Fire Risk Assessment

ADDRESS OF PROPERTY

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| --- | --- |
| Date of Original Fire Risk Assessment: |  |
| Assessment Completed By: |  |

The Fire Risk Assessment should be reviewed annually or if there are any changes to anything that could impact on this assessment.

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| Date Fire Risk Assessment Reviewed: |  | Completed By: |  |
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Please refer to the associated Fire Safety Guidance for Childminders document at [Fire safety: guidance for childminding premises | GOV.WALES](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgov.wales%2Ffire-safety-guidance-childminding-premises&data=04%7C01%7CLisa.Walters3%40gov.wales%7Ce305b1b92b0a447ad03708d93c58a61b%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C637607173698180095%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=UaefeDsqt8wpuK%2BReqNa8gaArEX58MXqMSWk5b0qUxg%3D&reserved=0) for guidance on how to complete this fire risk assessment, or alternatively you can access via the CIW website <https://careinspectorate.wales>

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| --- |
| Description of Property |
| Type of Property Please indicate as appropriate |
| Terraced |  |
| Semi Detached |  |
| Detached |  |
| Bungalow |  |
| Flat |  |
| If yes to flat, how many floors are in the block? |  |
| What floor is your flat on? |  |
| Maisonette  |  |
| Other  |

|  |  |
| --- | --- |
| Number of Floors in your property Please indicate as appropriate (if more than 1 floor) |  |
| Lower Ground |  |
| Ground |  |
| First Floor |  |
| Second Floor |  |
| Third floor |  |
| Attic Conversion  |  |

|  |  |
| --- | --- |
| Number of Bedrooms in your property? |  |
| Number of Bedrooms per floor and location (if more than 1 floor in your property)Please identify as appropriate |
| Lower Ground |  |
| Ground |  |
| First Floor |  |
| Second Floor |  |
| Attic Conversion  |  |

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| --- |
| Occupancy and Childminding times and child accommodation areas |
| Number of People permanently living at address |  |
| Adults |  | Children |  |
| Number of children who will be looked after? |  |
| Does anyone in the property have any disabilities which could impede them in a fire? If **Yes**, you should consider these when completing the form. |  |
| What time does child minding occur? Please indicate as appropriate |
| Daytime – (6am – 8pm) - (**No overnight care provided)**  |  |
| Number of children over 12 years old  |  | Number of children under 12 years old |  |
| Overnight (6pm – 9am) – (**Only if approved by CIW for overnight care)** |  |
| Number of children over 12 years old  |  | Number of children under 12 years old |  |
| Which floors of your property are to be used for child minding and when? Please indicate as appropriate (if more than 1 floor in your property) |
| Lower Ground Floor  | Daytime |  | Overnight |  | Day & Night Time |  |
| Ground  | Daytime |  | Overnight |  | Day & Night Time |  |
| First Floor  | Daytime |  | Overnight |  | Day & Night Time |  |
| Second Floor  | Daytime |  | Overnight |  | Day & Night Time |  |
| Attic Conversion  | Daytime |  | Overnight |  | Day & Night Time |  |

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| Means of Escape |
| 1a | Do you have a fire escape plan in place to get everyone out of your property in the event of a fire?(If No, you should take action. Refer to guidance document)  | Yes | No |  |
|  | Comments: |
| 1b | If your property is in a block of flats, do you know the fire escape plan for the block?(If No, you should take action. Refer to guidance document) | Yes | No | N/A |
|  | Comments: |
| 1c | Do you practice your fire escape plan regularly by having fire drills to ensure that everyone is familiar with the plan and to see if it is suitable?(If No, you should take action. Refer to guidance document) | Yes | No |  |
|  | Comments: |
| 1d | Is there more than one way out of your property from the ground floor?(If No, you should take action. Refer to guidance document) | Yes | No |  |
|  | Comments: |
| 1e | Do you need to pass through another room before reaching the hall or stairs?(If Yes, you should take action. Refer to guidance document) | Yes | No |  |
|  | Comments: |
| 1f | Are all your escape routes clear of obstructions e.g. storage?(If No, you should take action. Refer to guidance document) | Yes | No |  |
|  | Comments: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1g | Can all doors on the ground floor be opened from the inside without having to use a key when they are locked? | Yes | No |  |
|  | Comments: |
|  | If **No**, do all adults know where the keys are kept?(If No, you should take action. Refer to guidance document) | Yes | No | N/A |
|  | Comments: |
| 1h | Does childminding take place either above or below the ground floor i.e. lower ground floor or upper floors? | Yes | No |  |
|  | Comments:  |
|  | If **Yes**, does the stair lead directly to the front door without having to pass through another door or another room other than a hallway or landing?(If No, you should take action. Refer to guidance document) | Yes | No | N/A |
|  | Comments: |
|  | If **Yes**, are doors opening onto stairs/hallway/corridor leading to the front door of solid timber construction? | Yes | No | N/A |
|  | Comments:  |
|  | If **No**, is there another escape route available, or is the property fitted with a sprinkler system?(If No, you should take action. Refer to guidance document) | Yes | No | N/A |
|  | Comments: |
| 1i | If necessary, could people escape from the first floor via a window?I.e. tilt & turn, outward opening etc.(If No, you should take action. Refer to guidance document) | Yes | No | N/A |
|  | Comments: |
| 1j | If child minding takes place overnight, is there a night time routine in place? (If No, you should take action. Refer to guidance document) | Yes | No | N/A |
|  | Comments: |
| Reducing the risk from fire (Ignition Sources) |
| 2a | Does smoking take place in the property? | Yes | No |  |
|  | Comments: |
|  | If **Yes**, is smoking material extinguished safely?(If No, you should take action. Refer to guidance document) | Yes | No | N/A |
|  | Comments: |
| 2b | Are matches and/or lighters used in your home? | Yes | No |  |
|  | Comments: |
|  | If **Yes**, are they stored in a suitable location away from children?(If No, you should take action. Refer to guidance document) | Yes | No | N/A |
|  | Comments: |
| 2c | Do you use candles in your home when childminding? (If Yes, you should take action. Refer to guidance document) | Yes | No |  |
|  | Comments: |
| 2d | Do you use portable heaters in your home?  | Yes | No |  |
|  | Comments: |
|  | If **Yes**, are they kept away from combustible materials when in use? (If No, you should take action. Refer to guidance document) | Yes | No | N/A |
|  | Comments: |
| 2e | Do you have any open fire places or heaters etc within the property which may have a high surface temperature? | Yes | No |  |
|  | Comments: |
|  | If **Yes**, are they protected with an appropriate guard?(If No, you should take action. Refer to guidance document) | Yes | No | N/A |
|  | Comments: |
| Reducing the risk from fire Electrical Equipment |
| 3a | Is all electrical equipment in your home in good condition and working order?(If No, you should take action. Refer to guidance document) | Yes | No |  |
|  | Comments: |
| 3b | Do you carry out regular visual inspections of flexible cables and sockets for any signs of damage? (If No, you should take action. Refer to guidance document) | Yes | No |  |
|  | Comments: |
| 3c | Are sockets overloaded?(If Yes, you should take action. Refer to guidance document) | Yes | No |  |
|  | Comments: |
| Reducing the risk from fire Fire alarm  |
| 4a | Do you have smoke alarms in your property? (If No, you should take action. Refer to guidance document) | Yes | No |  |
|  | If **Yes**, how many smoke alarms do you have? |  |
|  | If **Yes**, where are they located?  |
| 4b | Do you have heat alarms in your property? (If No, you should take action. Refer to guidance document) | Yes | No |  |
|  | If **Yes**, how many heat alarms do you have? |  |
|  | If **Yes**, where are they located? |
| 4c | Are the smoke and/or heat alarms mains-powered?(If No, you should take action. Refer to guidance document) | Yes | No |  |
|  | Comments: |
| 4d | Are the smoke and/or heat alarms inter-connected?(If No, you should take action. Refer to guidance document) | Yes | No |  |
|  | Comments: |
| 4e | Are you able to hear the smoke and/or heat alarms in every room within your home when they go off, even if doors are closed and when people are sleeping?(If No, you should take action. Refer to guidance document) | Yes | No |  |
|  | Comments: |
| 4f | Do you test the smoke and/or heat alarms weekly to make sure they are working? (If No, you should take action. Refer to guidance document) | Yes | No |  |
|  | Comments: |