

Trust Employees Working in Non Trust Buildings - Workplace Fire Safety Checklist

Date	Review Date	Version
12.06.18	June 2023	V3

Purpose

This checklist must be used when completing a workplace fire risk review for premises not owned by the Trust. They must be carried out annually by the responsible person for the premises/area of work.

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.

Core 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 checks
V3	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.

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Standard Operating Procedure (SOP)
Trust Employees Working in Non Trust Buildings
Workplace Fire Safety Checklist

1 Purpose and Scope

Introduction

Managers responsible for staff working in a non-Plymouth Hospitals 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.

The checklist enables immediate fire safety deficiencies to be identified and recorded. The results will provide support for comprehensive buildings fire risk assessments which will be completed by the Fire Safety Advisor.

2 Procedure to Follow

REGULATORY REFORM (FIRE SAFETY) ORDER 2005

This version of the fire risk audit form has been modified for off-site buildings where there are smaller numbers of staff in less complicated buildings and where evacuation is generally completed as a single process to an external assembly point.

This form should be completed in respect of the workplace you occupy and escape routes you need to use leading to the final exit from the building.

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

There is a section for relevant comments relating to the workplace and any processes or specific nature of the assessment area.

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.

It should be noted that some Departments will have several workplaces (may be single rooms) throughout the building at different levels. A separate checklist should be completed for each area. Where an assessment area consists of a group of rooms under the same Department in the same location, only one return should be completed for the area.

Identify and record any deficiencies on the attached sheet for further action (appendix 2) and possible DATIX entry. Fire safety issues relating to the workplace, within control of the senior person responsible should be rectified locally.

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

Where sections refer to Premises Assurance these items should be confirmed with the responsible person for the building. All other items should be treated as referring to the area you occupy or access.

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 who 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 as a record available for inspection. An electronic copy must be forwarded to the Trust Fire Safety Advisor/Coordinator.

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 Advisor/Coordinator.

Any identified deficiencies must be dealt with directly through the Directorate with the support of the Fire Safety Advisor/Coordinator.

Staff must be notified of the findings of the risk assessment.

TRUST EMPLOYEES WORKING IN NON TRUST BUILDINGS WORKPLACE FIRE SAFETY CHECKLIST	APPENDIX 1
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Name of organisation	University Hospitals Plymouth NHS Trust
Level (<i>Ground, 01, 02, 03 etc.</i>)	
Assessment area (<i>tick as applicable</i>)	Whole Building <input type="checkbox"/> Whole Floor <input type="checkbox"/>
	Part Floor <input type="checkbox"/> Room Only <input type="checkbox"/>
Directorate (full title):	
Building and workplace location	
Use of area (<i>patient care, office etc.</i>)	
Inspection date:	
Name of assessor:	

Persons at Risk				
Maximum Number Patients:	Non Patient Area <input type="checkbox"/>			
Patient dependency level:	Independent <input type="checkbox"/>			
	Dependent <input type="checkbox"/>			
	Highly Dependent <input type="checkbox"/>			
	No Patient Access <input type="checkbox"/>			
Staffing Levels:	<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"></td> <td style="width: 30%; text-align: center;">Maximum</td> <td style="width: 35%; text-align: center;">Minimum</td> </tr> </table>		Maximum	Minimum
	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:	
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Relevant comments relating to the workplace (qualify any identified points or queries raised)

PREMISES ASSURANCE EVIDENCE

This can be achieved with a copy of the Landlords General Fire Risk Assessment.

1. REGULATORY REFORM (FIRE SAFETY) ORDER 2005

- | | | | |
|----|--|------------------------------|-----------------------------|
| a. | Is there access to the buildings fire risk assessments - Premises assurance obtained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | Have the building fire risk assessments been properly recorded - Premises assurance obtained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. | Have all identified fire risks been reduced to lowest level possible? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. | Are staff aware and trained in respect of workplace fire prevention measures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. | Are existing fire risk reduction/fire risk control measures monitored to ensure suitability and effectiveness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |

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 , DSEAR etc.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Is the above system and its controls operating properly?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Is the workplace clean and tidy with combustible waste materials and rubbish placed in designated containers?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Is waste and rubbish collected regularly and placed in safe and secure receptacles?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
e.	Are the escape route floor surfaces free from defects likely to cause a slip or trip hazard?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
f.	Are smoking areas clearly indicated - Premises assurance obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g.	Do smoking areas have suitable facilities for the disposal of smoking materials, and are emptied regularly- Premises assurance obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h.	Are "No Smoking" rules rigorously enforced?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
i.	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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
j.	Does all upholstered furniture meet current fire retardant standards? (BS labels)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
k.	Prior to leaving the premises, are all rooms and areas inspected, to check for fire risks and that electrical appliances have been switched off?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
l.	Have appropriate measures been taken to reduce the risk of arson?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
m.	Have all staff received basic fire prevention instruction? (Trust and workplace induction)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
n.	Do staff understand the need to report any potential fire hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
o.	Do staff understand the difference between medical air and oxygen? (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
p.	Is there a procedure to manage the free flow of Oxygen when not in use? (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
q.	Are spare Oxygen cylinders stored away from combustible materials and electrical charging facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
r.	Do staff understand the role of self-closing and other fire-resisting doors (i.e. the need to keep them closed and free of obstruction to ensure that they will control the spread of fire and smoke)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
s.	Are all fire-resisting and smoke-stop doors, especially those on hold-open devices, closed at night?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
t.	Are hot-work permit systems are in place, and monitored - Premises assurance obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. FIRE PREVENTION – ELECTRICAL INSTALLATION, APPLIANCES, ETC

- a. Is the existing electrical installation sufficient without resorting to excessive use of extension leads? Yes No N/A
- b. Have electrical systems and equipment been tested in accordance with the provisions of the Electricity at Work Regulations 1989 - Premises assurance obtained? Yes No
- c. Have any previous recommendations or requirements to make electrical systems and equipment safe, been carried out? - Premises assurance obtained? Yes No N/A
- 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. Are 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

5. BUILDINGS, PLANT AND MACHINERY

- | | | |
|----|---|--|
| a. | Are fire/smoke barriers 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 - Premises assurance obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. | Are fire dampers tested for correct operation and results recorded - Premises assurance obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. | Are there 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 - Premises assurance obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. | Are legal or other requirements for testing, maintenance and record keeping complied with for equipment such as lifts, hoists, escalators, air handling systems, heating boilers, pressure vessels, etc. - Premises assurance obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| b. | Do all final exits from the building lead to a place of safety? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| c. | Are all fire exit routes readily available and free from obstruction? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| d. | Are all intermediate doors and final exits used for escape easily operable from the inside without the use of a key? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| e. | Are all corridors, gangways and stairways forming part of escape routes free from obstruction and not used for storage? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| f. | Are floor and stairway surfaces in good condition and free from tripping and slipping hazards? (including any external stairs and paths) | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| g. | Are fire-resisting and smoke-stop doors in good condition, with fully operating self-closing devices and the doors closing? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| h. | Do all doors on escape routes open in the direction of travel or double swing? (note: exit doors from rooms may sometimes open inwards) | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| i. | Are all escape routes clearly and properly signed with internal doors forming part of a route clearly labelled as such? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| j. | Are all escape routes provided with adequate lighting at all times of the day and night? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| k. | Is Emergency lighting provided where required and is it fully serviceable - Premises assurance obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| m. | Have suitable provisions been made in consideration of young persons? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| n. | Have suitable provisions been made in consideration of Vulnerable Adults? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

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

8. FIRE DETECTION AND ALARM SYSTEMS

a.	Can a fire alarm be raised without placing anyone in danger?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Do <u>ALL</u> hold open devices close effectively on alarm operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Are there fire alarm call points located near to every exit from fire compartment/ ward?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
e.	Are all alarm call points (Red break glass boxes) unobstructed and clearly visible?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
f.	Are the audible signals from the fire alarm clearly heard throughout the workplace?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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? (e.g. CO2 where electrical risks present, Foam for general use, fire blanket in staff rooms and access should be maximum of 30 metres to nearest 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. Is there adequate access to the site and all buildings to enable fire service vehicles to get close enough for fire-fighting and rescue purposes - Premises assurance obtained? Yes No
- b. Are all fire hydrants in the vicinity clearly indicated and accessible - Premises assurance obtained? Yes No
- c. Is the fire service familiar with the premises - Premises assurance obtained? Yes No

12. TESTING, MAINTENANCE AND RECORDS

- a. Are the required regular tests and maintenance carried out on:
- i. Fire detection and alarm systems - Premises assurance obtained? Yes No
 - ii. Emergency lighting systems - Premises assurance obtained? Yes No
 - iii. Fire extinguishers and hose reels - Premises assurance obtained? Yes No
 - iv. Automatic sprinkler systems - Premises assurance obtained? Yes No
 - v. Other fixed suppression systems installed - Premises assurance obtained? Yes No
 - vi. Smoke and smoke/heat control systems - Premises assurance obtained? Yes No
 - vii. Emergency generators - Premises assurance obtained? Yes No

viii. Evacuation and fire-fighting lifts- Premises assurance obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Are appropriate records kept of all such tests and maintenance - Premises assurance obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Are Directorate records kept of workplace fire evacuation drills?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d. Are Directorate records kept of workplace staff fire training?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
e. Are copies of the workplace fire risk assessments and the emergency action plan kept in a safe place away from the premises? e.g. electronic on server.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

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.

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	<input type="text"/>
Date this inspection	<input type="text"/>
Date next inspection	<input type="text"/>

13. FINDINGS

a	The answers to the relevant questions above were "YES" or "N/A"	<input type="checkbox"/>	NO FURTHER ACTION REVIEW IN 1 year Maintain existing standards
b	One or more questions resulted in a "NO" answer	<input type="checkbox"/>	COMPLETE DIRECTORATE FIRE SAFETY ACTIONS SHEET

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

