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| Name |  |
| Address  |  |
| Date of assessment |  |
| Name and signature of assessor |  |
| Review Date (every 12 Months) |  |

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| **Property Description**(Number of floors; construction type - e.g. bricks, timber frame, steel frame; purpose built or converted; age of property) |
| **How a Fire Could Start** 1. Cooking
2. Electrical fault
3. Smoking
4. Bin fires
5. Other
 | **Control – (How to reduce chances of one)** |
| **People Affected by Fire**Who is in the Property? (e.g. elderly, able bodied people, children and visitors)Day:Night:Are there any disabled people in the house at any time? Yes / NoWho and what are their disabilities? (e.g. physical/hearing/sight) |
| **Escape Routes in the House**(Brief description: e.g. *Front door leads into front garden, back door leads into small yard and doors are secured from the outside, but can be opened from inside with a key. All doors in the House are fire resistant*.) |
| **Smoke Detectors***Smoke detectors must be tested every 3 months.* |
| Where in the house are smoke detectors?A:B:C:D: | When were the batteries changed?A:B:C:D: | When was the alarm last tested?A:B:C:D: |
| Do you have an emergency flash light or torch in a specific location in the house? Yes / NoIf so, where? Are there Carbon Monoxide detectors in the house? Yes /No |
| **Gas Check**Last check:Certificate number:Who carried out the check? |
| **Fire Extinguishers** (*Non-obligatory*)Do you have a fire blanket in the kitchen: Yes / No Are there any multipurpose fire extinguishers in the house? Yes / No If so, where? |
| **Fire Drill Procedure**(Advice given to members of the family and visitors in the event of fire and evacuation) |
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| **Summary of any significant findings**(Brief description of main points: e.g. alarm needs extending, doors need repair) |
| **Action Plan** Brief description Date to be done by  |
| **Review Date** | **Comments** |
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