

**168 Medical
168 Locking Road
Weston Super Mare
BS23 3HQ**



**Prepared By
Darrell Hughes
Multi-Security (UK) Ltd
27th November 2025**

FIRE SAFETY RISK ASSESSMENT:

Employer or responsible Person:	168 Medical
Person consulted:	Laura Baker
Assessor:	Mr. Darrell Hughes
Date of fire risk assessment:	27th November 2025
Date of previous assessment:	
Suggested Date for review*	

This Fire Risk Assessment has been compiled and formulated as required by the Regulatory Reform (Fire Safety) Order 2005, The Fire Safety (Scotland) Regulations 2006.

The Fire & Rescue Services (NI) Order 2006 and The Fire Precautions (Workplace) Regulations (Northern Ireland Only). It has been constructed to be used as a tool for the safe management of a workplace. To use the Risk Assessment effectively follow the points below:

Read the risk summary as a snapshot of the premises on the day of the Fire Risk Assessment. Recommendations from the Action Plan may have already been implemented by the time you read this.

- The Risk Assessment is broken into the following eight sections.
- The Action Plan is the observations and recommendations of the Fire Assessor using their competence and experience to ensure the most pragmatic approach is applied to all significant findings.
- Read the Action Plan in its entirety as some actions may have an impact on other recommendations.
- It is essential that the Fire Logbook is maintained by the Responsible Person, to ensure that all tests, maintenance, practice drills and periods of instruction is recorded. If used as designed, this will then prove to be an invaluable Management tool.

RELEVANT FIRE SAFETY LEGISLATION.

The requirements of the Regulatory reform (fire safety) order 2005, which came into effect on 1st October 2006, adopt a self-assessment approach to fire safety in the workplace. The Legislation places certain duties on the 'responsible person' for the premises, one of which is to ensure that a suitable and sufficient fire risk assessment is carried out; when there are more than 5 staff this assessment should be recorded. The assessment set out in this document is intended to satisfy this requirement.

- Changes to the work activities or the way they organised, including the introduction of new equipment.
- Alterations to the building, including internal layout.
- The introduction, change of use or increase in the storage of hazardous substances.
- The failure of fire precautions, e.g., Fire detection and alarm systems or sprinkler systems.
- Significant changes to the type and quantity and/or method of storage of combustible materials.
- Significant changes in the occupancy levels.
- A significant change in the mobility level or the other factors influencing the response of visitors or staff in an emergency.
- Changes to the management of the organisation.

In the report:

1. Where relevant facts in the relation to the premises were not visually apparent on the date of our inspection, we have relied on the information and/or responses provided by or on behalf of the employer or other responsible person.
2. We have assumed that all relevant building regulations were complied with in the construction of the premises, including extensions, conversions, renovations, and refurbishments.
3. Unless otherwise stated, we are to assume that the premises that all fire safety equipment, including fire doors and fire-resistant partitions and that all servicing of fire safety equipment has been installed carried out (As the case may be) by persons competent to do so and with an accordance with applicable standards.
4. We have not looked in roof spaces or other hidden areas in the premises except where there was an obvious fire hazard which reasonably required further investigation.
5. We have assumed that information and documentation supplied to us by or on behalf of the employer or the responsible person who has a bearing on this fire risk assessment is current, true, accurate and not misleading.
6. The term "responsible person" has the meaning given to it in The Regulatory Reform (Fire Safety) Order 2005 (and the Fire (Scotland) Act 2005).
7. Multi-security (UK) Ltd shall not be liable for any consequences resulting from the use of any information contained in the fire risk assessment. The purpose of this report is to provide an assessment of the risk to life from fire in these premises and where appropriate, to make recommendations to ensure the compliance with the fire safety legislation. The report does not address the risk property business continuity from fire.

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J SUMMARY:

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F FIREFIGHTING ACCESS AND SAFETY:

A1 THE BUILDING:

		Building overview 168 Medical is a Purpose built detached three-storey medical centre with a separate unit that was a Pharmacy (now empty) that has independent access and requires its own FRA. The building is occupied 24/7 (core daytime staffing plus an out-of-hours team limited to first-floor use). High occupancy and clinical activity on the first floor (16 clinical rooms) and mixed admin/clinical on second floor (8 rooms). Construction: Construction is brick/block with composite cladding externally, flat felt roof and concrete ceiling slabs. Internal linings are a mix of 30-minute fire-resisting studwork and blockwork. Compartmentation appears to provide 30 minutes horizontal and 60 minutes vertical fire resistance by visual inspection. Two protected stairwells provide vertical escape; three final exits at ground floor provide ultimate means of escape. Key findings (summary) Use: Healthcare (medical centre) with high occupancy and clinical activity on the first floor (16 clinical rooms) and mixed admin/clinical on second floor (8 rooms). Occupancy pattern: 24-hour occupancy with staff and occasional patients; first floor is the primary clinical hub and is continuously manned. Escape routes: Two protected stairwells to ground level; three final exits at ground floor; some areas have single-direction escape but within 18 m guidance for medium-risk buildings. Compartmentation: Visually acceptable but based on observation only — no intrusive testing or certification sighted. Pharmacy: Separate entity with independent access — requires its own FRA and liaison on shared risks (e.g., deliveries, storage of medicines). Fire training: Out-of-hours NHS staff have received fire training; overall staff training levels and records should be confirmed and maintained.
NUMBER OF BUILDINGS?	1	

NUMBER OF FLOORS?	3	[1] Ground floor consists of a board room, staff room, offices. [2] First floor consists of the main reception 16 clinical rooms. [3] Second floor consists of admin offices, 8 clinical rooms. In the staff toilet area is a ladder to the roof.
NUMBER OF ENTRY AND EXITS?	4	The means of escape from the upper floors is provided by two protected stairwells, each leading to a place of ultimate safety at ground-floor level. At ground-floor level, escape is available via the main front entrance, the rear entrance, and a secondary exit through the consultant/assistant area. Two-directional means of escape are provided throughout the building. In the limited areas where escape is restricted to a single direction, the travel distance is within national guidance for medium-risk buildings (maximum travel distance 18 m) and those routes are fully protected.
CAR PARK?	YES.	At the rear of the building.
LIFT	YES.	Connected to the fire alarm.

A2 THE OCCUPANTS:

MANAGEMENT.	YES.	
STAFF.	YES.	

A3 PEOPLE AT RISK:

MANAGEMENT.	YES.	
STAFF	YES.	
VISITORS /CLIENTS.	YES.	

A4 FIRE LOSS EXPERIENCE:

FIRE LOSS.		Not known.
FIRE / SMOKE DAMAGE?		Not known.

5 OTHER CONSIDERATIONS:

Potential concerns: Composite cladding (requires verification of type and combustibility), continuity and integrity of compartmentation at service penetrations, adequacy of fire detection and alarm coverage for 24/7 operation, emergency lighting and signage, and management of high-use conference room on ground floor.

B FIRE HAZARDS ELIMINATION AND CONTROL:**B1 ELECTRICAL SOURCES OF IGNITION:**

PORTABLE APPLIANCE TESTING CONDUCTED?	YES.	PAT tested 12/2024.
FIXED ELECTRICAL INSTALLATIONS PERIODICALLY INSPECTED AND TESTED?	YES.	The electrical installation is under an annual maintenance contract and was last serviced on 27 /7/2023. The findings recorded as "satisfactory".
SUITABLE LIMITATION OF TRAILING LEADS, CHARGERS AND ADAPTERS?	YES.	

B2 SMOKING:

IS SMOKING PERMITTED IN ANY PART OF THE BUILDING?	NO.	
IS SMOKING MANAGED IN AN APPROPRIATE MANNER?	YES.	

B3 ARSON:

DOES THE BUILDING HAVE SECURITY AGAINST ARSON?	YES.	[1] Alarm system. [2] Decoy CCTV fitted in all areas.
IS EXTERNAL REFUSE MANAGED ADEQUATELY?	YES.	[1] A designated bin store is provided and is approximately 10m away from the building that is kept out of site. [2] Waste collection regularly.
ARE THE PREMISES VULNERABLE TO ARSON?	NO.	

PORTABLE HEATERS AND HEATING INSTALLATIONS:

IS THE USE OF PORTABLE HEATERS AVOIDED AS FAR AS PRACTICABLE?	YES.	
ARE PORTABLE HEATERS IN USE?	NO.	
ARE THERE BOILERS (OIL)/SPACE HEATERS?	NO.	

B5 COOKING:

ARE THERE REASONABLE MEASURES TAKEN TO PREVENT FIRE BECAUSE OF COOKING?	N/A.	No cooking on site.
ARE THERE SUITABLE MEANS OF DEALING WITH THE OUT BREAK OF FIRE?	YES.	
ARE FILTERS CHANGED AND DUCTWORK CLEANED REGULARY?	NA.	

B6 LIGHTENING PROTECTION:

DOES THE BUILDING HAVE LIGHTENING PROTECTION?	NO.	Not required. The building is low rise and has no lightening protection installed.
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B7 OTHER SIGNIFICANT IGNITION SOURCES THAT WARRANT CONSIDERATION:

ARE THERE ACTIVITIES THAT TAKE PLACE THAT COULD CAUSE THE RISK OF FIRE?	NO.	
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B8 HOUSEKEEPING:

ARE COMBUSTIBLE MATERIALS SEPERATED FROM IGNITION SOURCES?	YES.	
IS THERE AN AVOIDANCE OF UNNECESSARY ACCUMULATION OF COMBUSTIDLE MATERIALS WASTE?	YES.	
IS THE GENERAL HOUSE KEEPING AT A GOOD STANDARD?	YES.	

B9 HAZARDS INTRODUCED BY OUTSIDE CONTRACTORS AND BUILDING WORKS:

ARE CONTRACTORS MADE AWARE OF THE FIRE SAFETY ARRANGEMENTS AND PRODURES?	YES.	The site has a policy to require a Generic Risk Ass. Could be that all works required are scheduled.
WHAT FIRE SAFETY CONTROLS ARE IMPOSED ON CONTRACTORS?	YES.	Sign in, maintenance staff to meet and greet and chaperone.
ARE OCCUPANTS AT RISK FROM THE ACTIVITIES INTRODUCED BY CONTRACTORS?	NO.	Any hazardous works will require notification to the maintenance team prior to working on site.

C FIRE HAZARDS AND FIRE PROTECTION:**C1 MEANS OF ESCAPE.**

ARE THERE ADEQUATE NUMBERS OF FINAL EXITS DOORS?	YES.	
ARE THE ARRANGEMENTS FOR OPENING FIRE EXIT DOORS SATISFACTORY?	YES.	
ARE ELECTRONIC SECURITY LOCKS FITTED TO THE EXIT DOORS ON ESCAPE ROUTES?	YES.	

DO FIRE EXIT DOORS OPEN ON THE DIRECTION OF ESCAPE?	N/A.	
IS ADEQUATE ILLUMINATION PROVIDED WHERE NECESSARY?	YES.	
ARE ALTERNATIVE EXIT ROUTES PROVIDED WITH APPROPRIATE FIRE EXIT SIGNAGE?	YES.	
ARE THERE INNER ROOM SITUATIONS INVOLVED?	YES.	
ARE VISION PANELS FITTED OR AUTOMATIC FIRE PROTECTION PROVIDED IN ACCESS ROOMS TO INNER ROOMS?	YES.	
ARE VISION PANELS OBSTRUCTED?	NO.	
WERE ANY UNSATISFACTORY FIRE EXIT OR ESCAPE ROUTES NOTED?	NO.	It is considered that the means of escape from the premises is adequate in design and numbers to accommodate evacuation of the building by the numbers of person declared within.
TRAVEL DISTANCES ACCEPTABLE?	YES.	
EXTERNAL FIRE ESCAPE DOORS IN GOOD CONDITION?	YES.	
ARE ANY DEAD-END EXIT ROUTES ADEQUATELY PROTECTED?	YES.	

C2 PROTECTION OF ESCAPE ROUTES.

ARE FLOOR SURFACES, STAIRS, AND HANDRAILS SAFE?	YES.	
ARE EXIT ROUTES ADEQUATELY CLEAR OF STORAGE AND OBSTRUCTIONS?	YES.	

ARE STAIRCASES KEPT CLEAR OF STORAGE AND OBSTRUCTIONS?	YES.	
ARE THE EXISTING DOORS INSTALLED CONFORM TO BS476?	YES.	
ARE THE FIRE DOORS HELD OPEN BY IRREGULAR MEANS (WEDGED OPEN)?	NO.	
IS THE DOOR HOLDING DEVICES FITTED TO THE FIRE DOORS?	YES.	
ARE EXISTING FIRE-RESISTANT PARTS INSTALLED TO COMPLY WITH BS476?	YES.	
IS THERE REASONABLE LIMITATION OF LININGS WHICH MIGHT PROMOTE FIRE SPREAD?	YES.	

C3 ESCAPE LIGHTING.

IT CONSIDERED THAT THE EMERGENCY LIGHTING ARRANGEMENTS SATISFACTORY?	YES.	Exit signage and emergency lighting: The illuminated exit signs and emergency lighting where escape routes are not naturally lit or exceed recommended distances. Regular testing is required.
IS THE EMERGENCY LIGHTING SYSTEM IN PHYSICAL CONDITION?	YES.	
ARE THERE TEST SWITCHES IN GOOD CONDITION?	YES.	

C4 FIRE SAFETY SIGNS AND NOTICES.

DOES THE SITE HAVE FIRE SAFETY SIGNAGE ?	YES.	
DOES THE SIGNAGE CONFORM HEALTH AND SAFETY? REGULATIONS 1966 AND/BS5499 PART 4-2000?	YES.	

C5 MEANS OF GIVING WARNING IN CASE OF FIRE.

DESCRIPTION OF SYSTEM? 	YES. MX4000 Fire Detection & Alarm System (Category L2) Scope of Coverage: Ground floor all areas – automatic detection (heat/smoke detectors) plus manual call points for staff and visitors. First Floor Office – automatic detection to protect occupants during working hours. Circulation Areas (corridors, stairways, lobbies) – detectors ensure escape routes are protected. Category L2 (Life Safety): L2 systems are designed to protect escape routes and adjoining areas. Automatic detectors are installed in all escape routes and rooms opening onto them. Ensures early warning so occupants can evacuate safely. Alarm Signalling: Fire alarm is monitored through an Alarm Receiving Centre. Audible alarms (sounders) throughout the building. Visible alarms (beacons/flashers) in noisy environments or where hearing-impaired staff/visitors may be present. Manual Call Points: Positioned at exits and key points in circulation areas. Allows occupants to raise the alarm immediately. Fire Alarm Weekly Test: Electromagnetic Door Release Check Requirement: As part of the weekly fire alarm test, all doors held secure by electromagnetic devices must be checked. Procedure: 1 Activate the fire alarm system. 2 The power is released from each electromagnetic door-holding device. 3 The doors open freely without obstruction. 4 Compliance Reference: BS 7273-4:2015+A1:2021 – Code of practice for the operation of fire protection measures – Actuation of release mechanisms for doors.
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		Evidence: A record is kept (logbook entry or digital record) confirming that the check has been completed, including date, time, and responsible person.
DOES THE SYSTEM APPEAR TO CONFORM TO BS5839-1.	YES.	Category L2.
FIRE ALARM SERVICED AND MAINTAINED TO COMPLY WITH BS5839 PART 6?	YES.	MS(UK) LTD.
DATE OF LAST FULL SERVICE?	YES.	18/07/2025
ALL RECORDS UP TO DATE AND LOGGED IN LOGBOOK?	YES.	
FIRE ALARM MONITORED.	YES.	Scutum Alarm Receiving centre.

C5a CAUSE AND EFFECT.

IS THERE A CAUSE-AND-EFFECT DOCUMENT ON SITE.	NO.	In practice, if your fire alarm system is linked to lifts, escalators, shutters, or doors, then yes, a Cause & Effect document should already exist. If it hasn't been produced, it's a compliance gap that needs addressing.
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C6 MANUAL FIRE EXTINGUISHING APPIANCES.

MANUAL EXTINGUISHING INSTALLED?	YES.	The site has extinguishers sited to BS5306. Serviced annually.
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D MANAGEMENT OF FIRE SAFETY

.D1 PROCEDURES AND ARRANGEMENTS:

PERSONS RESPONSIBLE FOR FIRE SAFETY.	YES.	
COMPETENT PERSON(S) AVAILABLE TO ASSIST IN IMPLEMENTATION OF FIRE SAFETY LEGISLATION?	YES.	

APPROPRIATE FIRE PROCEDURES IN PLACE?	YES.	
ARE PEOPLE/STAFF ALLOCATED SPECIFIC DUTIES IN THE EVENT OF A FIRE?	YES.	Fire warden on site.
WHAT IS THE EVACUATION POLICY FOR THE PREMISES?	YES.	On alarm activation to leave site and meet at the assembly point.
NOMINATION OF STAFF TO ASSIST EVACUATION.	YES.	

D2 TRAINING AND DRILLS:

ANY TRAINING OR DRILLS DONE ON A REGULAR BASIS?	NO.	A fire induction training policy for all new employees should be implemented.
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D3 TESTING AND MAINTENANCE:

WEEKLY TESTING AND PERIODIC SERVICING OF DETECTION AND WARNING SYSTEM?	YES.	Fire alarm tested six monthly.
MONTHLY, SIX MONTHLY AND ANNUAL ROUTINES FOR EMERGENCY LIGHTING?	YES.	
ANNUAL MAINTENANCE CARRIED OUT ON THE FIRE EXTINGUISHERS?	YES.	
ROUTINE CHECKS ON DOOR CLOSERS AND FINAL EXIT DOORS?	YES.	

D4 RECORDS.

ARE THE APPROPRIATE RECORDS AND LOGS BEING MAINTAINED?	NO.	
STAFF TRAINING RECORDS?	NO.	

ARE MANAGEMENT AND STAFF FULLY AWARE OF THE FIRE SAFETY FEATURES PROVIDED AND THEIR PURPOSE.	YES.	
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E DISABLED PERSON VISITORS:

	YES. EACIE systems are specialized fire safety installations. • They allow fire and rescue services to send evacuation alerts to specific areas or the whole building. Voice Communication System. The voice communication units in stairwells provides a direct link between occupants and the main control panel. • This ensures that during an emergency, clear instructions can be given (e.g., “Please evacuate via this stairwell”). • It reduces confusion compared to alarms alone, especially in complex or multi-storey buildings. Your Setup-Two first-floor stairwells now have EACIE voice communication points. • These are connected to the main panel in the ground floor lobby, which acts as the central hub for control and monitoring. • Firefighters can use the lobby panel to activate alerts, monitor system status, and communicate directly with stairwell units. Evac-Chairs are provided on the first/2nd floor on both stairwells. Evacuation chairs (often called <i>Evac+Chairs</i>) are specialized mobility devices designed to safely move people with limited mobility downstairs during emergencies when lifts cannot be used. They are widely used in offices, hospitals, schools, and public buildings to meet fire safety and accessibility requirements. Designed to: BS 9999 and EN standards.
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F FIREFIGHTING ACCESS AND SAFETY:

IS THERE ACCESS FOR FIRE BRIGADE VEHICLES AND CREWS SATISFACTORY?	YES.	UK fire safety regulations require that fire service appliances must be able to park within 18 metres of any dry riser inlet to ensure rapid connection and water supply during emergencies. This is a critical design requirement under British Standard BS9990:2015 and Approved Document B of the Building Regulations. Access to every area. Distance Limit: A fire appliance must be able to stop no more than 18 metres from a dry riser inlet. This ensures hoses can be connected quickly without delay. Clear Access Routes: Roads, driveways, or designated hard standings must be kept clear and wide enough for fire engines to manoeuvre. Hard Standing: The appliance parking space must be designed to withstand the weight of a fire engine. Visibility & Marking: Dry riser inlets are typically housed in cabinets at ground level, clearly marked for fire service use.
DATE OF LAST FIRE BRIGADE INSPECTION, IF KNOWN?	YES.	13/11/2025.
ARE FIREFIGHTING LIFTS, SHAFTS, ENCLOSURES, FIXED FIREFIGHTING EQUIPMENT/INSTALLATIONS TESTED AND MAINTAINED?	NA.	
HAVE THE FIRE AND RESCUE BEEN ADVISED OF ANY OF CHANGES TO THE BUILDING AND OCCUPANCY?	YES.	
ARE THE LOCAL FIRE SERVICE MADE AWARE OF ANY HAZARDOUS MATERIALS OR ISSUES WHICH MIGHT HAVE A BEARING ON FIREFIGHTING OPERATIONS?	YES.	
IS THE EXTERNAL SIGNAGE PROVIDED TO WARN FIREFIGHTERS OF STORAGE HAZARDS?	YES.	

G FIRE DOORS:

DO THE INTERNAL FIRE RESISTING DOOR SETS MEET THE APPROPRIATE STANDARD?	YES.	Need some remedial work
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EXTERNAL FIRE EXIT DOORS IN GOOD CONDITION AND INSTALLED TO A GOOD STANDARD?	YES.	
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Sample doors



Fire Door Inspection Note (FD30S). Certification:

Doors sampled are fitted with a certified fire door label indicating **30 minutes fire resistance**.

- **Construction:** On visual inspection, the doors appear to be of **solid core construction**.
- **Dimensions:** The measured thickness is **44mm**, which meets the minimum requirement for FD30 classification.
- **Compliance:** Based on certification and inspection, the doors are considered to meet the **minimum requirements of an FD30 fire door**.

Door Holders Linked to Fire Alarm Systems.

- These are **electromagnetic door holders** that keep fire doors open during normal operation.
- When the **fire alarm is triggered**, the power supply to the magnet is cut, releasing the door so it can swing shut.

- This ensures that fire doors don't obstruct daily movement but still perform their critical role in containing smoke and fire during an emergency.

Door Closers

A **door closer** is a mechanical device fitted to the top of a door that ensures it **closes automatically** after being opened.

- In fire-rated doors, closers are essential because they guarantee the door will shut fully, maintaining the fire barrier.
- They can be adjusted for closing speed, latching force, and resistance to suit different environments.

Combined Function

- Together, these systems ensure that fire doors are **normally convenient to use** but **automatically secure in emergencies**.
- The holders keep doors open for accessibility, while the closers ensure they shut firmly when released.
- This setup is required by **building codes and fire safety regulations**. **Containment of fire and smoke:** Fire doors are designed to resist fire for a specified period (commonly 30 or 60 minutes). If left open, they cannot perform this function.
- **Protection of escape routes:** Closed fire doors keep stairwells and corridors clear of smoke, ensuring occupants can evacuate safely.
- **Limiting property damage:** By compartmentalizing the building, closed fire doors reduce the spread of fire and smoke, protecting other areas.
- **Legal compliance:** UK regulations (such as the Regulatory Reform (Fire Safety) Order 2005) require that fire doors are maintained and used correctly.

Best practice reminders for documentation and audits (which I know you value in your role):

- Include signage on fire doors: *"Fire door – keep shut"* or *"Fire door – keep locked shut"* where appropriate.
- Record checks in your fire safety logbook to show doors are inspected regularly (closing properly, not wedged open, seals intact).
- Note any exceptions (e.g., doors with automatic closers linked to the fire alarm system).

H. ESTIMATOR:

FIRE HAZARD	SLIGHT HARM	MODERATE HARM	EXTREME HARM
LOW	TRIVIAL RISK	TOLERABLE RISK	MODERATE RISK
MEDIUM	TRIVIAL RISK	TOLERABLE RISK	MODERATE RISK
HIGH	TRIVIAL RISK	TOLERABLE RISK	MODERATE RISK

CONSIDERING THE FIRE PREVENTION MEASURES OBSERVED AT THE TIME OF THE RISK ASSESSMENT, IT IS CONSIDERED THE HAZARD FROM FIRE (PROBABILITY OF IGNITION) AT THE BUILDING IS =.

TRIVIAL RISK	TOLERABLE RISK	MODERATE RISK
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CONSIDERING THE NATURE OF THE BUILDING AND THE OCCUPANTS, AS WELL AS FIRE PROTECTION AND PROCEDURAL ARRANGEMENTS OBSERVED AT TIME OF THE RISK ASSESSMENT, IT IS CONSIDERED THAT THE CONSEQUENCES FOR LIFE SAFETY IN THE EVENT OF A FIRE WOULD BE=.

SLIGHT HARM	MEDIUM HARM	EXTREME HARM
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IN THE CONTEXT OF THE ABOVE, THE BELOW DEFINITION IS A FOLLOWS=

SLIGHT HARM	Outbreak of fire unlikely to result in serious injury or death of any occupant (unless an occupant sleeping in a bedroom when the fire occurs).
MEDIUM HARM	Outbreak of fire could result in injury of one or more occupants to involve multiple fatalities.
EXTREME HARM	Significant potential for serious injury or death of one or more occupants.

ACCORDINGLY, IT IS CONSIDERED THAT THE THAT THE RISK TO LIFE FROM FIRE AT THE BUILDING IS=

TRIVIAL	TOLERABLE	MODERATE	SUBSTANTIAL	INTEROLERABLE
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A SUITABLE RISK-BASED CONTROL PLAN SHOULD INVOLVE EFFORT AND URGENCY THAT IS A PROPORTIONAL RISK. The following risk -control plan is based one advocated by BS880 for general safety risks:

I-ACTION PLAN:

Definition of Priorities:

PRIORITY A= Immediate

PRIORITY B= Within 1 month

PRIORITY C= Within 3 Months

PRIORITY D= Within 6 Months

Section B8. Housekeeping.

In the 2nd Floor Comms Room. Combustible items were found stored directly beneath a fuseboard. This presents a significant fire hazard due to the proximity of ignition sources (electrical distribution equipment).

Electrical faults or overheating could ignite nearby combustibles. Potential for rapid fire spread, damage to critical communications infrastructure, and risk to occupants.

Recommended Actions.

(1) Remove all combustible materials from beneath and around the fuseboard.

PRIORITY A

Section C. Fire Hazards and Fire Protection.



The Plant room on the ground floor server room there are holes through walls, floors and ceilings identified and as a result breaches the compartmentation to the area, reducing the effect of the compartmentation and stopping fire spread.

These openings compromise the fire-resisting construction of the enclosure and therefore reduce the effectiveness of the compartmentation designed to prevent the spread of fire and smoke. As a result, the room no longer provides the required level of protection for both the building and the critical equipment housed within it.**Recommended Actions.**

(1) Survey required.

PRIORITY C

Section C. Fire Hazards and Fire Protection.

Several false ceiling tiles were missing, leaving open voids above occupied areas. In the event of a fire, smoke and flames could spread undetected into ceiling voids, bypassing detection systems and compromising compartmentation.

Recommendation:

(1) All missing ceiling tiles should be replaced immediately with fire-rated tiles of the correct specification. Regular inspections should ensure tiles remain intact and securely fitted

PRIORITY B

Section C1. Means of escape:



The outdoor recreation area forms part of a designated Escape Route from the staff room. The Artificial grass covering this section has become loose.

This presents a potential trip hazard for occupants evacuating during an emergency. Likelihood of slips/trips during evacuation. Potential delay in safe egress.

Recommendation:

Artificial grass to be either:

- (1) Removed entirely, ensuring a stable, unobstructed surface; or
- (2) Securely fastened, eliminating movement and trip hazards.

Priority: Immediate – remedial action required to maintain compliance with fire safety regulations and ensure safe evacuation.

PRIORITY A

Section C1. Means of escape:

The external final exit gate is currently only operable via electronic key fob access and lacks a manual override. This presents a significant risk of entrapment in the event of emergency or power failure. An override switch (fail-safe release mechanism) must be installed to ensure compliance with fire safety legislation and standards.

Recommendation: Install manual override and update fire safety documentation accordingly.

PRIORITY B

Section C3. Emergency Lighting Testing:

Non-Compliance Summary.

- (1) Monthly functional testing of the emergency lighting system is required, with results recorded in the site logbook.
- (2) Staff currently do not know how to carry out the monthly test, and the Responsible Person confirmed that no training or guidance has been provided.
- (3) No obvious test points or key-switches are installed, making it unclear how the system is intended to be tested.

As a result, the monthly testing regime is not being completed, and any faults are unlikely to be identified or reported promptly.

- (4) This represents a failure to meet the testing and maintenance requirements under the relevant fire safety standards and legislation.

Recommendation:

- (1) Identify the type of emergency lighting system installed and confirm the correct testing method (e.g., key-switches, automatic test system, distribution board test facility).
- (2) Provide staff with clear instructions and competency training on how to perform the monthly functional test.
- (3) Ensure suitable test points or test facilities are installed if currently absent.
- (4) Reinstate a compliant monthly testing regime and ensure all results and faults are recorded in the logbook.
- (5) Report any defects immediately and arrange remedial works.

PRIORITY C

Section C4. Fire Safety Signs and Notices:

Extra directional signage that is required in the external escape routes so that persons make their way to the nearest Final Exit in the event of an emergency.

Recommendation:

(1) Provide additional directional escape signage on external routes so occupants can clearly see and follow the route to the nearest final exit; this is required by Article 14(2)(g) of the Regulatory Reform (Fire Safety) Order 2005 and must conform to the Health and Safety (Safety Signs and Signals).

Section C5a Cause and Effect:

Whenever a fire alarm system is interfaced with other building features such as fire doors, shutters, escalators, lifts, HVAC systems, or suppression systems, a Cause and Effect (C&E) document should be produced.

What the Cause & Effect Document Is

Definition: A formal record that maps out how the fire alarm system interacts with other building systems.

Purpose: Ensures that all stakeholders (installers, maintainers, fire risk assessors, and enforcing authorities) understand exactly what happens when a detector or manual call point is activated.

Compliance: Required under BS 5839-1:2025 (the British Standard for fire detection and alarm systems in non-domestic premises). Clause 40.2 specifically highlights the need for a written C&E schedule.

Typical Content of a C&E Document

Inputs: Fire alarm triggers (smoke detector, heat detector, manual call point, sprinkler flow switch).

Outputs: Actions taken (closing fire doors/shutters, grounding lifts, stopping escalators, shutting down air handling units, releasing suppression systems).

Logic: Whether actions are immediate, delayed, or dependent on multiple signals.

Zones: Which alarm zones cause which outputs.

Manual Overrides: Any facilities for staff intervention.

Why It's Important

Provides clarity for maintenance and testing. Ensures legal compliance with fire safety regulations.

Helps fire risk assessors verify that the system supports safe evacuation and fire containment.

Avoids misunderstandings during emergencies or inspections.

PRIORITY C.

Section D2. D2 Training and Drills:

Requirement: The Responsible Person must ensure that all employees are provided with comprehensible and relevant information on appropriate procedures and safety drills to be followed in the event of serious and imminent danger.

Observation at Inspection: At the time of inspection, no records were available to demonstrate that all staff had undertaken at least one fire drill in the preceding 12 months.

Compliance Expectation:(1) All staff must participate in at least one fire drill every 12 months. (2) Records of fire drills must include:

- Date and time of drill
- Premises/location
- Names of staff participating
- Observations (e.g., evacuation time, issues encountered)
- Remedial actions required

Recommendation:

Schedule and conduct a fire drill within the next [insert timeframe, e.g., 4 weeks]. Ensure all staff are included. Record participation and outcomes in the Fire Drill Log. Retain records for inspection and audit purposes.

PRIORITY B.

Section D4. Records:

Management, training and procedures

Responsible person: appoint and document the responsible person for fire safety and FRA implementation as required by law.

Procedures: written evacuation procedures, safe storage, contractor control and permit-to-work processes.

Training: staff fire awareness and role-specific training (fire marshal duties, extinguisher use) with records; carry out regular fire drills at least annually and after significant changes.

Maintenance and testing: schedule testing and maintenance for alarms, emergency lighting, extinguishers, sprinklers (if fitted), fixed wiring and portable appliance testing; keep written records of tests and defects.

Record keeping: Keep a written FRA and records of training, tests, maintenance and drills; review the FRA at least annually and whenever there is a significant change to premises, processes or occupancy.

Legal framework: the responsible person must ensure the FRA is carried out and that appropriate fire precautions are provided and maintained in compliance with applicable fire safety law and guidance.

PRIORITY C.

Section G. Fire doors

Fire Door Non-Compliance Summary

Cross-corridor Fire Door No. 68 (2nd floor) — not closing fully, compromising compartmentation and smoke control.

Multiple Fire Doors — fitted with rubber ‘blade-style’ smoke seals in poor condition (damaged or missing), reducing their effectiveness in preventing smoke spread.

J - SUMMARY:

The premises is open to the public. Visitors to the site are controlled through the reception area only. Other visitors sign in at reception desk and will be accounted for by the staff during any fire incident. No young persons under 16 are employed. Currently there are no persons with any special needs employed that may inhibit their ability to evacuate unaided from the premises.

- **Occupant Risk:** Staff / Patients/ Visitors are considered the primary individuals at risk within the building.
- **Arson Risk:** While arson cannot be entirely ruled out. No previous arson incidents have been reported.
- **Smoking:** Smoking is prohibited within all buildings.

Storage areas: Are tidy and should be kept tidy, keep flammable liquids and materials away from possible ignition sources. Review and update the fire emergency plan/procedure to complement existing fire action notices and any building-wide plans. Make the updated plan readily available as a training resource and display it prominently on the health and safety notice board. Include the following details in the plan:

1. Actions staff should take upon discovering a fire.
2. Methods for alerting occupants of a fire.
3. Proper operation of the fire alarm system, including the location of fire alarm indicator panel.

4. Location and use of fire extinguishers and other firefighting equipment.
5. Evacuation procedures upon hearing the fire alarm.
6. Identification of primary and alternative escape routes.
7. Methods for accessing alternative escape routes and exiting the building.
8. Operation of escape door fastenings.
9. Procedures for the safe evacuation of visitors and individuals with specific needs (e.g., disabilities, young persons, lone workers).
10. Procedure for contacting the fire brigade, including designated responsible individuals.
11. Designated assembly points outside the premises.
12. Roll call procedures to ensure complete evacuation.
13. Procedures for meeting the fire and rescue service upon arrival and informing them of any special risks or potential hazards on-site.

Overall: The building demonstrates a reasonable level of fire safety. However, addressing the outlined actions is crucial to further mitigate risks and ensure compliance with fire safety regulations.

END
