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| **Fire Risk Assessment** | | | | | | | | | | |
| **ESTABLISHMENT:** |  | | | **Assessor:** |  | | | **Signature** | |  |
| **Address:** |  | | | **Responsible Person:** |  | | | **Date: Review**  **date:** | |  |
| **Building description:** |  | | | | | |
| **Trust:** |  | | |
| **Fire Hazards** | | | | | | | | | | |
| **Sources of Ignition** | | | **Sources of Fuel** | | | | **Sources of Oxygen** | | | |
|  | | |  | | | | *.* | | | |
| **People At Risk** | | | | | | | | | | |
| **People At Risk:** | |  | | | | **Maximum number of persons at any one time** | | |  | |
| **Known special requirements:** | |  | | | |  | | |  | |

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| **Means Of Escape And Escape Times** | | | | |
| **Issue** | **Control measures** | **Yes/ No /NA** | **Recommended Action and Comments**  **(by whom)** | **Risk level**  **L M H** |
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| **Means Of Escape And Escape Times** | | | | |
| **Issue** | **Control measures** | **Yes/ No /NA** | **Recommended Action and Comments**  **(by whom)** | **Risk level**  **L M H** |
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| **Sources Of Ignition** | | | | |
| **Issue** | **Control measures** | **Yes/ No /NA** | **Recommended Action and Comments**  **(by whom)** | **Risk level**  **L M H** |
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| **Combustible Materials** | | | | |
| **Issue** | **Control measures** | **Yes/ No /NA** | **Recommended Action and Comments**  **(by whom)** | **Risk level**  **L M H** |
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| **Structural Features** | | | | |
| **Issue** | **Control measures** | **Yes/ No /NA** | **Recommended Action and Comments**  **(by whom)** | **Risk level**  **L M H** |
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| **Signage and Lighting** | | | | |
| **Issue** | **Control measures** | **Yes/ No /NA** | **Recommended Action and Comments**  **(by whom)** | **Risk level**  **L M H** |
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| **Fire Fighting Equipment** | | | | |
| **Issue** | **Control measures** | **Yes/ No /NA** | **Recommended Action and Comments**  **(by whom)** | **Risk level**  **L M H** |
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| **Planning For An Emergency** | | | | |
| **Issue** | **Control measures** | **Yes/ No /NA** | **Recommended Action and Comments**  **(by whom)** | **Risk level**  **L M H** |
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| **ADDITIONAL COMMENTS & OBSERVATIONS:** | |
| Signature | Date |
| Print Name | Review Date |