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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 / No  Who 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 / No  If 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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