



Buckinghamshire & Milton Keynes Fire Authority
MAKING YOU SAFER
PREVENTING PROTECTING RESPONDING
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Regulatory Reform (Fire Safety) Order 2005

Fire Safety Self Assessment Form

Completing the assessment is not, in itself, a suitable and sufficient fire based risk assessment as required by the above order. It does, however, identify areas that may need to be addressed when you do complete your risk assessment or review an existing one.

If you wish to you may forward the results of your self assessment to us, on receipt of the assessment we will use the information to assess the risk to life that your building presents to see if it matches our criteria for inspection.



Please complete all relevant details. This form should take you no longer than ten minutes to complete.

The information you provide is completely confidential. There is no obligation to disclose details of the Self Assessment to the Fire and Rescue Service though we strongly recommend you do so to ensure they can help you comply with the latest legislation. You will be given an opportunity to submit this information at the end of the questionnaire and will be asked for additional contact details accordingly.

Please tick box as necessary

BUILDING DETAILS	
Number of storeys?	i) <input type="checkbox"/> 1 – 3 ii) <input type="checkbox"/> 4 – 6 iii) <input type="checkbox"/> Over 6
Number of basements?	i) <input type="checkbox"/> None ii) <input type="checkbox"/> One iii) <input type="checkbox"/> More than one
Approximate area of all floors in square metres?	i) <input type="checkbox"/> Up to and including 10,000m ² ii) <input type="checkbox"/> More than 10,000m ²

USE OF PREMISES			
Please select one of the following that best describes the primary use of the premises:			
Care Home	i) <input type="checkbox"/>	Licensed premises	i) <input type="checkbox"/>
Factory or Warehouse	iii) <input type="checkbox"/>	Office	iii) <input type="checkbox"/>
Further Education	iii) <input type="checkbox"/>	Other premises open to the public	ii) <input type="checkbox"/>
HMOs	i) <input type="checkbox"/>	Other sleeping accommodation	i) <input type="checkbox"/>
Hospitals	i) <input type="checkbox"/>	Other workplaces	iii) <input type="checkbox"/>
Hostels	i) <input type="checkbox"/>	Public buildings	ii) <input type="checkbox"/>
Hotels	i) <input type="checkbox"/>	Schools	ii) <input type="checkbox"/>
Houses converted into flats	ii) <input type="checkbox"/>	Shops	iii) <input type="checkbox"/>



OCCUPANCY	
Maximum number of persons using the premises	i) <input type="checkbox"/> Up to and including 100 ii) <input type="checkbox"/> More than 100
Mobility of occupants for this type of occupancy	i) <input type="checkbox"/> Above average ii) <input type="checkbox"/> Average iii) <input type="checkbox"/> Below average
Is building occupied by more than one company/occupier?	i) <input type="checkbox"/> Yes ii) <input type="checkbox"/> No iii) <input type="checkbox"/> Don't know

PLANNING	
Has a specific Fire Risk Assessment of the premises been carried out covering all significant fire risks?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know
Is the means of escape adequate for the number of persons likely to be on the premises at any one time?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know
Are arrangements in place to review the fire risks present in the premises?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know
Do you have a clear company policy on fire safety?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know
Is there an effective emergency plan for the premises?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know
Is the emergency plan communicated to all staff?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know
Is the fire safety equipment and systems protecting your premises tested and maintained by a competent person?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know
Do you record the testing and maintenance of fire safety equipment and systems?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know



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Do you carry out fire safety with your staff on a regular basis?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know
Are the premises provided with adequate fire warning arrangements?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know
Have you provided sufficient and suitable fire fighting equipment?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know

FIRE SETTING, ARSON AND CONTROL SYSTEMS

Fire Setting and Arson

Have you taken prevention measures to reduce arson attacks?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know
Have there been any deliberate fires set involving your premises or in the area of your premises (arson) over the last 3 years?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know

Sprinkler Systems

Is there a working sprinkler system in the premises?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know
If yes, does the working sprinkler system cover the whole premises?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know

Smoke Control Systems

Is there a working smoke control system in the premises?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know
If yes, is it operated by the smoke detection system?	a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Don't know



IMPORTANCE OF PREMISES AND HAZARDS	
Importance of Premises	
Is company sole supplier of high value or unique goods and/or services to UK?	i) <input type="checkbox"/> Yes ii) <input type="checkbox"/> No iii) <input type="checkbox"/> Don't know
Are premises a building of National or International importance?	i) <input type="checkbox"/> Yes ii) <input type="checkbox"/> No iii) <input type="checkbox"/> Don't know
Would loss of premises by fire have significant impact on the local community?	i) <input type="checkbox"/> Yes ii) <input type="checkbox"/> No iii) <input type="checkbox"/> Don't know
Hazards	
Does premises contain substances/materials which if subject to fire cause a serious impact on the environment?	i) <input type="checkbox"/> Yes ii) <input type="checkbox"/> No iii) <input type="checkbox"/> Don't know
Are there any structures, hazardous processes, explosives, highly flammable materials in premises which could be hazardous to firefighters?	i) <input type="checkbox"/> Yes ii) <input type="checkbox"/> No iii) <input type="checkbox"/> Don't know

ASSESSMENT RESULTS	
Self assessment of compliance	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Self assessment of premises risk level	i) <input type="checkbox"/> ii) <input type="checkbox"/> iii) <input type="checkbox"/>
Do you want to submit a copy of these results to your local fire and rescue service?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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SELF ASSESSMENT OF COMPLIANCE

Once you have completed your self assessment, review answers using the grid below -

ANSWERS	SELF ASSESSED LEVEL OF COMPLIANCE	SCORE
Mostly answered A with a few Bs or Cs	It is likely that you are in compliance with the RR(FS)O 2005	1
A mixture of A, B and Cs	It is likely that you are compliant in part with the requirements of the RR(FS)O 2005	2
No As; predominantly B or C	It is likely that you are NOT in compliance with the RR(FS)O 2005	3

If you have scored yourself a 3 in the level of compliance you must, as you are responsible for the safety of relevant persons, immediately ensure that you take steps that include undertaking a suitable and sufficient Fire Risk Assessment and ensuring that Adequate Fire Safety arrangements are in place.

If you have scored yourself a 2 in the level of compliance you must, as you are responsible for the safety of relevant persons, ensure that you take steps that include reviewing or undertaking a suitable and sufficient Fire Risk Assessment and ensuring that Adequate Fire Safety arrangements are in place

Even if you have scored yourself a 1 in the level of compliance you must, as you are responsible for the safety of relevant persons, continue to review your Fire Risk Assessment to ensure that it remains suitable and sufficient and to ensure that Adequate Fire Safety arrangements remain in place.

If you don't have the requisite skills or knowledge to undertake this you are obliged, under the order, to engage the services of a competent person to assist you.

SELF ASSESSMENT OF PREMISES RISK LEVEL

Once you have completed your Self Assessment, review answers using the grid below -

ANSWERS	SELF ASSESSMENT OF PREMISES RISK LEVEL	SCORE
Mostly answered i), with a few ii) or iii)	You should consider your premises to be of a lower risk to relevant persons	1
A mixture of i), ii) and iii)	You should consider your premises to be of a moderate risk to relevant persons	2
One or two i); predominantly ii) or iii)	You should consider your premises to be of a higher risk to relevant persons	3

Should you wish, your Assessment may be returned via e-mail to the relevant address below (please complete the information required below). Our reply will state either that you appear to be complying with the Regulatory Reform (Fire Safety) Order 2005, or that you appear not to be complying with it. If you appear not to be complying with it, we will tell you the areas that need to be addressed so that you do.

aylesburyfiresafety@bucksfire.gov.uk (Aylesbury Vale District or Chiltern District)
miltonkeynesfiresafety@bucksfire.gov.uk (Milton Keynes Borough)
marlowfiresafety@bucksfire.gov.uk (South Bucks District or Wycombe District)

Name of Responsible Person: _____

Premises Address: _____

Contact Telephone Number: _____