural considerations	

Persons at risk

Estimated max. number of employees	
Estimated max. number of non-employees	
Persons with enhanced risk	

Means of escape

Horizontal	
Vertical	

Safety signs/notices/information

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Floor Plan of Area/Location

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Corrective Actions

Action Required	By which person?	By which date/ timescale?	Completion Signature

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Assessment Summary

Significant findings summary

Other comments

Assessment Completed By:

Name: _____ Position: _____

Signature: _____

Name: _____ Position: _____

Signature: _____

Assessment Date: _____ Next Review Date: _____

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