Trust Standard Operating Procedure (Fire Safety 02)	NHS University Hospitals Plymouth NHS Trust

Workplace Fire Safety Checklist

Date	Review Date	Version
June 2018	**June 2023**	**V6**

Purpose

This checklist must be used when completing a workplace fire risk review, which must be carried out annually by the responsible person for the workplace.

Who should read this document?

- Senior managers, heads of department/services, ward/line managers;
- Fire Wardens.

Key messages

It is the senior/line manager's responsibility to ensure that a workplace fire risk review is carried out annually.

Accountabilities

Production	Fire Safety Advisor
Review	Health and Safety Committee
Ratification	Director Responsible (Fire Safety)
Dissemination	Trust wide
Compliance	Regulatory Reform (Fire Safety) Order 2005 and HTM 05

Links to other policies and procedures

This policy links to the Trust's Fire Safety and Arson Prevention Policy

Version History

V1	25.02.13	Dave Presswell (Fire Safety Advisor)
V2	07.05.13	Final Version check
V3	27.08.13	Changes from Directorate to Service Lines
V4	31.10.13	Addition of section 4.1 catering facilities in non-kitchen areas
V5	01.06.16	Changes to typing errors
V6	12.06.18	Dale Mills 5 yearly review (Fire Safety Manager)

UHPNT is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

An electronic version of this document is available on the Trust Documents

Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

TRW.FIR.FOR.556.6 Workplace Fire Safety Checklist

Standard Operating Procedure (SOP)

Workplace Fire Safety Checklist

1	Purpose and Scope

Introduction

Managers responsible for staff working at University Hospitals Plymouth NHS Trust controlled premises must complete a specific workplace fire safety checklist for these areas.

It is necessary to provide an assessment of the degree of risk presented by the workplace in relation to fire and to satisfy the requirement of current fire safety legislation.

2	Procedure to Follow

REGULATORY REFORM (FIRE SAFETY) ORDER 2005

This checklist should be completed **in respect of the workplace within your control** and will help to identify any significant findings which should be recorded on the attached sheet (appendix 2) for further action and possible DATIX entry by the Directorate.

The checklist (appendix 1) is structured to only require YES, NO or Not Applicable answers. The responsibility for completion remains with the workplace manager.

Although no technical knowledge is required by the assessor, it is recommended that it is given to a member of staff familiar with the day to day workplace operations. Fire wardens should be used where possible.

Fire safety issues relating to the workplace, **within the control of the workplace manager should be rectified locally.**

Any items **NOT** falling within the control of the workplace manager should be RECORDED and passed to immediate senior manager for attention and action.

Sections in grey are in Sites Services control and are monitored by the Trust's Fire Safety Team. These items are included for record purposes to give a true risk profile.

Note: Any failure to comply could result in legal action against the responsible person by the enforcing authority – currently the Fire Service.

The results of the inspection should be brought to the attention of staff working in the area.

3	Document Ratification Process

The design and process of review and revision of this procedural document will comply with "The Development and Management of Trust Wide Documents".

The review period for this document is set as default of 5 years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Health and Safety Committee and ratified by the Director Responsible for Fire Safety (Director of Planning and Site Services).

Non-significant amendments to this document may be made, under delegated authority from the Director Responsible for Fire Safety or by the nominated author. These must be ratified by the Director Responsible for Fire Safety and should be reported, retrospectively, to the Health and Safety Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades that are directly affected by the proposed changes

Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Fire Safety Manager and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

4	Monitoring and Assurance

Where fire safety procedures are deemed adequate, the checklist must be signed and dated and kept in the Fire Safety wallet as a record available for inspection.

Where fire safety procedures are found to be **inadequate** both the checklist and accompanying actions must be returned electronically to the Trust's Fire Safety Team.

Any identified deficiencies must be dealt with directly through the Directorate with the support of the Fire Team.

Staff must be made aware of the findings of this risk assessment.

WORKPLACE FIRE SAFETY CHECKLIST

APPENDIX 1

FIRE ZONE NUMBER	

Name of organisation	**University Hospitals Plymouth NHS Trust**
Level (*Ground, 01, 02, 03 etc.*)	
Assessment area (*tick as applicable*)	Whole Building ☐ Whole Floor ☐
	Part Floor ☐ Room Only ☐
Service Line	
Name of Premises/Ward/Department/ Room	
Use of area (*patient care, office etc.*)	
Inspection date:	
Name of assessor:	

Persons at Risk	
Maximum Number Patients:	Non Patient Area ☐
Patient dependency level:	Independent ☐ Dependent ☐ Highly Dependent ☐ No Patient Access ☐
Staffing Levels:	Maximum Minimum
Others Employed in area (state employer/s and numbers)	Employer/s Numbers
Number of Public/ visitors approx.	
Occupants Particularly at Risk	Children and Young Persons Vulnerable Adults Disabled Persons (excl. staff)

Sleeping Risks : Including relatives rooms etc. Disabled Staff or Relatives during extended stay (Personal Emergency Evacuation Plan required): Remote areas and lone working:	

Relevant comments relating to the workplace (qualify any identified points or queries raised)

| |
| |

GENERAL INFORMATION

Have there been any significant changes identified since the time of the previous fire risk assessment in respect of:	
The premises (structural or material changes)	**Yes** ☐ No ☐
The occupancy levels or type (change from office to ward etc.)	**Yes** ☐ No ☐
The occupants (including occupants at special risk)	**Yes** ☐ No ☐
Fire loss experience (have there been any reportable fires?)	**Yes** ☐ No ☐
Fire Safety Legislation: **Regulatory Reform (Fire Safety) Order 2005**	Current at Inspection
Are there any outstanding actions (identify in new action plan)	**Yes** ☐ No ☐

Note: Please click in the appropriate boxes above and below, but **DO NOT** include the answers when assessing the adequacy of fire safety measures in the **AUDIT RESULTS** section. For Fire Safety Team reference use only.

ASSESSMENT OF RISK

1. REGULATORY REFORM (FIRE SAFETY) ORDER 2005		
a.	Building fire risk assessments are carried out in accordance with the requirements of the order to **FIRECODE** requirements	**HTM 05-03:part K**
b.	Building fire risk assessments are recorded in Site Services	Site Services records
c.	Have all identified fire risks been reduced to lowest level possible	**Yes** ☐ **No** ☐
d.	Are staff aware and trained in respect of **workplace** fire prevention measures?	**Yes** ☐ **No** ☐
e.	Are existing fire risk reduction/fire risk control measures monitored to ensure suitability and effectiveness?	**Yes** ☐ **No** ☐
f.	Are there procedures in place to ensure that this fire risk assessment is reviewed annually, or sooner, if alterations are made to the premises, or change in processes?	**Yes** ☐ **No** ☐

2. FIRE PREVENTION – GENERAL

a.	Is there a system for controlling the quantities, safe use and storage of combustible and/or flammable substances (materials, liquids and gases) on the premises / in the workplace? COSHH.(refer to COSHH policy) , DSEAR (refer to Fire Policy)	**Yes** ☐ **No** ☐ N/A ☐
b.	Are the above systems and controls operating properly?	**Yes** ☐ **No** ☐ N/A ☐
c.	Is the workplace clean and tidy with combustible waste materials and rubbish placed in designated containers?	**Yes** ☐ **No** ☐ N/A ☐
d.	Is waste and rubbish collected regularly and placed in safe/ secure waste hubs/receptacles?	**Yes** ☐ **No** ☐ N/A ☐
e.	Are the escape route floor surfaces free from defects likely to cause a slip or trip hazard?	**Yes** ☐ **No** ☐ N/A ☐
f.	UHPNT operate a site wide No Smoking policy, this includes the use of electronic cigarettes (vaping)	Off-site only
g.	Are "No Smoking" rules rigorously enforced?	**Yes** ☐ **No** ☐ N/A ☐
h.	Are employees working in high-risk areas, aware of the risks and the safety procedures to adopt? (e.g. areas where "hot" processes or flammable/combustible liquids/gases are used)	**Yes** ☐ **No** ☐ N/A ☐
i.	Does all upholstered furniture meet current fire retardant standards? (BS labels)	**Yes** ☐ **No** ☐ N/A ☐
j.	Prior to leaving the premises, are all rooms and areas inspected, to check for fire risks and that non–essential electrical appliances have been switched off?	**Yes** ☐ **No** ☐ N/A ☐
k.	Have appropriate measures been taken to reduce the risk of arson?	**Yes** ☐ **No** ☐ N/A ☐
l.	Have all staff received basic fire prevention instruction? (Trust and workplace induction)	**Yes** ☐ **No** ☐ N/A ☐
m.	Do staff understand the need to report any potential fire hazards?	**Yes** ☐ **No** ☐ N/A ☐
n.	Do staff understand the difference between medical air and oxygen? (if applicable)	**Yes** ☐ **No** ☐ N/A ☐
o.	Is there a procedure to manage the free flow of Oxygen when not in use? (if applicable)	**Yes** ☐ **No** ☐ N/A ☐
p.	Are spare Oxygen cylinders stored away from combustible materials and electrical charging facilities?	**Yes** ☐ **No** ☐ N/A ☐
q.	Do staff understand the need to keep self-closing and other fire-resisting doors closed and free of obstruction to ensure that they will control the spread of fire and smoke?	**Yes** ☐ **No** ☐ N/A ☐
r.	Are all fire-resisting and smoke-stop doors, especially those on hold-open devices, closed at night?	**Yes** ☐ **No** ☐ N/A ☐
s.	Hot-work permit systems are in place, and monitored by Site Services	Issued by Site Services as required

3. FIRE PREVENTION – ELECTRICAL INSTALLATION, APPLIANCES, ETC

a.	Is the existing electrical installation sufficient without resorting to excessive use of extension leads? **(ONLY TRUST APPROVED EXTENSION LEADS ARE TO BE USED)**	Yes ☐ **No** ☐ N/A ☐
b.	Electrical systems and equipment have been tested in accordance with the provisions of the Electricity at Work Regulations 1989?	**Site Services records**
c.	Have any previous recommendations or requirements to make electrical systems and equipment safe, been carried out?	**Site Services records**
d.	Have all portable electrical appliances been checked, with testing labels in date (PAT testing 18 months frequency)	Yes ☐ **No** ☐ N/A ☐
e.	Is flexible appliance cable used safely and appliance wiring free of any evidence of overloading? (Note: over warm to the touch, discoloured, fuses blow regularly.	Yes ☐ **No** ☐ N/A ☐
f.	Is electrical equipment kept well away from combustible materials? (e.g. light bulbs/fittings and any electrical heating appliances)	Yes ☐ **No** ☐ N/A ☐
g.	All staff aware that only trained personnel authorised by management can make repairs or alterations to electrical systems and equipment?	Yes ☐ **No** ☐ N/A ☐

4. FIRE PREVENTION – HEATING AND COOKING APPLIANCES, ETC

a	Does the heating installation meet the needs of the workplace? (without resorting to portable heating appliances)	Yes ☐ **No** ☐ N/A ☐
b	Are any portable heating appliances safe and appropriate? (e.g. secure, suitably guarded, tested and with an adequate clear space free of storage of any kind) Note: RADIANT BAR HEATERS SHOULD NOT BE USED	Yes ☐ **No** ☐ N/A ☐
c	Are all cooking appliances in an appropriate location (in a designated kitchen away from combustible materials, securely fixed in position where required, properly maintained and used only for their intended purpose)?	Yes ☐ **No** ☐ N/A ☐
d	Are arrangements for liquid/gaseous fuel supplies for heating and cooking equipment adequate (e.g. easily accessible with well-marked shut-off valves)?	Yes ☐ **No** ☐ N/A ☐
e	Are appropriately qualified/registered contractors used to carry out all installation and maintenance of liquid/gaseous fuel supply equipment?	Yes ☐ **No** ☐ N/A ☐
f	Are all staff aware that only trained personnel, authorised by management can make repairs or alterations to liquid/gaseous fuel-fired equipment and fuel supply systems?	Yes ☐ **No** ☐ N/A ☐

4.1 CATERING FACILITIES

Domestic appliances are considered a fire hazard and are therefore only permitted in designated kitchens/staff rooms which includes: Microwave ovens, refrigerators, kettles, toasters and other appliances used to heat or store food/beverages

a	Are there domestic appliances (If NO – there is no need to complete remaining questions in this section)	Yes ☐ No ☐
b	Is the equipment ONLY provided in designated kitchen/Staff room?	Yes ☐ No ☐ N/A ☐
c	Is the equipment ONLY for staff use?	Yes ☐ No ☐ N/A ☐
d	Is the equipment PAT tested and in date?	Yes ☐ No ☐ N/A ☐
e	Does the room have a smoke/heat detector?	Yes ☐ No ☐ N/A ☐
f	Does the room have self-closing fire door?	Yes ☐ No ☐ N/A ☐
g	Are all staff aware that only trained personnel, authorised by management can make repairs or alterations to electrical equipment?	Yes ☐ No ☐ N/A ☐
h	Is the equipment ONLY supplied through procurement?	Yes ☐ No ☐ N/A ☐
i	Is the equipment directly connected to mains socket without using adaptors or extension leads?	Yes ☐ No ☐ N/A ☐
j	Where equipment is used and permitted are all staff familiar with the safe operation and controls?	Yes ☐ No ☐ N/A ☐

5. BUILDINGS, PLANT AND MACHINERY

a.	Fire/smoke barriers are in good condition (e.g. with any openings for pipes ducts, etc properly protected by provision of fire-resisting materials or fire dampers) and updated during refurbishment programmes	Site Services records
b.	Fire dampers are tested for correct operation and results recorded	Site Services records
c.	There are proper systems and procedures in place to control work on new buildings and/or alterations, repairs and decoration of premises, such that no fire hazards are introduced	Site Services records
d.	Legal or other requirements for testing, maintenance and record keeping is complied with for equipment such as lifts, hoists, escalators, air handling systems, heating boilers, pressure vessels, etc.	Site Services records

6. ESCAPE FACILITIES

a.	Are fire exits sufficient (i.e. a sufficient number of suitable width) to enable the people present in any and all areas to evacuate safely with any required support equipment?	**Yes** ☐ **No** ☐ N/A ☐
b.	Do all **final** exits from the **building** lead to a place of safety?	**Yes** ☐ **No** ☐ N/A ☐
c.	Are all fire exit routes readily available and free from obstruction?	**Yes** ☐ **No** ☐ N/A ☐
d.	Are all **intermediate doors** and **final exits** used for escape easily operable from the inside without the use of a key?	**Yes** ☐ **No** ☐ N/A ☐
e.	Are all corridors, gangways and stairways forming part of escape routes free from obstruction? Note. Temporary storage subject to risk assessment and fire advisor permit	**Yes** ☐ **No** ☐ N/A ☐
f.	Are floor and stairway surfaces in good condition and free from tripping and slipping hazards? (including any external stairs and paths)	**Yes** ☐ **No** ☐ N/A ☐
g.	Are fire-resisting and smoke-stop doors in good condition, with fully operating self-closing devices and the doors closing?	**Yes** ☐ **No** ☐ N/A ☐
h.	Do all doors on escape routes (except doors from rooms) open in the direction of travel or double swing? (note: exit doors from rooms may sometimes open inwards)	**Yes** ☐ **No** ☐ N/A ☐
i.	Are all escape routes clearly and properly signed with internal doors forming part of a route clearly labelled as such?	**Yes** ☐ **No** ☐ N/A ☐
j.	Are all escape routes provided with adequate lighting at all times of the day and night?	**Yes** ☐ **No** ☐ N/A ☐
k.	Emergency lighting is provided where required and is fully serviceable	Site Services records
l.	Have appropriate provisions been made for the safety of persons with disabilities, e.g. assistance, refuges? Use of PEEP's (Personal Emergency Evacuation Plans) copies in Trust documents (if identified for action)	**Yes** ☐ **No** ☐ N/A ☐
m.	Have suitable provisions been made in consideration of young persons	**Yes** ☐ **No** ☐ N/A ☐
n.	Have suitable provisions been made in consideration of Vulnerable Adults	**Yes** ☐ **No** ☐ N/A ☐

7. FIRE ACTION AND EMERGENCY EVACUATION

a.	Are there clearly defined written fire action and emergency evacuation procedures, including provision for roll calls where appropriate?	**Yes** ☐ **No** ☐
b.	Are all employees fully aware of these procedures and their own particular duties and responsibilities in the event of an evacuation?	**Yes** ☐ **No** ☐
c.	Are suitable "Fire Action" notices prominently displayed (including on the room side of all bedroom doors where provided)?	**Yes** ☐ **No** ☐
d.	Are staff instructed how to summon the fire service for all fires, no matter how small? (3333 Switchboard)	**Yes** ☐ **No** ☐
e.	Are there sufficient **FIRE WARDENS** available to provide for all working hours taking into account holidays and sick leave?	**Yes** ☐ **No** ☐
f.	Have appropriate arrangements been made for dealing with those who are not normally in your department/area (e.g. visitors and contractors)?	**Yes** ☐ **No** ☐
g.	Are the fire evacuation assembly areas in safe locations, and where necessary clear of the building and away from fire SERVICE vehicle access and parking? (intermittent sounding fire zones are considered initial safe areas) **Ward evacuation to neighbouring wards indicate YES**	**Yes** ☐ **No** ☐
h.	Are there alternative evacuation areas available in the event that the nominated ones are not available?	**Yes** ☐ **No** ☐
i.	Are emergency evacuation drills carried out at least once per year? These can be simulated/ table top exercise in **ward areas**.	**Yes** ☐ **No** ☐

8. FIRE DETECTION AND ALARM SYSTEMS

a.	Can a fire alarm be raised without placing anyone in danger?	**Yes** ☐ **No** ☐
b.	Do <u>ALL</u> hold open devices close effectively on alarm operation?	**Yes** ☐ **No** ☐ N/A ☐
c.	If **DORGARD** devices (red hold open boxes at the base of doors) are in use, are these tested and maintained? (**these devices are not suitable for hospital ward areas)**	**Yes** ☐ **No** ☐ N/A ☐
d.	Are there fire alarm manual call points (Red boxes) located near to every exit from fire compartment/ ward	**Yes** ☐ **No** ☐ N/A ☐
e.	Are all fire alarm manual call points unobstructed and clearly visible?	**Yes** ☐ **No** ☐ N/A ☐
f.	Are the audible signals from the fire alarm clearly heard throughout the workplace?	**Yes** ☐ **No** ☐

9. FIRE-FIGHTING EQUIPMENT

a.	Is there adequate provision of portable fire extinguishers which are suitable types for the fire risks where they are positioned? *(CO2 where electrical risks present , Foam for general use, fire blanket in staff rooms and access should be maximum of 30 metres to nearest fire extinguisher)*	**Yes** ☐ **No** ☐ N/A ☐
b.	Are ALL portable fire extinguishers and fire blankets suitably located, positioned on brackets securely fixed to the wall and available for immediate use? (not obstructed or hidden)	**Yes** ☐ **No** ☐ N/A ☐
c.	Are the locations of ALL portable fire extinguishers and fire blankets clearly identifiable even without the provision of appropriate signs?	**Yes** ☐ **No** ☐ N/A ☐

10. NOTICES AND SIGNS ON FIRE STOP AND EXIT DOORS

a.	Are appropriate notices and signs of the type "Fire Door Keep Shut" provided on all visible sides of all fire-resisting and smoke-stop doors? And "Fire Door Keep Locked Shut" on fire doors to cupboards.	**Yes** ☐ **No** ☐ N/A ☐
b.	Are appropriate "pictogram" notices provided on all fire exit doors and routes such that at least one sign is always visible for all points on an exit route?	**Yes** ☐ **No** ☐ N/A ☐
c.	Do all "panic bar" operated fire exit doors have suitably positioned "Push Bar to Open" signs?	**Yes** ☐ **No** ☐ N/A ☐

11. FIRE SERVICE FACILITIES AND LIAISON

a.	There is adequate access to the site and all buildings to enable fire service vehicles to get close enough for fire-fighting and rescue purposes	Site Services Managed
b.	All fire hydrants in the vicinity are clearly indicated and accessible	Site Services Managed
c.	The fire service is familiar with the premises	Site Services Managed

12. TESTING, MAINTENANCE AND RECORDS

a.	The required regular tests and maintenance are carried out on	
	i. fire detection and alarm systems	Site Services records
	ii. emergency lighting systems	Site Services records
	iii. fire extinguishers and hose reels	Site Services records
	iv. automatic sprinkler systems	Site Services records
	v. other fixed suppression systems installed	Site Services records
	vi. smoke and smoke/heat control systems	Site Services records
	vii. emergency generators	Site Services records
	viii. evacuation and fire-fighting lifts	Site Services records
b.	Appropriate records are kept of all such tests and maintenance by:	Site Services records
c.	Are Service Line records kept of workplace fire evacuation drills?	**Yes** ☐ **No** ☐ N/A ☐
d.	Are Service Line records kept of workplace staff fire training?	**Yes** ☐ **No** ☐ N/A ☐
e.	Are copies of the workplace fire risk assessments and the emergency action plan kept in a safe place away from the premises? (electronic on server)	**Yes** ☐ **No** ☐ N/A ☐

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AUDIT RESULTS

If all answers to the questions above are **"yes" or "n/a"**, your fire safety procedures are currently **adequate**.

No further action is required at this time. Simply sign and date the form in the spaces provided below.

This record should be kept with related records and available for inspection,(place a copy in your Red Fire Wallet)

If one of more answers to the questions above are **"no"**, your fire safety procedures are currently **inadequate**.

Sign and date the form in the spaces provided below, and record deficiencies and remedial actions on the form entitled *Action Required Following Fire Safety Checks*.

Retain copy and return to Trust Fire Safety Advisor for further advice and action as required

Auditor	
Date this inspection	
Date next inspection	

13. FINDINGS			
a	The answers to the relevant questions above were "**YES**" or "**N/A**"	☐	NO FURTHER ACTION REVIEW IN 1 year Maintain existing standards
b	One or more questions resulted in a "**NO**" answer	☐	**COMPLETE FIRE SAFETY ACTIONS SHEET**

Staff must be made aware of the findings of this Risk Assessment

ACTION REQUIRED FOLLOWING FIRE SAFETY CHECKS

Service Line:

Workplace/area:

Person carrying out inspection:

Date of inspection:

Legislation: Regulatory Reform (Fire Safety) Order 2005

Form ref.	Deficiency - (Significant Finding)	Remedial action required (use **DATIX** ref if applicable)	Action required by (date)	Action taken (date)	Responsible Person

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CONTINUATION SHEET IF REQUIRED

Form ref.	Deficiency - (Significant Finding)	Remedial action required (use **DATIX** ref if applicable)	Action required by (date)	Action taken (date)	Responsible Person