Fire Safety Risk Assessment

Professional fire safety risk assessment template for healthcare premises

LEGISLATIVE & REGULATORY COMPLIANCE

- ✓ Regulatory Reform (Fire Safety) Order 2005
- ✓ Fire Safety Act 2021
- ✓ Health and Safety at Work etc. Act 1974
- ✓ Management of Health and Safety at Work Regulations 1999
- ✓ Building Safety Act 2022
- ✓ HSE / HM Government fire-safety risk-assessment guidance
- ✓ BS 9999 and BS 5839 (detection and alarm)
- ✓ CQC single assessment framework - Safe

Assessment Reference	BS-RA-FS-001
Version	2.0
Assessment Date	[Insert Date]
Next Review Date	[Insert Date - 12 months from issue]
Responsible Person	[Insert Name, Job Title]
Premises	[Address / area assessed]
Organisation	[Organisation Name]

1. Introduction and scope

This assessment identifies fire hazards, evaluates the level of risk, and sets out the control measures that protect people and property and ensure safe evacuation.

It covers all areas of the premises, all occupants (staff, patients, visitors and contractors) and all activities. It is carried out by a competent responsible person under the Regulatory Reform (Fire Safety) Order 2005 and is reviewed regularly and after any significant change.

2. Legal framework and duties

The Regulatory Reform (Fire Safety) Order 2005 requires a suitable and sufficient fire risk assessment, appropriate fire-precaution measures, competent staff, clear emergency procedures, maintained records and regular review. The Fire Safety Act 2021 clarifies the scope of the responsible person’s duties, and the Health and Safety at Work etc. Act 1974 provides the overarching duty of care.

3. Assessment methodology

Each hazard is rated for Likelihood (1 rare to 5 almost certain) and Severity (1 negligible to 5 catastrophic). The risk rating is Likelihood x Severity (1-25) and is banded as follows. Controls are then reviewed and further action assigned to reduce risk so far as is reasonably practicable.

Risk score (L x S)	Band	Action required
1 - 4	Low	Maintain existing controls; monitor.
5 - 9	Medium	Improve controls where reasonably practicable; planned action.

Risk score (L x S)	Band	Action required
10 - 15	High	Prioritised action required; review timescales.
16 - 25	Critical	Immediate action; consider stopping the activity until controlled.

4. People especially at risk

- Patients or service users with reduced mobility, sensory impairment or cognitive needs
- Lone workers and staff working out of hours
- Visitors and contractors unfamiliar with the layout
- Anyone requiring assisted evacuation (covered by a Personal Emergency Evacuation Plan)

5. Significant hazards, controls and risk rating

Hazard / source	Who may be harmed	Existing controls	L	S	Score / band	Further action
Electrical equipment and fixed wiring	Staff, patients, visitors	PAT testing; fixed-wiring inspection; no overloaded sockets; defect reporting	2	4	8 Medium	Maintain test schedule; act on reported defects
Combustible materials and waste	All occupants	Stock kept low; waste removed daily; stored away from ignition sources	2	3	6 Medium	Monthly housekeeping audit
Obstructed means of escape	All occupants	Routes kept clear; final exits unlocked when occupied; illuminated signage	2	5	10 High	Daily visual check; clear obstructions immediately
Delayed detection or warning	All occupants (esp. sleeping risk)	Automatic detection; weekly alarm test; emergency lighting; monthly checks	1	5	5 Medium	Replace ageing detectors per plan
Persons needing assisted evacuation	Patients with mobility needs	PEEPs in place; evacuation chairs; trained fire marshals	2	4	8 Medium	Review PEEPs at each relevant visit
Hot works / kitchen and clinical heat sources	Staff	Supervised use; fire blanket and extinguisher; permit-to-work for contractors	2	3	6 Medium	Annual deep clean; verify contractor permits

6. Existing control measures (summary)

- Fire doors with self-closing devices, not wedged open
- Clearly marked, unobstructed escape routes and final exits
- Appropriate, serviced firefighting equipment at identified points
- Automatic fire detection and alarm, with emergency lighting
- A no-smoking policy and controls on portable heaters and hot works
- Planned electrical and equipment maintenance
- Trained fire marshals and a documented evacuation procedure

7. Emergency procedures and evacuation

On discovering a fire, raise the alarm, call 999, and evacuate via the nearest safe route to the assembly point without stopping to collect belongings. Staff assist those needing help in line with their PEEPs. A roll-call is taken at the assembly point and no one re-enters until the fire service confirms it is safe. Procedures are displayed and rehearsed.

8. Action plan

Action	Priority	Owner	Target	Status
Replace two ageing detectors in store rooms	High	Facilities	30 days	In progress
Review PEEPs for all current patients	High	Clinical Lead	14 days	Open
Fire-marshal refresher training	Medium	Registered Manager	60 days	Planned
Declutter rear corridor escape route	High	All staff	Immediate	Complete

9. Testing, maintenance and review

- Fire alarm tested weekly (rotating call points); full service to schedule
- Emergency lighting checked monthly; annual full-duration test
- Extinguishers serviced annually; fixed wiring and PAT to schedule
- Evacuation drills at least every six months, with learning recorded
- Assessment reviewed at least annually and after any fire, near-miss or significant change