



### FIRE RISK ASSESSMENT

|                                      |                          |                |              |
|--------------------------------------|--------------------------|----------------|--------------|
| Employer or other responsible person | MISS VICTORIA MARKENDALE |                |              |
| Name of Premises                     | KIRKSANTON VILLAGE HALL  |                |              |
| Address                              | KIRKSANTON, MILLOM       |                |              |
| Post Code                            | LA18 4NN                 | Telephone N°   | 01229 771680 |
| Name of Assessor(s)                  |                          |                |              |
| Date of Assessment                   |                          | Date of Review |              |

#### Building

#### GENERAL INFORMATION

|                                                        |                          |                           |              |
|--------------------------------------------------------|--------------------------|---------------------------|--------------|
| Property Use                                           | CLASSES AND EVENTS.      |                           |              |
| N° of floors                                           | 2                        | N° of floors below ground | /            |
| Approx area in m <sup>2</sup> of footprint of building | 120 <sup>2</sup> metres. | Age of building           | OVER 300yrs. |
| Brief details of construction                          | STONE AND BRICK.         |                           |              |

#### GENERAL INFORMATION

#### Building Occupants

Enter range A= <20, B= 20 – 49, C=50-99, D=100-1000, E= >1000

| Occupancy Profile:<br><i>Maximum Number of persons, in the most highly occupied compartment to be effected by an uncontrolled fire within 30 minutes, assuming no evacuation.</i> | WEEKDAYS                                          |   | WEEKENDS     |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---|--------------|-------------------------------------|
|                                                                                                                                                                                   | 0000 to 0400                                      | C | 0000 to 0400 | C                                   |
|                                                                                                                                                                                   | 0400 to 0800                                      |   | 0400 to 0800 |                                     |
|                                                                                                                                                                                   | 0800 to 1200                                      |   | 0800 to 1200 |                                     |
|                                                                                                                                                                                   | 1200 to 1600                                      |   | 1200 to 1600 |                                     |
|                                                                                                                                                                                   | 1600 to 2000                                      |   | 1600 to 2000 |                                     |
|                                                                                                                                                                                   | 2000 to 2400                                      |   | 2000 to 2400 |                                     |
| Description of Occupants:<br>Predominant Type                                                                                                                                     | Atypically mobile for this type of occupancy      |   |              | <input type="checkbox"/>            |
|                                                                                                                                                                                   | Average mobility for this type of occupancy       |   |              | <input checked="" type="checkbox"/> |
|                                                                                                                                                                                   | Untypically vulnerable for this type of occupancy |   |              | <input type="checkbox"/>            |

## Potential Loss/Risk

|                                                                                                                                                |                                                               |                                            |                                     |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------|-------------------------------------|-----------------------------------------|
| <b>Sole Supplier in UK:</b><br><i>Providing high value or unique service or products:</i>                                                      | If yes give brief details:                                    |                                            | Yes                                 | No                                      |
|                                                                                                                                                |                                                               |                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>     |
| <b>Exceptional Value:</b><br><i>Value of rebuild and restock:</i>                                                                              | If yes give brief details:                                    |                                            | Yes                                 | No                                      |
|                                                                                                                                                |                                                               |                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>     |
| <b>Heritage Risk:</b><br><i>Building of National Importance or international significance.</i>                                                 | If yes give brief details:                                    |                                            | Yes                                 | No                                      |
|                                                                                                                                                | (WOULD BE SIGNIFICANT LOSS FOR VILLAGE)                       |                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>     |
| <b>Community Loss:</b><br><i>Exceptional value or impact to the community.</i>                                                                 | If yes give brief details:                                    |                                            | Yes                                 | No                                      |
|                                                                                                                                                | NO AREA TO MEET AND SOCIALISE AND USE AS AN EVACUATION CENTRE |                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>                |
| <b>Property Loss:</b><br><i>Estimate the extent of fire and smoke damage arising from an uncontrolled fire and whether it is likely to be:</i> | <b>Note: Tick only one box in this section</b>                |                                            | Tick one box below                  | Estimate damage within 50m <sup>2</sup> |
|                                                                                                                                                |                                                               | Confined to room or compartment of origin: | <input type="checkbox"/>            |                                         |
|                                                                                                                                                |                                                               | Confined to the floor of origin:           | <input type="checkbox"/>            |                                         |
|                                                                                                                                                |                                                               | Confined to the building of origin:        | <input checked="" type="checkbox"/> |                                         |
|                                                                                                                                                | Damage beyond building of origin:                             | Tick one box below                         |                                     |                                         |
|                                                                                                                                                |                                                               | Less than 500m <sup>2</sup>                | <input checked="" type="checkbox"/> |                                         |
|                                                                                                                                                |                                                               | 500m <sup>2</sup> to 999m <sup>2</sup>     | <input type="checkbox"/>            |                                         |
|                                                                                                                                                |                                                               | 1000m <sup>2</sup> to 9999m <sup>2</sup>   | <input type="checkbox"/>            |                                         |
| 100000m <sup>2</sup> to 1000000m <sup>2</sup>                                                                                                  |                                                               | <input type="checkbox"/>                   |                                     |                                         |
|                                                                                                                                                | Over 100000m <sup>2</sup>                                     | <input type="checkbox"/>                   |                                     |                                         |

### Other Relevant Information:

# KIRKSANTON VILLAGE HALL

## Building Plan — MAIN FLOOR

Insert plan of your building here or if you do not possess one, use this space to draw your building floor plan (this does not have to be to scale). Further guidance can be found in Part 1 Section 4.1 of the appropriate guide. Mark on all fire precautions equipment e.g. Fire doors, Extinguishers, Emergency lighting, Fire alarm and any fire detection.

Does the premises appear to meet the necessary requirements that are defined in Part 2 of the appropriate guide?

If the answer is NO, then as a significant finding, document the deficiency and any remedial actions necessary in order to comply with the requirements.



- KEY
- (X) Smoke alarm
  - (H) Heat alarm
  - (L) Emergency Light
  - ES Exit signs
  - (C) Break glass point
  - (F) Fire door
  - (SCFD) Self-closing fire door
  - (B) Fire Blanket
  - (W) Water extinguisher
  - (C) Carbon Dioxide extinguisher
  - (A) Alarm Bell

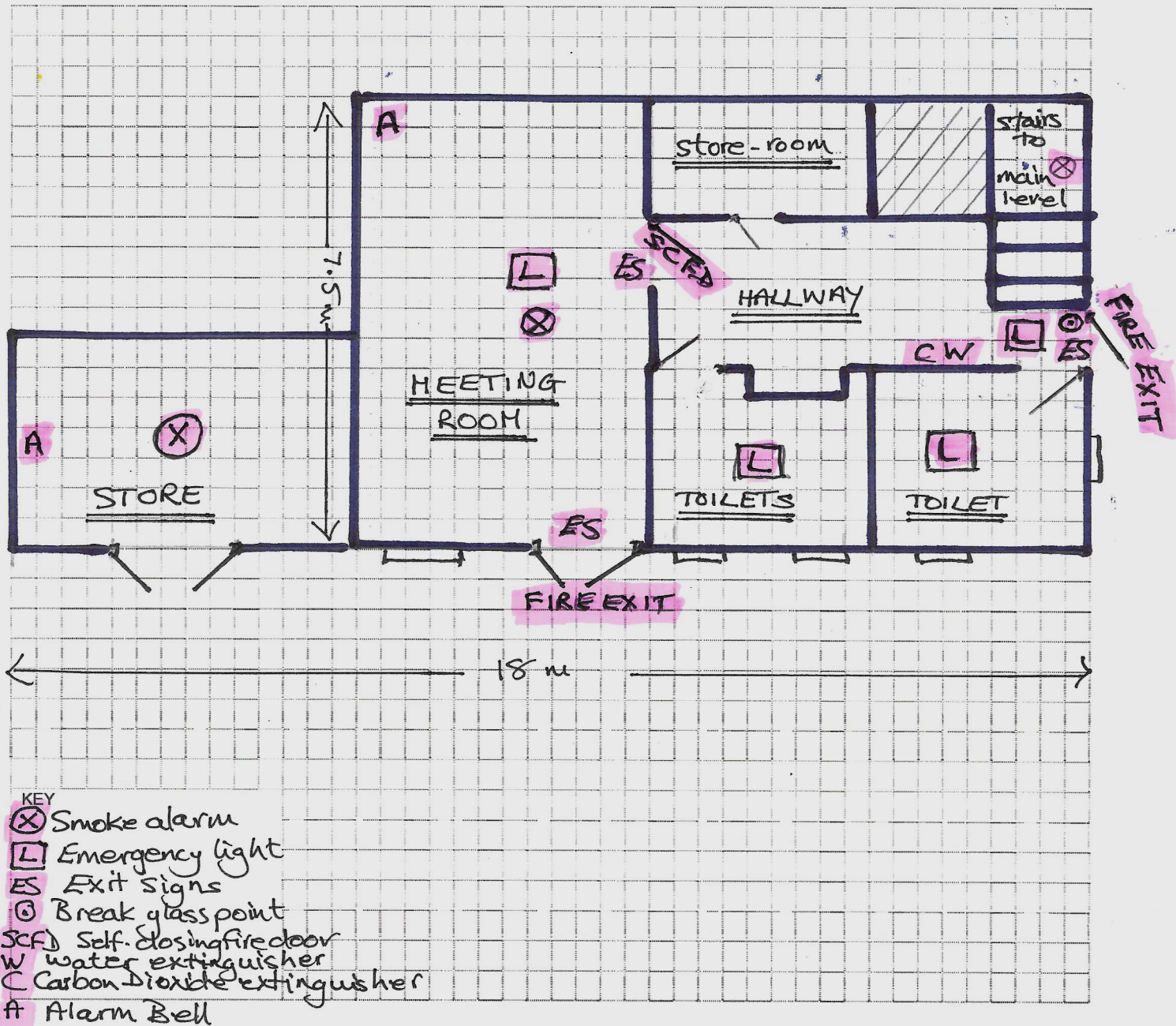
# KIRKSANTON VILLAGE HALL

## Building Plan - LOWER LEVEL

Insert plan of your building here or if you do not possess one, use this space to draw your building floor plan (this does not have to be to scale). Further guidance can be found in Part 1 Section 4.1 of the appropriate guide. Mark on all fire precautions equipment e.g. Fire doors, Extinguishers, Emergency lighting, Fire alarm and any fire detection.

Does the premises appear to meet the necessary requirements that are defined in Part 2 of the appropriate guide?

If the answer is NO, then as a significant finding, document the deficiency and any remedial actions necessary in order to comply with the requirements.



## FIRE HAZARDS AND THEIR ELIMINATION OR CONTROL

### 1. SOURCES OF FUEL

|                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                        |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1.1 Are there any highly flammable substances in the premises. E.g. Paints, thinners, flammable gases etc, flammable chemicals, plastics, rubber, foams – polystyrene / polyethylene?</b>                                                                                                                                                                                 | <input checked="" type="checkbox"/> Yes<br>Go to 1.2                                                                                                                                                                   | <input type="checkbox"/> No<br>Go to 1.3            |
| <b>1.2 Control Measures</b><br><br>Replace them with safer alternatives<br>Remove or significantly reduce any highly flammable substances<br>Keep them in fire resisting stores<br>Separate them from heat sources by use of fire resisting construction<br>Keep minimum quantity in workroom<br>Ensure all containers are kept closed when not in use<br>Other (state here) | <input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> |                                                     |
| <b>1.3 Are flammable liquids or gases used or stored in areas without adequate Ventilation?</b>                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes<br>Go to 1.4                                                                                                                                                                              | <input checked="" type="checkbox"/> No<br>Go to 1.5 |
| <b>1.4 Control Measures</b><br><br>Improve ventilation<br>Other (state here)                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/><br><input type="checkbox"/>                                                                                                                                                                   |                                                     |
| <b>1.5 Are there quantities of combustible material stored, on display, or in use in the premises. E.g. Paper, cardboard, packaging, fabrics, wood?</b>                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Yes<br>Go to 1.6                                                                                                                                                                   | <input type="checkbox"/> No<br>Go to 1.7            |
| <b>1.6 Control Measures</b><br><br>Replace stocks of combustible materials with non combustibles<br>Reduce stocks of readily combustible materials to a minimum<br>Separate such materials from heat sources or by fire resisting construction<br>Other (state here) <i>USE FIRE RESISTANT CUPBOARDS</i>                                                                     | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/>                                                                                                |                                                     |
| <b>1.7 Are quantities of combustible waste allowed to accumulate in the premises such as Paper, cardboard, wood shavings, dust?</b>                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes<br>Go to 1.8                                                                                                                                                                              | <input checked="" type="checkbox"/> No<br>Go to 1.9 |
| <b>1.8 Control Measures</b><br><br>Improve the arrangements for the disposal of waste and rubbish<br>Improve the general housekeeping<br>Ensure staff are aware of the standard of housekeeping required<br>Give specific additional training to the staff responsible<br>Other (state here)                                                                                 | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                               |                                                     |

|                                                                                                                                                                                                                                    |                                                                                                                                                                      |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>1.9 Does the premises contain foam filled furniture which is not combustion modified (see label) or is worn to the point that it exposes the foam interior?</b>                                                                 | <input type="checkbox"/> Yes<br>Go to 1.10                                                                                                                           | <input checked="" type="checkbox"/> No<br>Go to 1.11 |
| <b>1.10 Control Measures</b><br><br>Replace or repair<br>Other (state here)                                                                                                                                                        | <input type="checkbox"/><br><input type="checkbox"/>                                                                                                                 |                                                      |
| <b>1.11 Are areas of walls or ceilings covered with combustible linings? such as walls covered with carpet tiles, ceilings covered with polystyrene tiles. Do notice boards have large amounts of loose paper on them?</b>         | <input type="checkbox"/> Yes<br>Go to 1.12                                                                                                                           | <input checked="" type="checkbox"/> No<br>Go to 1.13 |
| <b>1.12 Control Measures</b><br><br>Remove<br>Reduce<br>Treat with fire resisting solution<br>Cover<br>Replace large notice boards with small<br>Other (state here)                                                                | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                                      |
| <b>1.13 Are combustible seasonal or promotional decorations, artificial foliage or plants used to decorate the premises?</b>                                                                                                       | <input checked="" type="checkbox"/> Yes<br>Go to 1.14                                                                                                                | <input type="checkbox"/> No<br>Go to 1.15            |
| <b>1.14 Control Measures</b><br><br>Remove<br>Treat with fire resisting solution<br>Introduce real plants<br>Replace with non combustible plants<br>Other (state here) <i>ONLY USED FOR ONE EVENT THEN TAKEN DOWN AND REMOVED.</i> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/>                  |                                                      |
| <b>1.15 Are there additional sources of oxygen stored or used, such as oxidising chemicals, oxygen cylinders or piped systems?</b>                                                                                                 | <input type="checkbox"/> Yes<br>Go to 1.16                                                                                                                           | <input checked="" type="checkbox"/> No<br>Go to 2.1  |
| <b>1.16 Control Measures</b><br><br>Move oxidising material away from any heat or flammable materials<br>Control use and storage of oxygen and chemicals<br>Remove sources of ignition<br>Other (state here)                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                         |                                                      |

Note any significant findings from section 1:

SECTION 1 - 1.1. Paint from ART CLASS kept in cupboard in future.

1.5. Put paper / paintings in fire resistant cupboards.

1.4. make sure there are no naked flames near decorations. Take down and remove after the event.

## 2. SOURCES OF IGNITION

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>2.1 Does the work activity involve hot work processes such as welding or flame cutting, hot surfaces, sparks?</b><br><b>Are hazards introduced by outside contractors and building works?</b>                                                                                                                                                                                                                              | <input type="checkbox"/> Yes<br>Go to 2.2                                                                                                                                                                                    | <input checked="" type="checkbox"/> No<br>Go to 2.3 |
| <b>2.2 Control Measures</b><br><br>Replace with a cold system<br>Implement a hot work permit system<br>Minimise the amount of combustible materials on the work area<br>Arrange so that hot metal and sparks are safely contained<br>Eliminate hot surfaces/sparks<br>Ensure satisfactory control over works carried out by outside contractors<br>Impose fire safety conditions on outside contractors<br>Other (state here) | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                                     |
| <b>2.3 Does the work activity involve processes such as incinerating or Cooking?</b>                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> Yes<br>Go to 2.4                                                                                                                                                                         | <input type="checkbox"/> No<br>Go to 2.5            |
| <b>2.4 Control Measures</b><br><br>Ensure that cookers, incinerators, etc. are used in accordance with manufacturer instructions.<br>Ensure they are cleaned regularly including surfaces, ducts or flues<br>Ensure food cooking is not left unattended<br>Give additional specific training to staff responsible<br>Other (state here)                                                                                       | <input checked="" type="checkbox"/><br><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/>                                     |                                                     |
| <b>2.5 Are heating appliances portable or of a radiant or open flame type?</b>                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes<br>Go to 2.6                                                                                                                                                                                    | <input checked="" type="checkbox"/> No<br>Go to 2.7 |
| <b>2.6 Control Measures</b><br><br>Replace equipment with fixed convector heaters<br>Ensure that gas or oil burning equipment is used in accordance with manufacturers instructions<br>Ensure that all heaters are adequately guarded<br>Ensure all portable heaters are stable and void of flammable materials<br>Other (state here)                                                                                         | <input type="checkbox"/><br><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                 |                                                     |
| <b>2.7 Is smoking permitted?</b>                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes<br>Go to 2.8                                                                                                                                                                                    | <input checked="" type="checkbox"/> No<br>Go to 2.9 |
| <b>2.8 Control Measures</b><br><br>Implement a smoking policy which provides for a safe smoking area and prohibition elsewhere<br>Ensure suitable arrangement for informing visitors<br>Enforce the prohibition of matches and lighters in high-risk<br>Other (state here)                                                                                                                                                    | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                                                 |                                                     |

|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                  |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>2.9 Are there light fittings near combustible materials?</b>                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes<br>Go to<br>2.10                                                                                                                                                                    | <input checked="" type="checkbox"/> No<br>Go to<br>2.11 |
| <b>2.10 Control Measures</b><br><br>Remove combustible materials<br>Replace tungsten/halogen bulbs with fluorescent tubes in areas where there is a possibility that combustible materials may be ignited<br>Other (state here)                                                                                              | <input type="checkbox"/><br><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                                                             |                                                         |
| <b>2.11 Is electrical equipment and wiring: Faulty, damaged or not used in accordance with the Manufacturers Recommendations?</b>                                                                                                                                                                                            | <input checked="" type="checkbox"/> Yes<br>Go to<br>2.12                                                                                                                                                         | <input checked="" type="checkbox"/> No<br>Go to<br>2.13 |
| <b>2.12 Control Measures</b><br><br>Repair or replace faulty or damaged equipment<br>Portable Appliance Testing carried out<br>Fixed installations periodically inspected and tested<br>Suitable policy regarding the use of personal electrical appliances<br>Ensure all fuses are the correct rating<br>Other (state here) | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> |                                                         |
| <b>2.13 Are inspection lamps or extension leads used?</b>                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes<br>Go to<br>2.14                                                                                                                                                         | <input type="checkbox"/> No<br>Go to<br>2.15            |
| <b>2.14 Control Measures</b><br><br>Ensure extension leads are fully uncoiled<br>Limit extension leads and adaptors<br>Ensure extension leads are not overloaded<br>Suitable guards are covering inspection lamps<br>Ensure flexible power cables are kept as short as possible and safely routed<br>Other (state here)      | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> |                                                         |
| <b>2.15 Is Arson a potential problem?</b>                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes<br>Go to<br>2.16                                                                                                                                                                    | <input checked="" type="checkbox"/> No<br>Go to<br>2.17 |
| <b>2.16 Control Measures</b><br><br>Improve security measures e.g. lighting, cameras<br>Remove combustible storage / waste bins from perimeter of building<br>Ensure combustible storage is contained with lid secure<br>Other (state here)                                                                                  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                                     |                                                         |

|                                                                                                                                                                                          |                                                                                                              |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 2.17 Is lightning a potential problem?                                                                                                                                                   | <input type="checkbox"/> Yes<br>Go to 2.18                                                                   | <input checked="" type="checkbox"/> No<br>Go to 3.1 |
| <b>2.18 Control Measures</b><br><br>Install lightning protection system<br>Extend fire detection to cover roof void<br>Incorporate measures in your emergency plan<br>Other (state here) | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                                     |

Note any significant findings from section 2:

make sure people know how to use the  
Range Cooker, Microwave, dishwasher,  
water heater and extension cables.

### 3. IDENTIFY PEOPLE AT RISK

|                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                           |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>3.1 Are there any groups of people at increased risk from fire i.e. work in remote areas, lone working, sleeping?</b>                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Yes<br>Go to 3.2                                                                                                                      | <input type="checkbox"/> No<br>Go to 3.3            |
| <b>3.2 Control Measures</b><br><br>Can they be re-located<br>Improve the means for warning them about fire i.e. alarm and detection system<br>Improve means of escape<br>Other (state here) <i>verbally, plus information provided on notice board when entering the building.</i>                                                                                                    | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/>                                        |                                                     |
| <b>3.3 Are there people present who may be unable to react quickly to a fire due to safety critical work process?</b>                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes<br>Go to 3.4                                                                                                                                 | <input checked="" type="checkbox"/> No<br>Go to 3.5 |
| <b>3.4 Control Measures</b><br><br>Introduce appropriate close down procedure<br>Improve means of warning / means of escape<br>Other (state here)                                                                                                                                                                                                                                     | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                          |                                                     |
| <b>3.5 In the event of a fire are there people present whose disabilities would put them at a disadvantage when required to evacuate in an emergency?</b>                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes<br>Go to 3.6                                                                                                                      | <input type="checkbox"/> No<br>Go to 3.7            |
| <b>3.6 Control Measures</b><br><br>Incorporate Measures in your Emergency Plan<br>Provide additional specialist equipment<br>If staff are required to assist in an evacuation ensure sufficient numbers and appropriate training<br>Provide safe refuges<br>Other (state here) <i>2 exits for disabled people and they would be assisted / accompanied out of the building first.</i> | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/> |                                                     |
| <b>3.7 Are visitors or members of the public likely to be unfamiliar with the escape routes ?</b>                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes<br>Go to 3.8                                                                                                                      | <input type="checkbox"/> No<br>Go to 3.9            |
| <b>3.8 Control Measures</b><br><br>Ensure employees are adequately trained to assist with evacuation<br>Improve signage<br>Other (state here) <i>need to give out fire hazard warning and escape route information at the start of each event.</i>                                                                                                                                    | <input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/>                                                                               |                                                     |

|                                                                                                                                |                                                      |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| <b>3.9 Are builders, contractors or maintenance workers temporarily on site?</b>                                               | <input type="checkbox"/> Yes<br>Go to 3.10           | <input checked="" type="checkbox"/> No<br>Go to 4.1 |
| <b>3.10 Control Measures</b><br><br>Ensure they are aware of fire safety arrangements and emergency plan<br>Other (state here) | <input type="checkbox"/><br><input type="checkbox"/> |                                                     |

Note any significant findings from section 3:

3.8. - Need to inform the public of evacuation plan and safety point at the start of each event-verbally.

#### 4. MEANS OF ESCAPE FROM FIRE

|                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                  |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>4.1 In the event of fire can everyone safely escape from the premises?</b>                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Yes<br>Go to 4.3                                                                                                                                             | <input type="checkbox"/> No<br>Go to 4.2            |
| <b>4.2 Control Measures</b><br><br>Ensure existing exit routes and exits are available and unobstructed<br>Improve fire alarm / detection system<br>Provide additional routes and exits<br>Provide training for safe evacuation<br>Secure reasonable arrangements for disabled occupants<br>Implement routine checks<br>Other (state here) | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                                     |
| <b>4.3 In the event of fire can everyone turn their back on the fire and evacuate to a place of safety?</b>                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Yes<br>Go to 4.5                                                                                                                                             | <input type="checkbox"/> No<br>Go to 4.4            |
| <b>4.4 Control Measures</b><br><br>Provide additional escape routes<br>Provide and maintain protected routes<br>Provide compensating features i.e. smoke detection, engineer solution<br>Other (state here)                                                                                                                                | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                     |                                                     |
| <b>4.5 Do doors on escape routes, where necessary, open in the direction of travel?</b>                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes<br>Go to 4.7                                                                                                                                                        | <input checked="" type="checkbox"/> No<br>Go to 4.6 |
| <b>4.6 Control Measures</b><br><br>Reduce number of people using exit to less than 60 people<br>Re-hang in direction of travel<br>Other (state here)                                                                                                                                                                                       | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                                      |                                                     |
| <b>4.7 Are door fastenings on exit routes and final exits easily operable?</b>                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes<br>Go to 4.9                                                                                                                                             | <input type="checkbox"/> No<br>Go to 4.8            |
| <b>4.8 Control Measures</b><br><br>Replace with a more suitable fastening<br>Provide notices giving information on how to operate exit doors<br>Provide training on operating techniques<br>Other (state here)                                                                                                                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                     |                                                     |

|                                                                                                                                                                                                              |                                                                                                              |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>4.9 Are any fire resisting doors a poor fit or requiring fitment or attention to a self closing mechanism?</b>                                                                                            | <input type="checkbox"/> Yes<br>Go to 4.10                                                                   | <input checked="" type="checkbox"/> No<br>Go to 4.11 |
| <b>4.10 Control Measures</b><br><br>Fit self closers<br>Ensure doors fit correctly<br>Implement routine check on door operation and maintain as required<br>Other (state here)                               | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                                      |
| <b>4.11 Are any fire resisting doors wedged or propped open?</b>                                                                                                                                             | <input type="checkbox"/> Yes<br>Go to 4.12                                                                   | <input checked="" type="checkbox"/> No<br>Go to 4.13 |
| <b>4.12 Control Measures</b><br><br>Fit automatic door closers<br>Ensure employee's are aware of fire safety precautions<br>Other (state here)                                                               | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |                                                      |
| <b>4.13 Are all exit routes and exits adequately signed ?</b>                                                                                                                                                | <input checked="" type="checkbox"/> Yes<br>Go to 4.15                                                        | <input type="checkbox"/> No<br>Go to 4.14            |
| <b>4.14 Control Measures</b><br><br>Install sufficient signs to enable people to find their way out<br>Ensure signs are unobstructed and clearly visible from an appropriate deistance<br>Other (state here) | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |                                                      |
| <b>4.15 Are all exit routes and exits adequately illuminated ?</b>                                                                                                                                           | <input checked="" type="checkbox"/> Yes<br>Go to 5.1                                                         | <input type="checkbox"/> No<br>Go to 4.16            |
| <b>4.16 Control Measures</b><br><br>Install emergency lighting<br>Improve existing emergency lighting<br>Other (state here)                                                                                  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |                                                      |

#### Compliance Section 4

Indicate the preventative and protective fire safety measures taken to show compliance with Part 2 of the Order for Emergency routes and exits.

We have 2 separate fire exits on the Main Floor, well signed and illuminated. Both with fire doors and one of them with a sound activated - self closing device. We have smoke seals on the kitchen door. Level access out of the building to parking bay from the Main Entrance (also illuminated). The second exit on this floor has a ramp to accommodate wheelchair access, also onto a side road, which is also illuminated.

DOWNSTAIRS. We have two exits. One at the bottom of the stairs and one in the Meeting Room. Both of which are signed properly and one has a light outside.

## 5. FIRE FIGHTING AND FIRE DETECTION

|                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>5.1 Are there sufficient extinguishers and hose reels of the appropriate type for the risk and are they located correctly?</b>                                                                                                                              | <input checked="" type="checkbox"/> Yes<br>Go to 5.3                                                                                     | <input type="checkbox"/> No<br>Go to 5.2             |
| <b>5.2 Control Measures</b><br><br>Provide suitable additional fire fighting equipment including specialist equipment for special hazards<br>Locate on stands or brackets<br>Make visible and unobstructed<br>Provide additional signage<br>Other (state here) | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                                      |
| <b>5.3 Have sufficient people been trained in the use of fire fighting equipment?</b>                                                                                                                                                                          | <input type="checkbox"/> Yes<br>Go to 5.5                                                                                                | <input checked="" type="checkbox"/> No<br>Go to 5.4  |
| <b>5.4 Control Measures</b><br><br>Implement training programme<br>Other (state here)                                                                                                                                                                          | <input checked="" type="checkbox"/><br><input type="checkbox"/>                                                                          |                                                      |
| <b>5.5 In the event of fire are there suitable arrangements for giving warning, including where necessary automatic fire detection?</b>                                                                                                                        | <input checked="" type="checkbox"/> Yes<br>Go to 5.7                                                                                     | <input type="checkbox"/> No<br>Go to 5.6             |
| <b>5.6 Control Measures</b><br><br>Install a more effective fire alarm system and or detection system<br>Other (state here)                                                                                                                                    | <input type="checkbox"/><br><input type="checkbox"/>                                                                                     |                                                      |
| <b>5.7 Is the signage for the fire fighting equipment and fire alarm satisfactory?</b>                                                                                                                                                                         | <input checked="" type="checkbox"/> Yes<br>Go to 5.9                                                                                     | <input type="checkbox"/> No<br>Go to 5.8             |
| <b>5.8 Control Measures</b><br><br>Improve signage<br>Other (state here)                                                                                                                                                                                       | <input type="checkbox"/><br><input type="checkbox"/>                                                                                     |                                                      |
| <b>5.9 Are all appropriate persons trained on how to operate the fire warning system and the action they should take upon hearing it?</b>                                                                                                                      | <input type="checkbox"/> Yes<br>Go to 6.1                                                                                                | <input checked="" type="checkbox"/> No<br>Go to 5.10 |
| <b>5.10 Control Measures</b><br><br>Implement training programme<br>Provide clear instructions<br>Other (state here)                                                                                                                                           | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                         |                                                      |

**Compliance Section 5**

Indicate the preventative and protective fire safety measures taken to show compliance with Part 2 of the Order for **Fire fighting and Fire detection.**

Implement a training programme.

## 6. PROCEDURES, ARRANGEMENTS AND TRAINING

|      |                                                                                                                                                                             |                                         |                                        |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 6.1  | Are sufficient person(s) available to assist in implementation of fire safety measures?                                                                                     | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 6.2  | Are appropriate fire procedures in place, recorded and available for relevant persons to read?                                                                              | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 6.3  | Are people nominated to respond to fire and assist with evacuation?                                                                                                         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 6.4  | Is there appropriate liaison with the Fire and Rescue Authority?                                                                                                            | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 6.5  | Are routine in-house inspections of fire precautions undertaken?                                                                                                            | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 6.6  | Are new employees, tenants or building users given fire safety instruction on induction or taking over use of the premises?                                                 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 6.7  | Are all staff given periodic refresher training at suitable intervals?                                                                                                      | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 6.8  | Are building occupants aware of specific actions if there is a fire?                                                                                                        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 6.9  | Are staff with special responsibilities e.g. Fire Marshals/Wardens/stewards given additional training?                                                                      | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 6.10 | Have the Employers of contractors working at the premises ie. cleaners been informed of significant findings and fire procedures?                                           | Yes <input checked="" type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 6.11 | Are persons under 18 employed, if so has an assessment been made of risks special to them and have their parents been informed of significant findings and fire procedures? | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 6.12 | Are fire drills carried out at appropriate intervals?                                                                                                                       | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |

Indicate any deficiencies in this section :-

Will implement Fire Drills at appropriate intervals.

## 7. MAINTENANCE AND TESTING

|                                                                                                                                                     |                                                       |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|
| <b>7.1 Are the premises adequately maintained?</b>                                                                                                  | <input checked="" type="checkbox"/> Yes<br>Go to 7.3  | <input type="checkbox"/> No<br>Go to 7.2  |
| <b>7.2 Control Measures</b><br><br>Correct any deficiencies and implement maintenance programme<br>Other (state here)                               | <input type="checkbox"/><br><input type="checkbox"/>  |                                           |
| <b>7.3 Are door fastenings on all exit doors adequately maintained?</b>                                                                             | <input checked="" type="checkbox"/> Yes<br>Go to 7.5  | <input type="checkbox"/> No<br>Go to 7.4  |
| <b>7.4 Control Measures</b><br><br>Correct any deficiencies and implement maintenance programme<br>Other (state here)                               | <input type="checkbox"/><br><input type="checkbox"/>  |                                           |
| <b>7.5 Do all self closing devices and hold open devices work correctly?</b>                                                                        | <input checked="" type="checkbox"/> Yes<br>Go to 7.7  | <input type="checkbox"/> No<br>Go to 7.6  |
| <b>7.6 Control Measures</b><br><br>Correct any deficiencies and implement maintenance programme<br>Other (state here)                               | <input type="checkbox"/><br><input type="checkbox"/>  |                                           |
| <b>7.7 Has the emergency lighting system been tested and serviced (Monthly, Six-monthly, Annually) and according to manufacturers instructions?</b> | <input checked="" type="checkbox"/> Yes<br>Go to 7.8  | <input type="checkbox"/> No<br>Go to 7.9  |
| <b>7.8 Control Measures</b><br><br>Correct any deficiencies and implement maintenance programme<br>Other (state here)                               | <input type="checkbox"/><br><input type="checkbox"/>  |                                           |
| <b>7.9 Has the fire alarm / detection system been regularly tested and serviced (Weekly, Annually) and according to manufacturers instructions?</b> | <input checked="" type="checkbox"/> Yes<br>Go to 7.11 | <input type="checkbox"/> No<br>Go to 7.10 |
| <b>7.10 Control Measures</b><br><br>Correct any deficiencies and implement maintenance programme<br>Other (state here)                              | <input type="checkbox"/><br><input type="checkbox"/>  |                                           |

|                                                                                                                                                            |                                                       |                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|
| <b>7.11 Have all fire extinguishers and hose reels been regularly tested and Serviced (Monthly, Annually) and according to manufacturers instructions?</b> | <input checked="" type="checkbox"/> Yes<br>Go to 7.13 | <input type="checkbox"/> No<br>Go to 7.12 |
| <b>7.12 Control Measures</b><br><br>Correct any deficiencies and implement maintenance programme<br>Other (state here)                                     | <input type="checkbox"/><br><input type="checkbox"/>  |                                           |

|                                                                                                                                                                                           |                                                      |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------|
| <b>7.13 Has the sprinklers and fixed fire fighting systems been regularly tested and serviced (Weekly, Quarterly, Six-monthly, Annually) and according to manufacturers instructions?</b> | <input checked="" type="checkbox"/> Yes<br>Go to 8.1 | <input type="checkbox"/> No<br>Go to 7.14 |
| <b>7.14 Control Measures</b><br><br>Correct any deficiencies and implement maintenance programme<br>Other (state here)                                                                    | <input type="checkbox"/><br><input type="checkbox"/> |                                           |

|                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Compliance Section 7</b><br>Indicate the preventative and protective fire safety measures taken to show compliance with Part II of the Order for Maintenance. |
| <p><i>We will fully comply with all the above.</i></p>                                                                                                           |

## 8. FIRE SAFETY RECORDS

|                                                                                                                                                                                        |                                         |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 8.1 Have fire safety arrangements been recorded in a way that can be easily interpreted?                                                                                               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 8.2 Are there details of any significant findings from the fire risk assessment and any actions taken?                                                                                 | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 8.3 Are there records of testing and checking of escape routes, including final exit locking mechanisms such as panic devices, emergency exit devices and any electromagnetic devices? | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 8.4 Are there records of testing and maintenance of emergency lighting?                                                                                                                | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 8.5 Are there records of testing and maintenance of fire alarm / detection systems?                                                                                                    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 8.6 Are there records of false fire alarms?                                                                                                                                            | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 8.7 Are there records of testing and maintenance of fire extinguishers, hose reels and sprinkler systems etc.?                                                                         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 8.8 Are there records of relevant training of employees including evacuation drills?                                                                                                   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 8.9 Are there records of emergency plans and actions for the relevant people to take in the event of fire?                                                                             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

Indicate any deficiencies in this section :-

We realise that training needs to be done in relation to fire drill, evacuation and fire extinguishing. We will implement this as a priority. We will also buy and use a "FIRE SAFETY LOG BOOK".

# FIRE RISK ASSESSMENT Significant findings

Premises address: KIRKSAWTON VILLAGE HALL

Postcode: LA18 4NN.

Risk Assessment Date: 13/8/19, Assessor 1: VICTORIA MARKENDALE

Assessor 2: (If applicable) ANNE HARRISON

| Item No | Section and Sub Paragraph | Description of Unsatisfactory Condition            | Persons at Risk | Existing Control Measures (if any)        | Proposed Remedial action. By When, By Who                                      |
|---------|---------------------------|----------------------------------------------------|-----------------|-------------------------------------------|--------------------------------------------------------------------------------|
| 1       | 1.6                       | COMBUSTIBLE MATERIAL - USE FIRE RESISTANT CURTAINS | EVERYONE        | USING CURTAINS UNDER THE STAIRS           | BY METAL CURTAINS (THE COMMITTEE)                                              |
| 2.      | 1.14                      | PAPER DECORATIONS & XMAS TREE                      | EVERYONE        | TAKEN DOWN AND PUT AWAY.                  | SAME AS BEFORE                                                                 |
| 3.      | 2.3                       | SOURCES OF IGNITION OF FIRE                        | EVERYONE        | MAKE SURE EVERYONE KNOW HOW TO USE THINGS | THE COMMITTEE                                                                  |
| 4.      | 3.1.                      | PEOPLE AT RISK - LONE WORKERS                      | THEMSELVES.     | INFORMATION ON NOTICE BOARD.              | INFORM THEM VERBALLY AS WELL. THE COMMITTEE                                    |
|         | 3.5.                      | PEOPLE WHO ARE DISADVANTAGED                       | THEMSELVES      | VERBAL.                                   | INFORM THEM VERBALLY AT EACH EVENT BY PERSON RESPONSIBLE (I.E. HIRER OF HALL). |
| 5.      | 5.3                       | TRAINING IN FIRE FIGHTING                          | EVERYONE        | NONE                                      | TRAINING AND RECORDING OF FIRE PREVENTION.                                     |
|         | 5.9.                      | AND FIRE DETECTION.                                |                 |                                           | (THE COMMITTEE)                                                                |
| 8.      |                           | FIRE SAFETY RECORDS.                               | EVERYONE        | NONE                                      | BUY FIRE SAFETY LOG BOOK IMMEDIATELY                                           |
|         |                           |                                                    |                 |                                           | AND IMPLEMENT FIRE DRILLS AT APPROPRIATE INTERVALS.                            |
|         |                           |                                                    |                 |                                           | (THE COMMITTEE)                                                                |

## FIRE RISK ASSESSMENT

**Premises address:**

**Postcode:**[illegible]