

REGULATORY REFORM (FIRE SAFETY) ORDER 2005

FIRE RISK ASSESSMENT

This template is provided free of charge to assist the Responsible Person with the preparation of a Fire Risk Assessment as required by the Regulatory Reform (Fire Safety) Order 2005.

This template may not be suitable for use in some larger, high risk or complex premises. No responsibility is accepted for any modifications or amendments made to the template structure or any user content added. Use of this template will not automatically guarantee the completed risk assessment will be regarded as "suitable and sufficient" therefore it should only be completed by a persons with the necessary training, skills or ability to do so.

| | |
|--|--|
| Responsible Person <i>(Employer or other person having control of the relevant premises)</i> | MRS A S GOODY (HEALTH & SAFETY) MRS A PAYNE (SECRETARY) |
| | |
| Address of Premises | THORPE END VILLAGE HALL PLUMSTEAD ROAD NORWICH |
| Postcode | |
| | |
| | |
| | |

| | | | |
|---|------------------------------|------|--|
| Assessor: | MRS A S GOODY MRS A PAYNE | | |
| Date of INITIAL Fire Risk Assessment | 29-07-25 | | |
| <i>(This risk assessment should be reviewed annually or at such earlier time as there is reason to suspect that it is no longer valid or there has been a significant change in the matters to which it relates.)</i> | | | |
| Subsequent Review Dates | | | |
| Reviewed by | | Date | |
| Reviewed by | | Date | |
| Reviewed by | | Date | |
| Reviewed by | | Date | |

GENERAL INFORMATION

| THE PREMISES | |
|--|---|
| Number of floors in building: <i>(include basements)</i> | ONE |
| Approximate floor area: (m ²) <i>(To include all floors of responsibility)</i> | |
| Brief details of construction: <i>(Date of construction, brick, timber, purpose built or converted)</i> | BRICK WITH TIMBER FRAME ROOF & TILE COVERING |
| Primary usage: <i>(eg Hotel, Shop)</i> | VILLAGE HALL |
| Secondary usage: <i>(eg Kitchen, Bar, Function Room, Offices)</i> | |

| OCCUPANCY PROFILE | | | | |
|---|--------------|----------------|--------------|-----|
| Maximum number of persons in the premises to be affected by an uncontrolled fire within 30 minutes, assuming no evacuation. | WEEKDAYS | | WEEKENDS | |
| | 0000 to 0400 | | 0000 to 0400 | |
| | 0400 to 0800 | YES | 0400 to 0800 | |
| | 0800 to 1200 | YES | 0800 to 1200 | YES |
| | 1200 to 1600 | YES | 1200 to 1600 | YES |

| | | | | | | |
|---|-----------------|----------|------------------|--------|----------------------|---------|
| | 1600 to 2000 | YES | 1600 to 2000 | YES | | |
| | 2000 to 2400 | YES | 2000 to 2400 | YES | | |
| Enter range - A=<20, B=20-49, C=50-99, D=100-1000, E=>1000, 0= None | | | | | | |
| Vulnerable Occupants | Mobility Issues | FEASIBLE | Average Mobility | UNKNOW | Vulnerability Issues | LIMITED |

| OCCUPANTS ESPECIALLY AT RISK FROM FIRE | |
|---|-----------|
| Sleeping occupants (Details of numbers - public/staff) | NONE |
| Disabled occupants (Personal Emergency Evacuation Plans in use when necessary) | SOMETIMES |
| Occupants in remote areas (Lone working/isolated areas) | NONE |
| Young person's (Individual Risk Assessment provided for those persons under 16 yrs) | SOMETIMES |
| Others (Details of Elderly/Infirm/Mental Ability) | SOMETIMES |

IDENTIFIED FIRE HAZARDS AND PRIMARY CONTROL MEASURES

ELECTRICAL SOURCES OF IGNITION

Measures taken to prevent fires of electrical origin.

| | |
|---|---------------------|
| Fixed installation periodically inspected and tested? (Every 5 years) | YES / NO |
| Portable appliance testing carried out on a risk assessed basis? | YES / NO |
| Suitable policy in place regarding the use of personal electrical appliances? | YES / NO |
| Suitable limitation and management of trailing leads and adaptors? | YES / NO |

| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
|--------------------|---------------------------|--------------------------------------|
| NONE | | |

Deficiencies and Comments:

NEXT ELECTRICAL INSPECTION 2030

FIXED HEATING INSTALLATIONS

| | |
|---|---------------------------|
| Fixed heating installations such as boilers are used within the premises. | YES / NO |
| Are fixed heating installations subject to regular maintenance? | N/A / YES / NO |
| Are suitable measures taken to minimise the hazard of ignition of combustible materials due to these heaters? | N/A / YES / NO |

| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
|--------------------|---------------------------|--------------------------------------|
|--------------------|---------------------------|--------------------------------------|

| | | |
|------|--|--|
| NONE | | |
|------|--|--|

Deficiencies and Comments:

ALL ~~RE~~^{ALL} PROTECTED BY RCD (WHICH IS CHECKED
REGULARLY)

PORTABLE HEATERS

| | | |
|---|--------------------------------------|--------------------------------------|
| Portable heaters are used within the premises. | YES / NO | |
| | | |
| Is the use of the more hazardous type (ie radiant bar fires or LPG appliances) avoided? | YES / NO | |
| Are suitable measures taken to minimise the hazard of ignition of combustible materials due to these heaters? | N/A / YES / NO | |
| | | |
| | | |
| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
| | | |
| Deficiencies and Comments: | | |
| | | |

COOKING

| | | |
|--|--------------------------------------|--------------------------------------|
| Measures taken to prevent fires as a result of cooking. | | |
| | | |
| Filters cleaned or changed and ductwork cleaned regularly? | N/A / YES / NO | |
| Suitable extinguishing appliances available? (e.g. Fire blanket, Wet Chemical etc) | N/A / YES / NO | |
| Suitable Shut Down Procedures in place? | N/A / YES / NO | |
| | | |
| | | |
| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
| | | |

| | | |
|---|---------------------------------------|--|
| SHUT OFF SWITCH | SWITCH CLEAR AND EASY TO ACCESS | |
| Deficiencies and Comments: NONE | | |

LIGHTNING PROTECTION

| | | |
|--|--------------------------------------|--------------------------------------|
| The building has a lightning protection system. | YES / NO | |
| | | |
| Is the lightning protection system subject to a suitable maintenance regime? | N/A / YES / NO | |
| | | |
| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
| | | |
| Deficiencies and Comments: <p style="text-align: center;">NONE</p> | | |

DANGEROUS SUBSTANCES

| | | |
|--|--------------------------------------|--------------------------------------|
| Dangerous substances are, or could be used or stored, within the premises? <i>(i.e. Substantial quantities of alcohol, white spirits, other flammable liquids or materials)</i> | N/A / YES / NO | |
| | | |
| A risk assessment has been carried out as required by the Dangerous Substances and Explosive Atmospheres Regulations 2002? | N/A / YES / NO | |
| Stored in suitable areas and containers away from potential sources of ignition, to include issues of chemical reactivity and compatibility. | N/A / YES / NO | |
| | | |
| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
| | | |

NONE

Deficiencies and Comments:

NONE

WORK PROCESSES

Do work Processes within the premises pose ignition risk?
(i.e. Welding, Grinding, Live Electrical works etc) ~~N/A~~ / ~~YES~~ / ~~NO~~

A risk assessment has been carried out as to what works can be removed and how others can be reduced or carried out in safe areas? ~~N/A~~ / ~~YES~~ / ~~NO~~

All work equipment is regularly checked and tested to ensure safety in use ~~N/A~~ / ~~YES~~ / ~~NO~~

| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
|--------------------|---------------------------|--------------------------------------|
| NONE | | |

Deficiencies and Comments:

NONE

HOUSEKEEPING

Standards of housekeeping.

Combustible materials appear to be separated from ignition sources? YES / ~~NO~~

Appropriate storage of hazardous materials? ~~N/A~~ / ~~YES~~ / ~~NO~~

Escape routes kept clear of any combustibles? (Storage / furniture) YES / ~~NO~~

| Appropriate measures for the safe storage and disposal of waste? | | YES / NO |
|--|---------------------------|--------------------------------------|
| | | |
| | | |
| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
| NONE | | |
| Deficiencies and Comments: | | |
| NONE | | |

HAZARDS INTRODUCED BY CONTRACTORS AND BUILDING WORKS

| | | |
|--|---------------------------|--------------------------------------|
| Fire safety conditions have been imposed on both external contractors and in-house maintenance staff? | YES / NO | |
| | | |
| Is there satisfactory control over works including use of hot work permits, where appropriate, carried out in the building by external contractors? Give details: | YES / NO | |
| If there are in-house maintenance personnel, are suitable precautions taken during works carried out by them, including use of hot work permits, where appropriate? Give details: | N/A / YES / NO | |
| | | |
| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
| NONE | | |
| Deficiencies and Comments: NONE | | |

ARSON/DELIBERATE IGNITION

| | |
|---|---------------------|
| Basic security against arson by outsiders or other persons appears reasonable. <i>If specific advice on security (including security against arson) is required, the advice of a security specialist should be obtained.</i> | YES / NO |
| | |
| Is there the potential for fire load/combustibles in close proximity to the premises available for ignition by outsiders? | YES / NO |
| | |

| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
|-----------------------------------|---------------------------|--------------------------------------|
| NONE | | |
| Deficiencies and Comments: | | |
| NONE | | |

SMOKING

Measures taken to prevent fires as a result of smoking.

| | |
|--|---------------------|
| Smoking prohibited in the building? | YES / NO |
| Smoking permitted in appropriate areas? | YES / NO |
| Suitable arrangements for those who wish to smoke? | YES / NO |

| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
|---------------------------------|--|--------------------------------------|
| HIREES DISREGARDING RULES | SPOT CHECKS AND NO SMOKING SIGNS | |

Deficiencies and Comments:

NONE

OTHER SIGNIFICANT FIRE HAZARDS THAT WARRANT CONSIDERATION

Are there any other fire hazards that warrant consideration within the premises?

(This to include any fire hazards from any process; heat producing, spark or friction generating, chemical or other process which has the capacity to ignite, create excessive or rapid heat or generate oxidising or flammable gas)

~~YES~~ / NO

| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
|--------------------|---------------------------|--------------------------------------|
| NONE | | |

Deficiencies and Comments:

NONE

ARRANGEMENTS FOR EVACUATION

| EVACUATION STRATEGY | | |
|---|--|---------------------|
| SINGLE STAGE EVACUATION It is reasonably expected that all relevant persons in the premises are able to (and will) evacuate immediately to a place of total safety. | | YES / NO |
| Written copies of Evacuation Procedures are located as follows: | | |
| BY FIRE ALARM IN ENTRANCE HALL AND IN MAIN HALL | | |
| Identified Hazards Existing Control Measures Additional Control Measures Required | | |
| NONE | | |
| Deficiencies and Comments: HIRES SHOULD TAKE RESPONSIBILITY FOR EVACUATION | | |

PROVISION OF ELEMENTS OF FIRE SAFETY AS SECONDARY CONTROL MEASURES

| MEANS OF ESCAPE | | |
|---|---------------------------|--------------------------------------|
| It is considered that the premises are provided with reasonable means of escape in case of fire. | YES / NO | |
| | | |
| Adequate design of escape routes? | YES / NO | |
| Reasonable distances of travel when: | | |
| Where there is escape in a single direction? | YES / NO | |
| Where there are alternative means of escape? | YES / NO | |
| Suitable protection of escape routes? (Fire resisting construction) | YES / NO | |
| Adequate provision of exits? | YES / NO | |
| Exits easily and immediately open-able where necessary? | YES / NO | |
| Escape routes unobstructed? | YES / NO | |
| It is considered that the premises are provided with reasonable arrangements for means of escape for disabled people? | YES / NO | |
| | | |
| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
| NONE | | |
| Deficiencies and Comments: | | |
| NONE | | |

MEASURES TO LIMIT FIRE SPREAD AND DEVELOPMENT

It is considered that there is:

Compartmentation of a reasonable standard. (Fire resisting)

YES / ~~NO~~

Reasonable limitation of linings that may promote fire spread. (Walls and ceilings)

YES / ~~NO~~

As far as can be reasonable ascertained, fire dampers are provided in ducts or vents as necessary to protect critical means of escape routes against passage of fire, smoke and combustion products in the early stages of a fire?

N/A / ~~YES~~ / ~~NO~~

Identified Hazards

Existing Control Measures

Additional Control Measures Required

NONE

Deficiencies and Comments:

NONE

EMERGENCY ESCAPE LIGHTING

It is considered that there is a reasonable standard of normal, artificial and/or emergency escape lighting to ensure safe use of escape routes?

YES / ~~NO~~

Identified Hazards

Existing Control Measures

Additional Control Measures Required

NONE

Deficiencies and Comments:

NONE

FIRE SAFETY SIGNS AND NOTICES

It is considered that there is a reasonable standard of fire safety signs and notices? This to include fire exit, fire resisting door and hazard signage.

YES / ~~NO~~

Identified Hazards

Existing Control Measures

Additional Control Measures Required

NONE

Deficiencies and Comments:

NONE

MEANS OF GIVING WARNING IN CASE OF FIRE

| | | |
|--|--------------------------------------|--------------------------------------|
| Reasonable manually operated fire warning system provided? | YES / NO | |
| If yes give details: (e.g. Break glass call points, fire bell, air horn, klaxon etc) 3 PLASTIC RESETTABLE BREAK GLASSES | | |
| | | |
| Automatic fire detection provided? If yes, to what Standard? (e.g. BS 5839 Part 1 Grade L1/L2 etc) | YES / YES / NO | |
| | | |
| Throughout Premises (HALL / KITCHEN AND BACK STORE) | YES / NO | |
| Part of Premises only | YES / NO | |
| Extent of automatic fire detection generally appropriate for the occupancy and fire risk? | YES / NO | |
| Remote transmission of alarm signals to a monitoring station or other? | YES / NO | |
| | | |
| | | |
| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
| NONE | | |
| Deficiencies and Comments: | | |
| NONE | | |

MANUAL FIRE EXTINGUISHING APPLIANCES

| | |
|--|---------------------|
| Reasonable provision of portable fire extinguishers? | YES / NO |
|--|---------------------|

| | | |
|---|---------------------------|--------------------------------------|
| Are all fire extinguishing appliances readily accessible and unobstructed? (I.e. mounted on walls or on appropriate bases) | | YES / NO |
| Is suitable wall signage provided relevant to extinguisher? | | YES / NO |
| Are hose reels provided? | | YES / NO |
| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
| NONE | | |
| Deficiencies and Comments: | | |
| NONE | | |

RELEVANT AUTOMATIC FIRE EXTINGUISHING SYSTEMS (if applicable)

Type of fixed system and location: (Inergen gas suppression systems, sprinklers/misting systems etc)

~~YES~~ / NO

Identified Hazards

Existing Control Measures

Additional Control Measures Required

NONE

Deficiencies and Comments:

NONE

OTHER RELEVANT FIXED SYSTEMS AND EQUIPMENT (if applicable)

Type of fixed system and location: (i.e. Dry/wet risers, fireman's lift control, smoke ventilation, smoke curtains etc)

~~YES~~ / NO

Identified Hazards

Existing Control Measures

Additional Control Measures Required

NONE

Deficiencies and Comments:

NONE

**FIREFIGHTER SWITCH – HIGH VOLTAGE LUMINOUS
TUBE SIGNS ETC (if applicable)**

| Suitable provision of fire fighters switche(s) for high voltage luminous tube signs, etc (to include location)? | | N/A / YES / NO |
|---|---------------------------|--------------------------------------|
| Identified Hazards | Existing Control Measures | Additional Control Measures Required |
| NONE | | |
| Deficiencies and Comments: | | |
| NONE | | |

MANAGEMENT OF FIRE SAFETY

| PROCEDURES AND ARRANGEMENTS | | |
|--|--------------------------------|---------------------|
| Fire safety is managed by: | MRS A S GOODY | |
| Deputy or assistant: | MRS A PAYNE | |
| Are competent person(s) appointed to assist in undertaking the preventative and protective measures (i.e. relevant general fire precautions)? | | |
| State name and responsible element of fire safety | | |
| A S GOODY | CALL POINTS (EVERY TWO WEEKS) | YES / NO |
| A S GOODY | CHECK CIRCUIT BREAKERS | |
| A S GOODY | EMERGENCY LIGHTING | |
| A S GOODY | VISUAL CHECKS ON EXTINGUISHERS | |
| Is there a suitable record of the fire safety arrangements? | YES / NO | |
| Appropriate fire procedures in place? | YES / NO | |
| Are procedures in the event of a fire appropriate and properly documented? | YES / NO | |
| Are there suitable arrangements for summoning the Fire and Rescue Service? | YES / NO | |
| Are there suitable arrangements to meet the F&RS on arrival and provide relevant information, including that relating to hazards to fire fighters? | YES / NO | |
| Is there a plan of the building available indicating basic layout and any areas of significant risk? | YES / NO | |
| Are there suitable arrangements for ensuring that the premises have been evacuated? | YES / NO | |
| Is there a suitable fire assembly point(s)? | YES / NO | |
| Are there adequate procedures for evacuation of any disabled people who are likely to be present? | YES / NO | |
| Persons nominated and trained to assist with evacuation, including evacuation of disabled people? | YES / NO | |
| Appropriate liaison (if necessary) with Fire and Rescue Service Rescue Service crews visiting for familiarisation visits? | YES / NO | |

TRAINING AND DRILLS

| | |
|---|----------------------------|
| Fire safety training is managed by: | MRS A S GOODY |
| Deputy or assistant: | MRS A PAYNE |
| Are all staff given adequate fire safety instruction and training on induction? | YES / NO |
| Are all staff given adequate periodic 'refresher' training at suitable intervals? If yes, at what intervals? | YES / NO |
| Are all staff with special responsibilities (e.g. fire wardens and staff who assist with disabled people) given additional training? Give details: | YES / NO N/A |
| Does all training for staff provide information, instruction or training on the following: | |
| Fire risks in the premises? | YES / NO |
| The general fire precautions in the building? | YES / NO |
| Action in the event of a fire? | YES / NO |
| Action on hearing the fire alarm signal? | YES / NO |
| Method of operation of manual call points? | YES / NO |
| Location and use of fire extinguishers? | YES / NO |
| Means for summoning the fire and rescue service? | YES / NO |
| Identity of persons nominated to assist with evacuation? | YES / NO |
| Identity of persons nominated to use fire extinguishing appliances? | YES / NO |
| | |
| Are fire drills carried out at appropriate intervals and a record of such drills maintained? Give details: | YES / NO N/A |

Is there sufficient and adequate channels of communication of fire safety information between employer and employee (e.g. Health & Safety meetings, notice boards etc)

Give details:

YES

~~YES/NO~~

N/A
H

EXTERNAL EMPLOYEES

When the employees of another employer work in the premises, are they provided with adequate instructions and given appropriate information (e.g. on fire risks and fire safety measures)?

Give details:

CLEANER IS AWARE OF ALL
FIRE SAFETY IN THE BUILDING

YES / ~~NO~~

Is there adequate co-operation and co-ordination between different Responsible Persons (Multi-Occupancy) to ensure compliance with the Fire Safety Order?

N/A / ~~YES~~ / ~~NO~~

Deficiencies and Comments:

NONE

TESTING AND MAINTENANCE

Testing and Maintenance is managed by:

MRS A S GOODY

Deputy or assistant :

MRS A PAYNE

Adequate maintenance & housekeeping of workplace?

YES / ~~NO~~

Weekly testing and periodic servicing of fire detection and alarm system to include ancillary equipment (e.g. door hold open devices, door locks etc)

YES / ~~NO~~
2 WEEKLY

Monthly and annual testing routines for emergency escape lighting?

~~N/A~~ / YES / ~~NO~~

Annual maintenance of fire extinguishing appliances?

YES / ~~NO~~

Periodic inspection of external escape staircases and gangways?

~~N/A~~ / YES / ~~NO~~

Six monthly inspection and annual testing of rising mains (if applicable)?

N/A
~~N/A~~ / YES / ~~NO~~

Weekly and monthly testing, six monthly inspection and annual testing of fire

~~N/A~~ / YES / ~~NO~~

| | |
|---|--------------------------------------|
| fighting lifts (if applicable)? | |
| Weekly testing and periodic inspection of sprinkler installations (if applicable)? | N/A / YES / NO |
| Routine checks of internal fire doors, final exit doors and/or security fastenings? | YES / NO |
| Annual inspection and testing of lightning protection system (if applicable)? | N/A / YES / NO |
| Other relevant inspections or tests: Give details: | |
| Deficiencies and Comments: NONE | |

RECORDING & DOCUMENTATION

| | |
|---|--------------------------------------|
| Appropriate records held for: | |
| Fire drills? | YES / NO N/A |
| Fire training? | YES / NO N/A |
| Fire alarm tests? | N/A / YES / NO |
| Emergency escape lighting tests? | N/A / YES / NO |
| Maintenance and testing of other fire precaution systems? | N/A / YES / NO |
| Location of Records: (Available for inspection by Fire Authority if required) | |
| Give Details: | WITH A S GOODY |

Deficiencies and Comments:

NONE

| PRIORITY | MEANING |
|----------|---|
| High | Immediate priority to be actioned within 24 hours to 8 weeks <i>Breaches of legal requirements, which could cause injury and require immediate short term action. Also includes matters that can be resolved at minimal cost</i> |
| Medium | Medium priority to be actioned within 2-6 months <i>Breaches in legislation that may require medium/long term action to resolve</i> |
| Low | Low priority to be actioned within 6 months-1 year <i>Items of non urgent priority or for future consideration</i> |

Deficiencies and recommendations identified earlier within this risk assessment should be copied into the following Remedy Action Plan and appropriate action taken.

| SIGNIFICANT FINDINGS – REMEDY ACTION PLAN | | | | | |
|---|--|----------|------------------------|-----------|-----------------------|
| No | Action to be Taken | Priority | Target Completion Date | Action by | Date Action Completed |
| 1 | EVACUATION SIGN NEEDS TO BE REPLACED | MEDIUM | DEC 25 | B PAYNE | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| | | | | | |