

WEST SUFFOLK COUNCIL
FIRE RISK ASSESSMENT
 (To be used in conjunction with annex L)

Department	Section	Location (Address)

Activity/Process	Persons at risk	1	2-5	6-10	+10
	Employees				
	Others				
	Disabled				

Location of supplies
Hydrants/water supply – Gas supply - Electric Supply –

Sources of ignition					
	Code		Code		Code
Smokers		Engines/boilers		Static electricity	
Naked flames		Machinery		Metal impacts	
Fixed/portable heaters		Electric Equipment		Arson	
Hot processes		Hot surfaces		Other...	
Cooking		Friction		Other	

Sources of Fuel					
	Code		Code		Code
Flammable liquids (paints, adhesives, solvents)		Paper, card, stock stored files		Waste in shredder waste	
Flammable chemicals		Plastics rubber foam		Internal construction	
Flammable gas		Furniture fixtures + fittings		Other – Parked vehicles	
Compressed gas		Textiles		Other	
Wooden hems		Packaging		Other	

Sources of oxygen					
	Code		Code		Code
Ventilation system		Chemicals		Oxygen Supplies	

Code	Definition
1	Fully satisfactory – meets all requirements, no improvement required
2	Adequate – Some improvement possible and recommended
3	Less than adequate – Significant improvement required, action must be taken
4	Unsatisfactory – Immediate action required
N/A	Not applicable – condition or circumstances not present or applicable

Control measures in place					
Extinguishers	Code		Code		Code
Water		Foam		CO ²	
Dry powder		Hose reel		Fire blanket	
Other					

Other control measures:
Fire detection:
Fire warning
Means of escape (including disabled persons)
Sprinkle system/fixed suppression system / dry or wet risers
Maintenance & testing
Fire procedures and training
Fire Checks:

Risk rating after control measures: (see bottom of page)		
(Likelihood X Severity)	X	=

Copy/s issued to for action (Name)	Date issues	Serial numbers	Signature

Assessor		
Date	Name (Caps please)	Signature
Person Responsible		
Date	Name (Caps please)	Signature

Review Dates & Signatures			
1 st review			
2 nd review			
3 rd review			

Likelihood	Severity of injury	Rating	Action required
1. Most unlikely	1. Trivial injury	1 & 2 Minimal risk	Maintain control measures
2. Unlikely	2. Slight injury	3 & 4 Low risk	Review control measures
3. Likely	3. Serious injury	6 & 8 Medium risk	Improve control measures
4. Most likely	4. Major injury	9, 12 & 16 high	Improve controls immediately & consider stopping work

Additional controls recommended	Responsibility (name)	Target date	Completion date	Initials

Continuation of additional controls

Additional controls recommended	Responsibility (name)	Target date	Completion date	Initials